**Review Comments**

**Manuscript title: Justice, equality and liberty: Inspiration from the Indian constitution for the effective management of diabetes mellitus.**

The authors have written a perspective piece in which they are invoking the constitutional principles of justice, equality, liberty and fraternity to improve diabetes care in India. These are principles enshrined in our constitution and are very valuable. Therefore, discussion of right to diabetes care in India invoking these principles is an important argument.

While discussing constitutional provisions, the important concept of Right to Health cannot be ignored. The Right to Health is not independently recognized as a right in the Indian constitution. However, it is interpreted as part of Right to Life and personal liberty under Article 21. However, it may be important to have a provision of right to Health. The idea of right to appropriate diabetes care can be embedded in the right to health provision. Therefore while invoking the Indian constitutional provisions in diabetes care, an argument for right to health is important. The authors may do well to include this. I recommend reading - <https://ijme.in/articles/the-fundamental-right-to-health-care/?galley=html>

Diabetes is not just a medical disease; it is as much a social disease. This has been brought out by the authors. However, the medical, lifestyle and social nuances of diabetes need to be explained briefly to present a clear understanding of how constitutional provisions will help. For example, gender equality, caste, and class disparities etc, must be explained with evidence to argue for the need to involve the constitutional rights. There is a lot of research from India on the social determinants of diabetes care including gender, caste, poverty etc. These must be adequately referenced and cited. Some examples include- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6450330/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3401832/>

<https://academic.oup.com/eurpub/article/28/suppl_1/cky047.042/4973086>

There are some statements in the background section that seem to suggest that complementary and alternative medicines are ineffective, lack evidence, and unduly take advantage of media coverage to fool people. These are very judgmental sweeping generalizations. There are effective therapies available in AYUSH systems of medicine for diabetes. The authors need to take a more balanced stand on their approach to AYUSH. Sweeping generalizations of this type go against one of the guiding principles of the public health system in India – mainstreaming AYUSH.

There is a very negatively worded statement about the role of salutogenesis in treatment of diabetes. Here again it is a sweeping statement not based on adequate evidence. A more balanced approach is required here.

It is interesting that the authors demand a ‘right to euglycemia’, which seems to be an over-simplification of the idea of diabetes care. Diabetes care is not just about clinical euglycemia. The authors must take a more social, environmental and public health approach to diabetes care rather than a narrow clinical approach. There is a need for “right to diabetes care”, not just euglycemia. Diabetes care must include not just medicines to control the sugar, but also an enabling environment and social determinants that will ensure self-care and effective adoption of life style changes.

While the section on Justice speaks about promoting healthy diet, exercise, medication access and availability etc. it leaves out the most important issue of what creates the inequity or injustice in terms of access to healthy diets, exercise and medicines. A more nuanced discussion of these social determinants will include public policy analysis. For example, the policy of promoting rice and wheat through the Public Distribution System without a focus on other nutrients and its impact on the diabetes status of the population. These are important considerations.

There is a passing mention of Ayushman Bharat. However, its implications on universal health coverage for diabetes is not well brought out. Many commentators have written about implications of AB for NCD care in India. These have to be read and referenced. For example, this is one of the paper

<https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0039-3401982>

Overall, I think the manuscript needs substantial reworking for it to do justice to the title. the arguments need to be brought out more clearly. In the current form, the manuscript does not add value to existing literature on right to health care or right to care for diabetes. However, there is potential, if the authors can work on the above comments.