

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_82344
Title of the Manuscript:	Homocysteine Levels in Acute Ischemic Stroke
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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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	<p>The false statement in the introduction should be corrected: “metabolic demyelination of dietary methionine”</p> <p>The statement: “If it is raised above 12mmol/L, it can cause oxidative damage to the endothelium of the vessels that leads to an activation of prothrombin⁴” regarding Reference 4 is not correct. The wording “cause oxidative damage” is overstated. Also, please use relevant reference. The reference 4 is merely one clinical field study and not basic research regarding possible Hcy influence on atherothrombosis!</p> <p>The statement: “Homocysteine levels are considered as a predictor of neurological deficits in patients having an acute ischemic stroke” is linked to reference 5. However, there is no mention of neurological deficite in this reference. Please correct this sentence and use appropriate reference for this statement (when you find one).</p> <p>The sentence: “The neurological deficits seen in stroke patients having elevated levels of homocysteine as compared to the patients with normal levels of homocysteine include cerebral microangiopathy and multiple infarctions⁷” is un-logical because how can neurological deficit correspond to microangiopathy and infarctions. Neurological deficit corresponds to clinical impairment, not neuroimaging.</p> <p>The sentence: “The studies show that hyperhomocysteinemia increases the chances of having a thromboembolic condition but it is still not clear which subtype of stroke is associated with hyper-homocysteinaemia⁸.” Is not entirely true, please see recent metanalyses addressing exact this question and update the reference list accordingly.</p> <p>The statements: “In one of the studies, 75% of the ischemic stroke patients were found to have elevated fasting homocysteine levels⁹ while in another study, 76.66% cases of ischemic stroke were revealed to have high fasting homocysteine levels as compared to normal people¹⁰” are referencing 2 studies with 36 and 30 patients respectively. Clearly, this is no the study type that deserves serious referencing. How can we extrapolate the results of these studies??? The patient number is extraordinary small.</p> <p>English language should be edited for clarity.</p> <p>Why did authors had age-exclusion criteria?</p> <p>Please report usual data regarding studies in acute stroke – time of stroke onset, TOAST etiology etc.</p> <p>The study would be more meaningful when there were control group included.</p>	
Minor REVISION comments	<p>Continuous variables should be checked for normality and presented as appropriate median +/- interquartile range.</p> <p>In the table, please report only one categorical unit. It is unusual that the results for gender (man/woman) is presented for both of them.</p>	

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Optional/General comments	The paper should be re-written given the comments above. There are some serious concerns in reporting of the data.	
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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)	

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