1. Title should have geographic location
2. Abstract: Weight, height, and BMI were recorded. BMI is calculated from weight and height and cannot be recorded as a primary variable. Please edit the sentence for clarity
3. Materials and methods: What were the estimates used and a reference for the same to calculate sample size?
4. Are the patients enrolled consecutively from the hospitals?
5. After obtaining written informed consent, Please specify whose consent?
6. Please add reference to the body mass index formula
7. Please add the manufacturer details of the weighting scale and stadiometer and who made these assessments
8. Please add reference to the spitting method used
9. Please add reference to the DMFT assessment. What were the instruments used? Please mention the dental caries was assessed in both primary and permanent dentition separately. Also, please mention why dmft was chosen over deft. As these children will have lot of exfoliations it would be very confusing to record dmft for primary dentition.
10. What were the reliability scores for all the variables measured?
11. Details of the SPSS software. Version
12. Please specify how was the normality assessed?
13. Results: In contrast, the mean DMFT score 110 for deciduous teeth was 2.32 ± 2.64…..DMFT of deciduous teeth should be written as dmft. Entire manuscript.
14. Underweight children (BMI f 18.4) had a lower mean weight, BMI, and slightly higher salivary flow rate compared to the normal-weight group (BMI 18.5 . 24.9). This sentence needs to be revised. Underweight children will have lower weight and bmi as it was calculated from these variables and classified as underweight.
15. Table 1: Please remove weight, height, BMI. Based on these variables, children were classified as underweight. Do not copy and paste the software generated outputs. Follow standard reporting of tables. Primary DMFT should be written as dmft. Maximum values were not reported. BMI minimum value is 7.5. Kindly check.

BMI Groups			~~Weight~~	~~Height~~	~~BMI~~	Salivary Flow Rate	DMFT Permanent	DMFT Primary
Underweight	N	Valid	~~163~~	~~163~~	~~163~~	163	163	163
		Missing	~~0~~	~~0~~	~~0~~	0	0	0
	Mean		~~25.1252~~	~~4.2585~~	~~14.8656~~	4.1166	.6933	2.4417
	Std. Deviation		~~4.53960~~	~~.36264~~	~~1.45383~~	2.14416	1.23893	2.68075
	Minimum		~~13.60~~	~~3.10~~	~~7.50~~	1.00	.00	.00
Normal	N	Valid	~~16~~	~~16~~	~~16~~	16	16	16
		Missing	~~0~~	~~0~~	~~0~~	0	0	0
	Mean		~~41.3938~~	~~4.4631~~	~~21.4875~~	3.8125	.8750	1.0625
	Std. Deviation		~~9.46083~~	~~.37862~~	~~2.36583~~	1.51520	1.14746	1.73085
	Minimum		~~27.10~~	~~4.00~~	~~18.70~~	1.00	.00	.00

16. Normality of the DMFT and dmft has to be assessed. SD values are high. As per the supplemental data, data is not in normal distribution.

Tests of Normality

	BMI_Categories	Kolmogorov-Smirnov[a] Statistic	df	Sig.	Shapiro-Wilk Statistic	df	Sig.
salivary flow rate of subjects (ml/5min)	underwight less than or equal to 18.4	.187	163	.000	.850	163	.000
	normal (18.5 to 24.9)	.283	16	.001	.769	16	.001
Decayed, missing, filling teeth of permanent teeth	underwight less than or equal to 18.4	.387	163	.000	.627	163	.000
	normal (18.5 to 24.9)	.277	16	.002	.769	16	.001
Decayed, missing, filling teeth of decidous	underwight less than or equal to 18.4	.208	163	.000	.846	163	.000
	normal (18.5 to 24.9)	.355	16	.000	.669	16	.000

a. Lilliefors Significance Correction

17. Table 2 needs to be edited for clarity as per the scientific reporting. Software generated tables have been incorporated.
18. According the results have to be drafted properly based on the point 16.
19. Discussion:

    However, it is important to note that no significant difference was observed between the BMI groups concerning DMFT scores for permanent teeth. This could be attributed to several factors, including the prolonged exposure of permanent teeth to fluoride from toothpaste and other preventive measures that may offset the risks posed by poor nutritional status. Additionally, permanent teeth may have a stronger enamel structure and more developed immune responses in older children, making them less vulnerable to the impact of malnutrition compared to primary teeth (4, 8–9).

    Lower DMFT in permanent teeth could be because the teeth might have just erupted and the assessment for caries as per WHO is at cavitation level. Kindly substantiate.
20. Discussion:

    caries risk (9,10). The lack of variation in salivary flow rate across BMI groups in this study may suggest that other factors, such as the compositi and quality of saliva, are more crucial in preventing dental caries rather than just the quantity. The buffering capacity, antimicrobial properties, ar

    Across BMI groups? The study had underweight and few normal children. It is not appropriate. Kindly revise.

21. The discrepancies between our findings and those of other studies could be explained by differences in environmental factors such as diet12, oral

    What is diet12?

    Kindly add limitations of the study. Convenience sampling, children were recruited from hospitals – They may have past health issues which may not be in the exclusion criteria and could have influenced the association. Children were also enrolled from advanced dental center. They may have existing dental problems like caries due to which they would have visited the clinic. These can influence the results. Overall, generalizability is affected by these. Lack of representation of overweight and obese

children and under representation of normal BMI could also have influenced the results. Lower DMFT in permanent teeth could be because the teeth might have just erupted.

Supplementary data file should not have name. Please omit.

Informed Consent Statement: "Informed consent was obtained from all subjects involved in the study."

Is it appropriate to take informed consent from this age group of children? They can give verbal assent and parental informed consent is required. Kindly clarify!