

# Review of: "Are Hemorrhoids Related to Diet and Dysentery?"

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**Potential competing interests:** No potential competing interests to declare.

I am thankful for the chance to review the manuscript entitled "Are Hemorrhoids Related to Diet and Dysentery." Reviewing the comprehensive research conducted by the authors and offering feedback has been an honor. I value the opportunity to participate in the peer-review process and aid in upholding the publication's quality and integrity. I am grateful for the trust placed in me to fulfill this responsibility.

The manuscript shows promise but requires revision to strengthen its coherence and clarity. While the research conducted is commendable, some sections lack sufficient detail or organization, hindering comprehension. Additionally, further clarification is needed regarding certain methodological aspects and the interpretation of results. Addressing these points through thorough revision will enhance the manuscript's overall quality and ensure its suitability for publication.

1. The abstract needs to be improved, giving certain details about the methods used and results of the study.
2. Databases like Scopus, Elsevier, and Cochrane can be used for the better advancement of the manuscript and to support the claim.
3. Could you provide more details about the specific dietary changes recommended in the study, such as the recommended intake of pomegranate and the foods that patients should avoid during treatment?
4. How were the Grade III and IV prolapsed hemorrhoids diagnosed in the patients included in the study? Were there any specific criteria used to classify the severity of hemorrhoids?
5. Can you elaborate on the mechanism of action by which dietary changes, particularly the incorporation of pomegranate, are hypothesized to alleviate hemorrhoid symptoms caused by dysentery? Support the statements with adequate latest references.
6. Have previous studies or literature been consulted to support the hypothesis that dietary changes can lead to full recovery from dysentery-induced hemorrhoid symptoms, particularly in cases of Grade III and IV prolapsed hemorrhoids?
7. In the discussion of clinical trials, what specific outcomes or endpoints do you propose to evaluate the effectiveness of dietary changes in managing hemorrhoid symptoms? How do you plan to assess patient-reported outcomes and objective measures of symptom improvement?
8. Are there any potential challenges or limitations in conducting clinical trials to evaluate dietary changes as a non-surgical treatment option for hemorrhoid symptoms? How do you plan to address these challenges in the study design and implementation?

9. Considering the potential variability in patient responses to dietary interventions, do you anticipate any subgroup analyses or stratifications based on factors such as age, severity of symptoms, or comorbidities in future clinical trials?
10. The conclusion section needs to be thoroughly revised, supporting the manuscript.