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From: XXX YYY<xxx@yyy.zzz>

Sent: Sat, Jun 15, 2013 at 10:11 PM

To: Managing Editor

Subject: Re: Request for evaluation of revised paper, reference number:
2013_BJMMR_4571

I have re-reviewed the manuscript but I still do not think it is suitable for publication based on my comments below which I think are substantive. The authors have added some wording but have not adequately addressed the real issues in the paper. I have added my comments on this re-review below.

Re-review

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 and I am not comfortable enough to recommend acceptance.

Note: Anonymous Reviewer

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