

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 15333

**Title:** Esophageal dysphagia and reflux symptoms before and after oral IQoroR training

**Reviewer's code:** 00057695

**Reviewer's country:** Saudi Arabia

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-11-23 13:23

**Date reviewed:** 2014-11-27 12:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

The study is innovative promoting non-surgical treatment of reflux, and can –when widely accepted and adopted- defer unnecessary surgery in some patients with troublesome oropharyngeal reflux symptoms. The study is hampered by the pitfalls of any other questionnaire studies. I have the following comments which I would like you to address: 1. It seems that the diagnosis of reflux and hiatal hernia was based on radiological studies only. Was any upper GI endoscopic examination performed prior to the training? What was the Grade of reflux in the study groups prior to the training? 2. It was not mentioned if any of the patients were on proton pump inhibitors? Were such patients excluded or not? If any of the study subjects was on PPI, this will be a cofounding factor attributing to their symptom improvements. Further elaboration is essential 3. How long patients need to carry on with the exercises? Is it for life, or can be repeated when symptoms recurred. 4. You did not address recurrence of symptoms after cessation of the training. 5. In Introduction, “Forty-three adults with ..... till end of paragraph” should be incorporated in the Methods section and NOT in the Introduction. 6. Under IQS training, 2nd line: what was meant by “against the horizontal,”? This needs elaboration for clarity.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 15333

**Title:** Esophageal dysphagia and reflux symptoms before and after oral IQoroR training

**Reviewer's code:** 00052339

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-11-23 13:23

**Date reviewed:** 2014-12-09 21:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Reviewer's comments: This manuscript showed the very interesting and promising data that IQoro training was so useful to treat patients with esophageal dysphagia and reflux symptoms. In addition this training resulted in recovery of pressure level at not only UES but LES. The data presented here were acceptable, but the authors can address the following question. #1 Why does it takes over 6-8 months to get the effects of IQoro training? If patients cannot continue the training only 3-4 months, is there no benefit by this training or some profit in the patients? #2 The author mentioned about the mechanism of the IQoro training that it activates striated muscles in the UES and the hiatus region of the diaphragm in the discussion section. Can all striated muscle be activated from the upper esophagus to esophago-gastric junction in the same extent? I think it is questionable for lower esophageal sphincter to get the almost complete function by training at the orifice of esophagus.



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 15333

**Title:** Esophageal dysphagia and reflux symptoms before and after oral IQoroR training

**Reviewer's code:** 01716622

**Reviewer's country:** Germany

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-11-23 13:23

**Date reviewed:** 2014-11-24 02:28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

to confirm the diagnosis an treatment strategy it is sometimes helpful to add endoscopic findings of EGD, and FEES