



SDI Review Form 1.6

Journal Name:	International Journal of Biochemistry Research & Review
Manuscript Number:	Ms_IJBCRR_31935
Title of the Manuscript:	Hepatic Involvement with Elevated Liver Enzymes in Nepalese Type 2 Diabetic Patients
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	The introduction describes the theoretical background of the study. The authors tested the hypothesis that elevation of the liver enzymes in T2DM might indicate initiation of the pathological process in the liver. The reason stated was the paucity of data showing of such association in Nepalese patients with T2DM. The number of patients enrolled and that of healthy controls is sufficient. The exclusion criteria are shown. In the results section the answers to the questions posed in the introduction were given. The results are reported clearly and supported by graphs and tables. A marginal, yet statistically significant increase of serum ALT and GGT levels in the diabetic patients compared to healthy controls were observed. The authors concluded that the marginal elevation of the liver enzymes in T2DM probably indicated an initiation of pathological process in the liver. The conclusion indicated that a regular monitoring of liver function would be highly beneficial to prevent advance liver injury in T2DM.	Thank you for your valuable time and constructive comments and suggestions. Here we would like to take this opportunity to revise our manuscript (MS) as per our suggestions. We appreciate your invaluable comments. Nothing to revise.
<u>Minor</u> REVISION comments	1. It is better the enzymes: <i>Alanine transaminase</i>, <i>Aspartate transaminase</i> and <i>γ-glutamyl transpeptidase</i> be referred to as <i>Alanine Aminotransferase (ALT)</i>, <i>Aspartate Aminotransferase (AST)</i> and <i>Gamma-glutamyl transferase (GGT)</i> 2. Lack of information on the used statistical methods - parametric, non-parametric, what exactly etc.	1. Changes have been made as suggested.



SDI Review Form 1.6

	3. Too many discussions on data of other authors who worked on the same topic. There is no need to fix what they have done than you should discuss your own discoveries and promote their implementation in the theory and practice of T2DM. The achievements of foreign authors can be summarized briefly into two groups: those who are closer to your data and those that do not support your findings. 4. There are some contradictions in the sentences: <i>"<u>Another</u> interesting findings of our study include that the WC is significantly associated with GGT level in female diabetic patients but not in male ($r=0.26$, $p<0.05$) i.e. <u>ALT level</u> was elevated in female diabetic subjects with high WC. However, we didn't observe such significant relation of WC with ALT and AST."</i>	2. Details of the statistical tool used were mentioned in the "Method" section of revised manuscript. 3. We want to make a concrete discussion that includes all the relevant research. Only the necessary past research that can be linked to our study were discussed. Thank you for your comment. 4. ALT was mistakenly used in the sentence, which made contradiction in the sentence. Now, correction has been made in the revised manuscript. Thank you pointing out.
<u>Optional/General</u> comments	The design of the work is logical and the found details could help for the prevention of liver injury in T2DM.	