



SDI Review Form 1.6

PART 1:

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2013 BJMMR_4217
Title of the Manuscript:	Antinociceptive effects of ethanolic extract of Hybanthus enneaspermus leaf in male albino rats
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	<p>I have reviewed the manuscript entitled “Antinociceptive effects of ethanolic extract of Hybanthus enneaspermus leaf in male albino rats” by Afolabi et al.</p> <p>Authors assayed two doses of an extract of the Hybanthus enneaspermus leaf in the tail immersion and formalin tests in rats. They compared the observed effect with produced by Acetaminophen. They conclude that the extract has analgesic effect at high doses.</p> <p>I have several concerns about this manuscript.</p> <p>1) Authors should do dose-response studies instead of using only two doses. What was the rationale for doing only these 2 doses. It is clear that both doses produced almost the same antinociceptive effect. So, it is necessary to test lower doses in order to demonstrate the stated dose-response effect claimed by the authors.</p> <p>2) It is not clear why authors used the tail immersion and formalin tests in these experiments.</p> <p>3) It is not clear why authors used acetaminophen as control antinociceptive drug. It is already</p>	<p>Tail immersion and formalin tests are thermal and chemical model respectively widely used in creating pain stimulus.</p> <p>Noted for future study, but acetaminophen has also been used well</p>



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	<p>known that acetaminophen is not the best control drug in an inflammatory model. Furthermore, it is not the best too in an acute pain model (immersion test). Authors should use a NSAID and morphine as controls for the formalin and immersion tests, respectively.</p> <p>4) There are several mistakes in the writing. For example. Tukey not Turkey.</p> <p>5) In the statistical section, they say that p should be at least <0.05. However in the results section they say that a $p<0.01$ is significant.</p> <p>6) In the table 1, they use AMP without previous definition.</p> <p>7) The results in Table 2 and Figures 1 and 2 are repeated.</p> <p>8) The results of figures 1 and 2 could be merged in 1 figure.</p> <p>9) The possible mechanisms of action should be explored.</p> <p>10) The possible active principle should be explored.</p> <p>6) Discussion section should be re-written. It is too short.</p>	<p>Ok, thanks</p> <p>Of course, $p<0.01$ is 99% confidence interval, while $p<0.05$ is 95%, so if $p<0.05$ is taken as statistically significant, then $p<0.01$ is even more significant</p> <p>Ok, thanks</p> <p>They are not repeated,</p> <p>It is preferred that way for easy understanding for readers</p> <p>Has been suggested for future studies</p> <p>Has been suggested for future studies</p> <p>We preferred not to discuss beyond our result</p>
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Minor REVISION comments		
Optional/General comments		