



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_24114
Title of the Manuscript:	Antihyperglycemic effect of an important phytochemical - Phloretin on Streptozotocin induced diabetic rats
Type of Article	Original Research Article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
This submission has been revised according to comments. But the following concerns need to conduct in addition. 1. Purity of phloretin was not showed. Also, the food intake and water drinking were not showed in clear. 2. The effective dose of phloretin needs the reference(s) to support, particularly the treatment for 45 days. 3. Authors hope to induce type-1 diabetes. But the data show this model seems near to type-2 diabetes because glibenclamide induced insulin secretion markedly.	Thank you very much for Reviewer's comments. 1. Thank you. We missed to mention the purity of phloretin in the appropriate place of text. The purity of phloretin is >98%. Now, we have mentioned this in the appropriate place of text. And also now we have mentioned the food intake and water drinking clearly in the appropriate place of the text. 2. In the earlier study, the researchers used 40mg/kg b.w of phloretin to study the chemopreventive activity on 7,12-Dimethylbenz (A) Anthracene induced oral carcinogenesis in male golden Syrian hamsters. Reference: Arokia Vijay Anand, M and Suresh, K. Biochemical profiling and chemopreventive activity of phloretin on 7,12 dimethylbenz (A) anthracene induced oral carcinogenesis. Toxicology International, 2014; 21(2). 179-185. Based on this study, we selected two different doses of phloretin such as below 40mg/kg, i.e 25mg/kg b.w and above 40mg/kg i.e 50mg/kg b.w in this study. Among these two doses 50mg/kg b.w showed best antidiabetic activity than 25mg/kg b.w. Now this point is also mentioned in the text. 3. Thank you for your suggestion regarding the type of diabetes mellitus induced by streptozotocin. We referred many journals in that they used streptozotocin for the induction of diabetes mellitus. Here we assumed this is the type I diabetes mellitus,



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	because after STZ administration, the insulin level was significantly decreased in diabetic rats. But after treatment of diabetic rats with phloretin and glibenclamide the insulin level significantly increased. So, the phloretin and glibenclamide showed same type of role i.e the induction of insulin secretion. We are mentioned the results in Table 2. As per your suggestion regarding the STZ induced diabetes mellitus in rats is similar to both type1 and type 2 diabetes mellitus. So, we have also got confusion regarding this. Now, we deleted the word type1 diabetes mellitus in the text of appropriate place. So, we request the reviewer to consider this point and accept the manuscript as it is in the present format. Thank you.
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