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Journal Name:	**International Neuropsychiatric Disease Journal**
Manuscript Number:	**Ms_INDJ_44318**
Title of the Manuscript:	**EVALUATION OF BLINK REFLEX IN EARLY DIAGNOSIS OF CRANIAL NERVE NEUROPATHY IN GUILLAIN BARRE SYNDROME**
Type of the Article	**Diagnostic, electodiagnosis**

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.
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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	"As is," the paper has too many editorial and technical problems. It could be used as a Brief Communication with the following changes should the authors feel to make them 1. The emphasis should be made on the fact that the purpose of the report is that the blink reflex my help in the diagnosis of early Guillain Barré syndrome (GBS) during the early course of the disease when the diagnosis is needed to start treatment and when conventional EDX is not conclusive. In this regard, nerve conduction studies are not more prominent during the initial weeks of the disease as stated on line 21. In my experience and the experience of others the nerve conduction study abnormalities in early course of the GBS are sometimes confined to absent or prolonged F waves of H reflex latency (Oh SH. Clinical Electromyography Case Studies.1998 Lippincott Williams &Wilkins. Philadelphia p. 23). In GBS the abnormality of blink reflex is well correlated with the slowing of motor nerve conduction studies in the extremities; and sometimes the slowness of the nerve conduction of the blink reflex is out of proportion to relatively mild slowing elsewhere. Marked R1 latency prolongation can aid in the diagnosis of GBS (Kimura J, Neurology 1971; 21:745-752). (Once the clinical picture becomes clear and EDX and other test point to a definite diagnosis—whatever that is—the blink reflex test is unnecessary) 2. On line 33 omit "1st"; there are earliest Kimura's publications attesting the diagnostic benefits of prolonged R1 latencies of the blink reflex In the diagnosis of Guillain Barré syndrome (Kimura J, Neurology 1971; 21:745-752). 3. There is no need to capitalize words in the middle of sentence (Blink Reflex in Abstract; Syndrome in Abstract, and early Demyelination on line 108). 4. Be consistent in the spelling: The word demyelination is used in another place as de-myelination. Polyradiculoneuropathy (Line 14) and poly-radiculopathy (Line 147) 5. On 23: Does the authors mean "compound muscle action potential"? (CMAP) which is a motor potential, or compound nerve action potential? (CNAP) which is a mixed motor-sensory potential? At any rate, whatever they meant, there is no need to use an abbreviation that is not going to be used again. 6. When a medical abbreviation is used after the complete name, the medical abbreviation should be used thereafter (CV, DML). And there are times in the paper when the medical abbreviations is used in isolation (SNAP on line 114) 7. Correct many other editorial problems (Lines 14, 16, 93, many others; and repetitions. Ethic Committee issues described in line 44 have been covered elsewhere (Line 159). Lines 47-49 have confused statements. 8. The authors must say what they want to say, and say no more. There is superfluous information that can be omitted because every one knows that; for example, the technical performance of the blink reflex should be summarized.	

	9. There are only 5 patients; there is no need to dividing the 5 patients into 2 groups. 10. The authors do not mention temporal dispersion of the compound muscle action potential as an electrodiagnostic sign of demyelination. I do not doubt the diagnosis of GBS in their patients; but I wonder whether the decreased amplitude of compound muscle action potentials they described is not due to temporal dispersion of the compound muscle action potential; in which case they should evaluate and report the AREA size within the compound muscle action potential. Temporal dispersion is the hallmark finding of the morphology of compound muscle action potentials in demyelination.	
Minor REVISION comments	Please see above	
Optional/General comments	Please see above	

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)*	

Reviewer Details:

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