

Reviewer's comment	Author's Comment
I have added my comments on this re-review below. <u>Re-review</u> Small sample size, single centre, non-blinded, n=133. In the Methods, it remains unclear if different MD's analyzed the ECHO's and/or the 6MWT and/or the ECHO from the MD and possibly the SHS if it was performed by the MD's or who may be familiar with other results. If not, then significant bias could have been introduced. "Expert persons performing 2 D echo & 6 MWT were blinded" but it is not specified as to what was blinded. Also, how many 'expert persons' were involved in the collection of the data and could there be bias if, by chance or other means, the 'expert persons' were not evenly distributed among the pre and post measurements ie skewed data. Were the 'expert persons' physicians or technicians? In 1.2 D Echocardiogram under 2.1.1 Clinical Assessment, it is not clear if it is a consistent and blinded "Patients were recruited as inpatients by a single centre" and I assume the admission was for heart failure that could improve during and after admission/discharge with other interventions that may have been used to improve HF symptoms. However, later in the text it also says: "A baseline 6MWT was performed on the first day of admission before treatment and on the 6th day on which patients get discharged after treatment." This is confusing and sounds as though all patients were electively admitted without the necessity of acute HF necessitating a HF admission. These aspects remain confusing and make conclusions suspect as significant bias can be introduced. Also, if they were "recruited as inpatients by a single centre", how long had they been in hospital prior to being recruited to this study as this could bias the results if some had already been treated in hospital with standard HF treatment and therefore feeling better with perhaps stabilization of clinical and cardiac findings that might not be amenable to further intervention. "The improvement in echocardiographic & exercise tolerance findings in the current study confirms the beneficial action of SHS in heart failure patients." I am not convinced by the data or discussion presented. Reviewer's Conclusion: While some more data and explanations have been added, I still have concerns that have not been adequately addressed.	We totally agreed with the reviewer's comment & following explanations/ some changes are done. Its true that present study has small sample size this is because intervention under evaluation is novel. Once this proves beneficial then we will definitely go for multicentric randomized trials with large sample size. In the present study same physician has performed the 2 D echo before & after treatment. This physician was not concerned with SHS treatment. Same is true with expert trained physiotherapist performing 6 Minute walk test. One physician for 2 D echo testing & one trained physiotherapist for conducting 6 Minute walk test were involved. No uneven distribution of expert person involved in collection of data. Expert persons were doing 2 D echo & 6 MWT to all the admitted patients. They were unaware of inclusion & exclusion criteria of the study. Heart failure NYHA class II & Class III patients willing to participate in the trial were included in the trial. As this criteria is not known to these expert persons they were mentioned as blinded. Symptomatic Heart failure patients with NYHA class II & class III Were included in the study. 6 MWT was done on 1st day of admission & on 6th day of discharge. Before recruitment of patients in the trial it was confirmed that they were not admitted for any cardiac problem for atleast 6 months. This was because present study was done to evaluate effect of novel intervention procedure SHS. Line 161 & 162 corrected as, The improvement in echocardiographic & exercise tolerance findings in the current study <u>is associated with SHS intervention</u> in heart failure patients. Present study guides need of further randomized multicentric trials on large sample size to evaluate benefits of SHS intervention in heart failure.