



SDI Review Form 1.6

Journal Name:	International Journal of Biochemistry Research & Review
Manuscript Number:	Ms_IJBCRR_21676
Title of the Manuscript:	LH/FSH , BMI and Clinical Profile in Polycystic Ovarian Disease: A Correlative Study
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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



SDI Review Form 1.6

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)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	Paragraph 8 and 9 / 33 and 34 There are several diagnostic guidelines for polycystic ovary syndrome, and although different, each relies on combinations of 3 major elements to make the diagnosis: ovulatory dysfunction, hyperandrogenism (clinical or biochemical) and ovarian morphology What is the criteria that you used to define the for polycystic ovary syndrome? 1990 NIH? (Both Criteria Required) or 2003 – Rotterdam? (Two of the Three Criteria Required) .or 2009 Androgen Excess & Polycystic Ovary Syndrome Society? (Both Criteria Required) In practice, you believe that the ratio FSH / LH and BMI can be useful for diagnosis this syndrome? And about intracrine system? Hyperinsulinemia? You only reported results and there was no	All the three important diagnostic elements have been added as advised by reviewer according to 1990 NIH and 2003 Rotterdam criteria. 1-Androgen Excess Society (AES) 2006 reaffirmed 1990 NIH criteria 2-Amsterdam ESHRE / ASRM consensus (2010) reaffirmed Rotterdam 2003 criteria FSH/LH ratio and BMI are not included in diagnostic criteria of PCOD but they can play an important role in diagnosis, prognosis and treatment monitoring of PCOD. I did not mention even a single point about hyperinsulinemia in result section even in whole



SDI Review Form 1.6

	discussion of the results What about the sensitivity and specificity of tests? They conclude that the improvement in BMI can improve the syndrome, but do not discuss the possible existence of intracrine system, metabolic disorders .and hyperinsulinemia	of manuscript file. Sensitivity and specificity of test has been added in manuscript file. Improvement in BMI can improve PCOD and it has already been discussed in last part of discussion.
--	--	---