ISSN(O): 2320-5407 | ISSN(P): 3107-4928

ISSN NO. 2320-5407

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR-57610

Title: Ayurvedic Management of Chronic Kidney Disease (Vrikka Vikara) with Reference to Mutravah Srotodushti: A Case Study,

Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....YES

Do not accept (*Reasons below*) .....

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

 # Overall Evaluation

The manuscript presents a single-case report describing Ayurvedic management of Chronic Kidney Disease (CKD) using dietary modification, lifestyle interventions, and multiple Ayurvedic formulations. The topic is clinically relevant because CKD remains a major global health challenge with limited curative options. The manuscript attempts to correlate modern nephrology concepts with Ayurvedic principles such as VrikkaVikara and MutravahSrotodushti. Clinical improvement in biochemical and symptomatic parameters is reported.

However, the manuscript has several methodological, scientific, ethical, and reporting limitations that substantially weaken its scientific validity. Major revision is recommended before the manuscript can be considered for publication.

 # Strengths

1. **Clinically Relevant Topic**

*** CKD is a major global health burden, and exploration of integrative therapeutic approaches is important.**

ISSN(O): 2320-5407 | ISSN(P): 3107-4928
International Journal of Advanced Research
Publisher's Name: Jana Publication and Research LLP
www.journalijar.com

REVIEWER'S REPORT

2. **Holistic Ayurvedic Perspective**

*** The manuscript provides detailed Ayurvedic interpretation including Dosha, Dushya, Agni, Srotas, and Samprapti concepts.**

3. **Detailed Therapeutic Description**

*** Dietary advice, hydration practices, lifestyle modifications, and formulations are extensively described, which improves reproducibility.**

4. **Objective Laboratory Parameters Included**

*** Serial serum creatinine and blood urea values are presented, adding objective biochemical observations.**

5. **Symptomatic Improvement Documented**

*** Improvement in edema, appetite, urine output, and body ache is clinically meaningful.**

6. **Integrative Medicine Relevance**

*** The study contributes to the growing field of integrative nephrology and Ayurveda-based supportive care.**

 # Weaknesses

Major Weaknesses

1. Single Case Report with No Control

*** The study design is extremely weak scientifically.**
*** No control group or comparator exists.**
*** Improvements cannot be definitively attributed to Ayurvedic therapy.**

2. Inadequate Diagnostic Details

*** CKD staging is not clearly mentioned.**
*** No estimated GFR (eGFR) values provided.**
*** Proteinuria/albuminuria data absent.**

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REVIEWER'S REPORT

*** Renal imaging findings missing.**
*** Etiology of CKD not adequately discussed.**

3. Concomitant Allopathic Therapy Confounding

*** Patient was already receiving allopathic medication (Amlodipine).**
*** No information regarding previous nephrology management.**
*** Possible confounding effect not addressed.**

4. Excessive Therapeutic Interventions

*** Multiple formulations, diet changes, fasting, hydration methods, and lifestyle measures were used simultaneously.**
*** Impossible to determine which intervention contributed to improvement.**

5. Lack of Safety Assessment

*** No liver function tests or electrolyte monitoring.**
*** Potential herb-drug interactions not discussed.**
*** Heavy metal/mineral preparation safety not addressed.**

6. Overstated Conclusions

*** Claims regarding renal recovery and detoxification are stronger than warranted for a single uncontrolled case.**
*** Conclusions should be more cautious.**

7. Ethical Deficiencies

*** No mention of:**

*** Institutional ethics approval**
*** Patient informed consent**
*** Consent for publication**

8. Scientific Validity of Certain Recommendations

*** "Living water," alkaline water protocols, and certain detoxification claims lack scientific validation.**
*** Some recommendations appear anecdotal rather than evidence-based.**

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REVIEWER'S REPORT

Minor Weaknesses

1. Numerous grammatical and typographical errors.
2. Inconsistent formatting of Ayurvedic terminology.
3. References are inconsistently cited and partially unrelated to CKD.
4. Figure quality and labeling require improvement.
5. Tables need formatting standardization.
6. Some herbal ingredients lack proper pharmacological justification.
7. Repetition present in Discussion and Conclusion sections.

 # Key Points

1. The manuscript highlights possible symptomatic and biochemical improvement in CKD using Ayurvedic interventions.
2. The integration of Ayurvedic pathophysiology with CKD is well elaborated conceptually.
3. The study lacks rigorous methodology necessary for high scientific impact.
4. Safety monitoring and ethical reporting are insufficient.
5. The manuscript may have issues of limited novelty due to similarity with previously published CKD Ayurveda case reports.
6. Stronger evidence such as controlled trials is required before therapeutic claims can be validated.

 # Significance

Scientific Significance

*** Moderate.**
*** The manuscript contributes observational data but lacks robust evidence.**

Clinical Significance

*** Limited but potentially useful for generating hypotheses regarding integrative CKD management.**

Academic Significance

*** Useful primarily as a preliminary exploratory case report rather than definitive clinical evidence.**

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REVIEWER'S REPORT

Novelty

*** Low to moderate.**
*** Similar Ayurveda-based CKD case reports already exist in literature.**

 # Specific Recommendations for Authors

1. Clearly mention CKD stage and diagnostic criteria.
2. Include eGFR, urine protein, ultrasound findings, and complete nephrology workup.
3. Add patient consent and ethical approval statements.
4. Discuss limitations more critically.
5. Reduce speculative claims regarding detoxification and renal regeneration.
6. Provide rationale for each formulation used.
7. Include adverse event monitoring.
8. Improve language and formatting substantially.
9. Clarify timeline inconsistencies in treatment dates.
10. Compare findings with existing published CKD-Ayurveda literature.

 # Recommendation to Editor

Decision: MAJOR REVISION

Justification

Although the manuscript addresses an important clinical issue and demonstrates symptomatic improvement, substantial concerns exist regarding:

*** methodological rigor,**
*** lack of safety data,**
*** insufficient diagnostic details,**
*** overinterpretation of findings,**
*** ethical reporting deficiencies,**
*** and limited novelty.**

The manuscript requires major scientific revision before it can be considered suitable for publication.

Recommendation: *Major Revision*

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REVIEWER'S REPORT

The manuscript addresses an important topic—Ayurvedic management of Chronic Kidney Disease (CKD)—but the study has substantial methodological, ethical, scientific, reporting, and referencing deficiencies that prevent acceptance in its current form. The paper requires major revision to improve scientific rigor, transparency, evidence support, and manuscript quality.

Major Revision Justification with Issues and Reasons (Line by Line)

Line No.	Issue Identified	Reason / Justification for Major Revision
5–20	Overstated efficacy claims in abstract	The abstract reports dramatic improvement in serum creatinine without sufficient scientific evidence, control comparison, or exclusion of confounding factors. Conclusions appear stronger than justified for a single case report.
9–12	Incomplete patient history	Important CKD details are missing: CKD stage, duration of disease, etiology, comorbidities, prior nephrology evaluation, proteinuria status, eGFR, ultrasound findings, and baseline medications.
12–18	Lack of objective nephrology assessment	Renal improvement is discussed only using creatinine and blood urea. Essential renal markers such as eGFR, urine protein, electrolytes, potassium, sodium, hemoglobin, and imaging findings are absent.
14–15	Unclear biochemical timeline	Serum creatinine reduction from 4.11 to 1.95 mg/dL is substantial, but the mechanism, monitoring frequency, hydration status, and concurrent therapies are not clarified.
17–19	Unsupported causal inference	The manuscript implies Ayurvedic therapy improved renal function, but a single uncontrolled case cannot establish causality.
24–70	Excessively lengthy introduction	Introduction is disproportionately long for a case report and contains repetitive background material. Requires condensation and sharper focus on CKD and Ayurvedic rationale.
31–38	Epidemiological claims insufficiently updated	Recent CKD epidemiology and burden data should be added using updated nephrology guidelines and global burden references.
47–70	Excessive theoretical Ayurveda discussion	The manuscript overemphasizes philosophical concepts while lacking clinical evidence integration and modern nephrology correlation.
55–61	Weak disease	The correlation between CKD and Vrikka Vikara is

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REVIEWER'S REPORT

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	correlation	described conceptually without adequate scholarly justification from classical Ayurvedic texts.
71–72	Samprapti table formatting poor	Table structure is inconsistent and difficult to interpret scientifically. Terminology needs standardization.
75	Figure missing or inadequately described	Figure 1 is cited but not adequately explained. High-quality labeled figure with legend is required.
77–82	Ethical concerns	Patient consent, ethical clearance, and institutional approval are not mentioned. This is mandatory for publication of case reports.
78	Grammar error	"was visited" is grammatically incorrect; should be "visited" or "presented." Multiple grammatical issues reduce manuscript quality.
82	Concomitant treatment not clarified	Patient was receiving Amlodipine; possibility of improvement due to antihypertensive control is not discussed.
84–86	Insufficient clinical examination	No systemic examination findings, urine analysis, edema grading criteria, cardiovascular status, or renal imaging provided.
88–149	Excessively detailed dietary description	Dietary section is overly descriptive and includes non-scientific recommendations that reduce academic quality.
108–117	Scientifically unsupported claims	"Energized water," Rudraksha purification, silver/copper vessel effects, and stone filtration lack scientific validation and should be justified or removed.
119–128	Unsupported alkaline water recommendation	Alkaline water claims are not supported by nephrology evidence and may mislead readers.
130–149	Lifestyle instructions not evidence-based	Several instructions appear spiritual or anecdotal rather than evidence-based clinical recommendations.
152–158	Medication regimen poorly standardized	Dosages, manufacturer details, treatment duration, frequency, and pharmacological rationale are inadequately described.
155	Chronological inconsistency	Treatment dates are inconsistent with case presentation date, creating confusion regarding therapeutic timeline.
158	Polyherbal formulations	Many formulations are listed without evidence of nephroprotective efficacy, safety, or standardization.

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	inadequately justified	
158	Safety assessment absent	No discussion of heavy metal toxicity, herb-drug interaction, hepatic safety, or nephrotoxicity risk from Ayurvedic formulations.
158	Potentially harmful ingredients not discussed	Ingredients like potassium nitrate, ammonium chloride, bhasma preparations, and mineral compounds require toxicological discussion in CKD patients.
160–169	Subjective outcome reporting	Symptom improvement scales are non-validated and subjective without standardized assessment tools.
172–177	Laboratory interpretation inadequate	Blood urea fluctuations are not clinically interpreted. No explanation regarding hydration, diet, or medication effects.
172–178	Missing eGFR calculation	eGFR is essential for CKD monitoring and staging but absent throughout the manuscript.
178	Units formatting inconsistent	"mg/dl" formatting should follow standard SI/biomedical style consistently.
182–190	Discussion largely repetitive	Discussion repeats results rather than critically analyzing findings in relation to existing literature.
191–202	Ayurveda concepts insufficiently referenced	Classical Ayurvedic concepts need authoritative textual references and clearer integration with CKD pathophysiology.
204–211	Unsupported dietary efficacy claims	Statements regarding millet diet reducing renal stress are speculative and insufficiently referenced.
213–230	Overinterpretation of outcomes	The manuscript interprets improvement as renal recovery without acknowledging spontaneous variation, hydration effects, or laboratory variability.
214–229	Lack of comparative literature	Discussion lacks comparison with published CKD Ayurveda case reports or nephrology studies.
232–238	Future research section too generic	Recommendations are broad and lack specific research directions or methodological considerations.
240–256	Conclusion overstated	Conclusion implies effectiveness despite evidence being limited to one uncontrolled case report. Language should be cautious.
259–314	Reference quality concerns	Several references are unrelated, weakly relevant, non-indexed, or inappropriate for CKD management discussion.
270–305	Inappropriate citations	Some references relate to unrelated topics such as

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		fertility, hepatocellular carcinoma, hypertension, and anticancer activity without direct relevance to CKD management.
Entire manuscript	Lack of CARE guideline adherence	Case report does not follow CARE reporting guidelines for clinical case reports.
Entire manuscript	Language and formatting issues	Numerous grammatical errors, spacing inconsistencies, superscript issues, and formatting defects reduce readability and professionalism.
Entire manuscript	Scientific rigor inadequate	Single case design, lack of controls, insufficient diagnostics, and absence of safety monitoring limit scientific validity.

Key Weaknesses

Absence of CKD staging and nephrology workup.

Lack of ethical approval and patient consent statement.

Unsupported causal claims regarding Ayurvedic efficacy.

Inclusion of non-scientific dietary and water purification concepts.

Insufficient safety/toxicity discussion for herbal-mineral formulations.

Poor methodological standardization.

Weak evidence base and inappropriate references.

Overstated conclusions from a single case report.

Strengths of the Manuscript

Clinically relevant topic with growing global interest.

Integrative medicine perspective may contribute to future hypothesis generation.

Serial creatinine monitoring provides some objective follow-up data.

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Attempts correlation between Ayurveda concepts and CKD pathology.

Editorial Recommendation

Major Revision

The manuscript has potential but requires extensive revision in methodology, scientific interpretation, ethical compliance, literature support, language quality, and evidence-based discussion before reconsideration for publication.