

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81338

Title: Rheumatic valvular heart disease treated with traditional Chinese medicine: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06419542

Position: Peer Reviewer

Academic degree: PhD

Professional title: Academic Editor, Assistant Professor

Reviewer's Country/Territory: Pakistan

Author's Country/Territory: China

Manuscript submission date: 2022-11-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-05 07:35

Reviewer performed review: 2022-12-13 16:45

Review time: 8 Days and 9 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

The case reported of RHD disease treated with traditional Chinese medicine was very good and appealing to me. I have a few suggestions to be incorporated before acceptance. 1. As this is one case report so use, "A case report...." In title 2. At lines 63 and 83, used world year instead of yr. 3. Author(s) should suggest the reason for using a specific quantity of each root in the composition of the traditional medication recommended. 4. The exact same dose of these medications was given from the start, or has it been changed by considering the condition of the patient over time? 5. The test reports presented in Tables 1 and 2 are almost the same and did not show any potential change. The author(s) should consider it by showing graphically or tabularly the values or report(s), so it can be better to under by a reader.

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Title: Rheumatic valvular heart disease treated with traditional Chinese medicine: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02446043

Position: Editorial Board

Academic degree: FACC

Professional title: Lecturer

Reviewer's Country/Territory: Malaysia

Author's Country/Territory: China

Manuscript submission date: 2022-11-04

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-12-28 12:31

Reviewer performed review: 2022-12-30 05:58

Review time: 1 Day and 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting case of a patient with rheumatic heart disease who benefited from TCM. However it is not well written up, several very important points are missed, or incorrect statements made, all of which need revision. 1. The prodrome of RHD is acute rheumatic fever - 'predisposing cause' should be used instead of prodrome 2. The results of the imaging examinations given in Tables 1 and 2 are not useful in assessing patients with rheumatic valve disease. For mitral stenosis: valve area and diastolic pressure half-time are important; for mitral and aortic regurgitation: regurgitant volume, regurgitant fraction and effective regurgitant orifice area together with ejection fraction and end systolic diameter are important. If these are unavailable, authors should not present irrelevant data like in Table 1 and 2. 3. Compared with the previous results of the color ultrasound, the patient showed improvement in aortic regurgitation from moderate to mild - this statement is incorrect in the absence of relevant data (as indicated in point 2). or the color doppler images for aortic regurgitation 4. The patient has had frequent ventricular tachycardia with a heart rate of >200 - this statement is not supported by any ECG nor are any blood results given as to possible



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precipitating causes for ventricular tachycardia like, hypokalemia, infection or myocarditis. This is very important since the effect of TCM is likely to be on the abnormalities in the blood which lead to arrhythmia that then further compromised heart function and resulted in patient symptoms. TCM is unlikely to change the anatomy of the heart valves but likely effected dynamic functional change in the heart as in its rhythm or in blood parameters affecting it.