Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	**Ms_JPRI_54223**
Title of the Manuscript:	**ECHOCARDIOGRAPHIC CHANGES IN CONTROLLED TYPE 2 DIABETES MELLITUS WITH REFERENCE TO BODY MASS INDEX AND WAIST HIP RATIO**
Type of the Article	

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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	**Abstract**- line 1 – type 2 diabetes mellitus is associated with central obesity. Question? Define central obesity and visceral obesity as in line 9 of Introduction. **Introduction-** lines 10-13- recent evidence suggests that hyperglycemia and insulin resistance may contribute to adverse myocardial metabolism, resulting in abnormal systolic and diastolic function. Question? Please specify the adverse myocardial metabolism in detail. **Study Design**- last line- imaging studies were done to rule out other co-morbid conditions. Please specify as what co-morbid conditions were ruled out in this study? **Statistical analysis**- the student " t" test was used to determine whether there was a statistical difference between improvement and expired subjects in the parameters measured Question? Please show this difference in a detailed manner in the improved and expired subjects in this study. **Table 1**- LVIDD, IVST, LVPWT- please specify these dimensions in both systole and diastole as LVIDs, LVIDd, IVSs, IVSd, LVPWd, LVPWs **Results**- para 2- lines 4-6- LV mass were found to be increased in 40% of cases and 12% of controls in this study whereas LV mass was normal in 10% of cases and 38% controls- not tallied with Figure 2. (It may be as 40 % and 38% of controls and normal in 10% and 12% controls) **Discussion**- para 2- first 2 lines- none of the patients had any history of angina stable or unstable. None of the patients had any history suggestive of ischemic heart disease. But abstract- last 2 lines says from the data of present study, high BMI, WHR have increased incidence of cardiovascular disease as also in Discussion- para 5- line 8- Statements are not correlating. Requesting assessment on this aspect further Discussion- para 2- lines 4-6- cases (obese controlled diabetes) 15% had incomplete RBBB and 5% had incomplete LBBB. 5% of control (obese non diabetic) had incomplete RBBB Questions 1. Why incomplete LBBB not observed in obese non diabetes (control group) 2. Is there any age related changes predict this incidence difference and why age group not specified in both cases and controls in this study design of 50 patients as in lines 4-6 or due to the presence of diabetes and if so, how diabetes affect the conduction system to cause benign rather than malignant one? Discussion- para 3- says thickness of IVS, LVPW and LV mass were increased especially in Type 2 diabetes along with increased BMI and waist hip ratio, especially in females in obese controlled	Possible corrections have done.

	diabetes than in obese non diabetes individuals Questions? 1. The presence of diabetes may be the reason for such difference . But in controlled diabetes, is there any comparison done between obese controlled diabetes and obese non controlled diabetes by evaluating HbA1c in this study. If done, it is better further. 2. Whether it is physiological or pathological since increased wall thickness may be observed in athletes heart. Please specify as is there any cases in this study were athletes? Discussion- para 4- says Hoom study in 2004, the mean LV mass was 169 gms and in the present study , it is 190.7 gms. But the reason specified for this difference is due to higher waist hip ratio and BMI of type 2 diabetes in the present study. Question? Both studies are done in type 2 diabetes patients. Is there any racial or ethnical difference responsible for this difference? **Conclusion-** lines 4-5- obese type 2 diabetes have higher incidence of diastolic dysfunction. Question? Please mention the % in comparison to obese non diabetes in this study	
Minor REVISION comments		
Optional/General comments		

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?	*(If yes, Kindly please write down the ethical issues here in details)*	