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REVIEWER'S REPORT

Manuscript No.: JNHM-117

Title: Role of Basti-Predominant Panchakarma (CDC-SP/KP Protocol) with Caloric Restriction in Improving HbA1c, BMI, and Blood Pressure in Type 2 Diabetics: A Pilot Study,

Recommendation:
Accept after minor revision.....

Rating	Excel.	Good	Fair	Poor
Originality			✔	
Techn. Quality			✔	
Clarity		✔		
Significance	✔			

Reviewer's ID: JPR- Bilqees Hamza

Detailed Reviewer's Report

Overview

The retrospective observational pilot study titled "Role of Basti-Predominant Panchakarma (CDC-SP/KP Protocol) with Caloric Restriction in Improving HbA1c, BMI, and Blood Pressure in Type 2 Diabetics: A Pilot Study" provides an important, clinically focused evaluation of a structured Ayurvedic intervention framework for managing Type 2 Diabetes Mellitus (T2DM). Conducted across two outpatient clinics in Mumbai, the study monitors 22 patients subjected to specialized *Basti* (per-rectal medicated enema) regimens combined with an 800 kcal/day *Prameha* Diet Box and individualized oral herbs. The integration of classical *Shodhana Chikitsa* (bio-purification) with modern dietary caloric restriction aims to target underlying metabolic derangements, insulin resistance, and visceral adiposity characteristic of the Indian diabetic phenotype.

The methodology categorizes patients by body mass index (BMI) to deliver tailored interventions: overweight individuals ($\text{BMI} \ge 23 \text{ kg/m}^2$) received the CDC-SP protocol featuring *Snehan* (oleation with *Neem Siddha Taila*), *Swedana* (sudation with *Dashamoola*), and decoction-based *Niruha Basti* using *Gudmar*, *Daru Haridra*, and *Yashti Madhu*. Conversely, lean individuals ($\text{BMI} < 23 \text{ kg/m}^2$) underwent the CDC-KP protocol utilizing oil-based *Anuvasana Basti* for dual nourishment and detoxification. Over a mean treatment duration of 90.2 days, the protocol yielded highly significant clinical outcomes. Mean glycated hemoglobin (HbA_{1c}) decreased from $9.74 \pm 2.38\%$ to $8.26 \pm 2.29\%$ ($p<0.0001$), body weight declined by 2.60 kg ($p=0.005$), BMI dropped by 0.89 kg/m^2 ($p=0.011$), and systolic blood pressure improved

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by 12.26 mmHg ($p=0.030$). Additionally, 18.2% of the total cohort achieved physician-supervised reductions in allopathic medication burden without any recorded serious adverse events, demonstrating the immediate therapeutic potential of this integrative framework.

Improvements and Suggestions

- **Acknowledge the Confounding Role of Caloric Restriction**: Because all 22 participants concurrently adhered to an 800 kcal/day low-carbohydrate *Prameha* Diet Box, the independent therapeutic effects of the *Basti* protocol are heavily co-confounded by the rapid caloric deficit. The discussion section should be slightly expanded to explicitly state that the rapid metabolic improvements are a synergistic result of both the Panchakarma procedures and the very-low-calorie dietary intervention working in tandem.
- **Elaborate on Random Blood Sugar Dynamics**: The text notes that mean Random Blood Sugar (RBS) decreased by 35.32 mg/dL but did not reach statistical significance ($p=0.079$) due to wide post-treatment standard deviations and the inclusion of four patients whose post-treatment RBS values increased despite improved long-term HbA_{1c}. A brief explanatory sentence should be added to clarify that this paradox stems from the high physiological variability of random glucose testing relative to time of food intake.
- **Address Missing Post-Treatment Hemodynamic Records**: The statistical analysis notes that three patients had post-treatment blood pressure values recorded as zero due to a data entry omission, resulting in their exclusion from the cardiovascular analysis ($n=19$ for SBP and DBP). The authors should briefly add a note in the methodology or results narrative to ensure full procedural transparency regarding these specific missing data points.
- **Discuss Treatment Duration and Session Heterogeneity**: The completed Panchakarma sessions ranged from 1 to 16 sessions (mean 9.4 ± 4.3) across a highly variable treatment timeframe of 8 to 273 days. Incorporating a brief sentence addressing how this real-world clinical variation and the inclusion of minimal-exposure patients (such as the dropouts with 1 or 4 sessions) impacts overall outcome variance would strengthen the paper's transparency.
- **Provide Context for Baseline Allopathic Medications**: While the manuscript states that 54.5% of the cohort was on documented allopathic antidiabetic medication at baseline, it lacks a breakdown of these drug classes. Adding a single clarifying sentence detailing whether these patients were primarily on metformin monotherapy, multi-drug regimens, or insulin would provide valuable clinical context for the observed 18.2% medication de-escalation rate.

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- **Remove Structural Placeholders and Unverified References**: In section 4.5, the text notes that "lipid data require unit verification before reporting". This internal placeholder sentence must be removed from the final text, as lipid data are not presented in the results tables.
- **Purge Stray Formatting Artifacts and Line Fragments**: The manuscript draft contains a few minor typographical and layout artifacts that should be cleaned up prior to publication. Specifically, the isolated string "IND" and the fragmented heading "1. INT" appear right before the main introduction section, and the paper abruptly ends with a truncated "UNDER PEER" watermark. These stray layout elements must be completely deleted.

Editorial Decision

Decision: **ACCEPT WITH MINOR REVISIONS**

Justification

This pilot study presents highly compelling and clinically meaningful data regarding the multi-systemic benefits of the integrative CDC-SP/KP protocol for Type 2 Diabetes Mellitus. The concurrent improvements in glycated hemoglobin, body weight, BMI, and systolic blood pressure demonstrate that this multimodal Ayurvedic framework addresses metabolic syndrome comprehensively. While the study is constrained by its single-arm pilot design and real-world data entry omissions, these limitations are typical for a preliminary retrospective clinical audit and do not diminish the value of the published datasets. The manuscript is accepted for publication pending the execution of the minor editorial cleanups detailed above, specifically the removal of the lipid data placeholder line, clarifying the co-confounding role of the 800 kcal diet, and purging the stray typographical layout artifacts ("IND", "1. INT", and "UNDER PEER").