



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_48908
Title of the Manuscript:	Probable controversy of cardiac resynchronization therapy in Democratic Republic of Congo on the adaptive energy metabolism of hypertrophied and insufficient heart.
Type of the Article	

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. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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	The manuscript describes very important issue. The current problem with heart failure is huge. A proper device solution besides medical and surgical management is pivotal. The authors appeal a signal for the manufacturers to be aware of the magnetic forces which may deteriorate the remaining cardiac function.	Thank you for very much.
Minor REVISION comments	The abstract section should be restructured and rewritten to give more clarity to this important subject. Some questions are raised: How strong is the magnetic field produced by CRT device to cause disruption of the cardiac function? How to manage this magnetic activity? Please consider mentioning abbreviation full out when cited for the first time.	About the first question: "How strong is the magnetic field produced by CRT device to cause disruption of the cardiac function?" A study should be undertaken to fix the bearable limits of oxygen magnetism ratio device magnetism where the interaction between the oxygen magnetic field and device electromagnetic field can not occur for a given category of patients. Any way there is a case where it has been observed cardiac dysfunction as it will be demonstrated in next paper (CRT-D). The big problem is that when the device is not regularly controlled its magnetic field prevents oxygen to produce fatty acids oxidation and glucose oxidation. The builders should minimize the production of the excess of electromagnetic field in the device. About the second question: "How to manage this magnetic activity?" Some pathways of solutions can be considered: 1° there are protective chemical substrates which can be incorporated in the device or absorbent chemical products that can absorb the eventual excess of device electromagnetic field. 2° regular adjustments of device to produce a fit magnetism. This solution exists already but seems tedious especially when the patient is not near hospital and when is poor. 3° otherwise the track of phytotherapy can be privileged. For the rest see the text (yellow color).
Optional/General comments		

PART 2:



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	Reviewer's comment	Author's comment <i>(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)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	