



SDI Review Form 1.6

PART 1:

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2013_BJMMR_4571
Title of the Manuscript:	EFFECT OF THE SAMPURNA HRIDAY SHUDDHIKARAN (SHS) MODEL IN HEART FAILURE PATIENTS IN INDIA: A PROSPECTIVE STUDY
Type of the Article	Research paper

General guideline for Peer Review process is available in this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

- This form has total 7 parts. Kindly note that you should use all the parts of this review form.



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PART 2: 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)
<u>Compulsory</u> REVISION comments	The authors report on a prospective, non-randomized, observational study of patients undergoing a 4-week long session of the Ayurvedic practice of Sampurna Hriday Shuddhikaran (SHS). The manuscript would benefit from language editing as there exist multiple errors of orthography and grammar. There are multiple unsubstantiated claims that should be removed from the abstract and text or definitively clarified as theoretical benefits. The background section is too long. Lines 44 to 98 provide a comprehensive review of the state of heart failure and its therapy in India but are superfluous to the document and should be significantly shorted. Methods: SHS interventions could be removed to a separate table or described in prose form. Unsubstantiated claims should be removed. E.g. "Basti.. increases cardiac contractility". It would be best to avoid the direct quote of lines 116-118 and incorporate into the following paragraph. Similarly lines 134-136 are superfluous as the utility of 2D echocardiography is not disputed. Lines 137-141 may also be unnecessary depending on the target audience although I defer to the editor on his discretion. The same applies for the colloquial explanations of line 145-150 & lines 197-200.	Totally Agreed with the reviewer's comment & Following changes done. 1) Background is significantly shortened 2) Unsubstantial claims are removed 3) Orthographical & grammatical errors corrected Methods: 1) SHS intervention described in prose form 2) 2 D echo parameters were measured by M-mode as per guidelines of American Society of Echocardiography (ASE) & unnecessary claims / lines removed. 2 D echo testing was done first on day 1 & second was done after 30 days by same qualified person. 3) Patients was kept in hospital for just 6 days. 4) SHS intervention was done twice daily for 6



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	The methodology used is unclear. It is mentioned that the patients underwent 4 weeks of treatment with SHS. In the end of the 6MWT section it is clarified that 6MWTs were performed “within 24 h of hospital admission or once symptoms at rest had subsided and fluid retention had resolved” and that the “second test was performed at discharge”. Does that mean that the patients were kept in hospital for the 4 week duration of SHS? What other interventions did they undergo during this period (as these could have well impacted the measured parameters)? As it is suggested that these were not stable patients, but rather those admitted with symptomatic HF, the performance of the initial 6MWT so soon after the decompensation episode may explain the relative improvement at the second time point, significantly impacting the possible contribution attributable to SHS. <u>Results:</u> It is unclear what the numbers after the $\pm$ sign represent. Please clarify. If SD, the number provided for age seems incompatible with the age ranges presented in Table 1. Please check the statistical analysis. Line 172 & 175 – It is unclear as to what two parameters were strongly correlated. In general I am uncertain of the relevance of the various ‘correlation’ tests and how or why these were performed. Table 3 requires review – need to clarify which row represents pre and which post results. Lines 201 duplicate table 3 data but are ambiguous, e.g. it is unclear what the last sentence on line 203 pertains to.	consecutive days only. 5) 6 MWT (meters) was done for all patients on day1st of admission & on day 6th of discharge. (i.e. not waited for subsiding of symptoms or sign) 6) All patients included in study were stable having symptoms of NYHA classification II & III 7) Lines 116 -118 , Lines 137-141 & Lines 197-200 were deleted 8) There was no other intervention received by Patients other than SHS during hospital stay. Results: 1) Number represent after $\pm$ sign is Standard Deviation (SD) 2) 34.6% of the study subjects were in age group between 53 to 62 years of age, followed by 63 to 72 years.(30.8%) 3) Minimum age 33 & max age 82 4) Range 48. 5) That is why mean age 58.3 6) Correlation between parameters is not considered (line 172 & Line 175) 7) Table No 3 corrected. Rows 1,3,5 represents pre-intervention values & Rows 2,4,6 represents post intervention results. 8) Lines 201-203 corrected.
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	<u>Discussion</u> It is unclear how changes in LV remodelling were determined, how EF and LV mass were assessed and what PWD even refers to. Line 226 – There is no NYHA VI class in the NYHA classification. Line 236 – it is unclear to me what “the exact mechanism cannot be explained on the basis of positive geometrical reverse.” means. In many pharmacological studies the placebo group experiences improvements in 6MWT of up to 50-70m. This may be particularly relevant in a 4 week-long patient-centered treatment program. Routine exercise training rehabilitation in HF often leads in significantly higher 6MWT improvements than demonstrated here. Although including prolonged SHS treatments in cardiac rehabilitation programs may “increase program revenue”, the utility of these treatments needs to be first determined. Many of the SHS practices may have potential and scientific rationale. Unfortunately, the current study has too many methodological pitfalls to allow for an evaluation of SHS effectiveness.	Discussion: 1) EF & LV mass was measured by M-mode on 2 D echo as per guidelines of American Society of Echocardiography (ASE) 2) PWD is written by mistake it is PWT which means posterior wall thickness. 3) Line 226 is corrected (it is NYHA IV & not NYHA VI) 4) Line 236 is deleted. 5) As corrected in Methods duration of intervention is just 6 days & not 4 weeks hence results obtained on 6 MWT seems to be considerable with SHS intervention.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		