



ISSN NO. 2320-5407

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

Manuscript No.: IJAR-57823

Title: Ayurvedic Management of Yakrit Vikara W.S.R. Alcoholic Fatty Liver

Disease: A Case Report,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Yes, a very similar paper has already been published.

The title published in the **Journal of Ayurveda and Integrated Medical Sciences** is:

“Ayurvedic Management of Yakrit Vikara w.s.r. to Alcoholic Fatty Liver Disease: A Case Report” by Akshay Khanna and colleagues. It was published in March 2026.

Your manuscript title:

“Ayurvedic Management of Yakrit Vikara W.S.R. Alcoholic Fatty Liver Disease: A Case Report”

is almost identical to the published title. The subject, disease condition (AFLD), Ayurvedic interpretation (Yakrit Vikara), and case-report format are also very similar.

There are several overlapping sections:

- Introduction on alcohol-induced fatty liver and Yakrit Vikara.
- Discussion of Madya, Raktavaha Srotas Dushti, Yakrit involvement.

REVIEWER'S REPORT

- Case report design.
- Ayurvedic management using herbal formulations.
- Assessment through symptoms, LFT parameters, and USG findings.

Ayurvedic Management of Yakrit Vikara w.s.r. to Alcoholic Fatty Liver Disease: A Case Report

Authors

- **Akshay Khanna** Post Graduate Scholar, Department of Panchkarma, Dayanand Ayurvedic College, Jalandhar, Punjab, India.
- **Neetika Nirmal** Associate Professor, Department of Panchkarma, Dayanand Ayurvedic College, Jalandhar, Punjab, India.
- **Neha Sharma** Assistant Professor, Department of Panchkarma, Dayanand Ayurvedic College, Jalandhar, Punjab, India.

DOI:

<https://doi.org/10.21760/jaims.11.2.83>

Below is a structured **peer-review report for the manuscript.**

Reviewer Report

****Manuscript Title:****

Ayurvedic Management of Yakrit Vikara W.S.R. Alcoholic Fatty Liver Disease: A Case Report

Overall Assessment

The manuscript presents an Ayurvedic case report describing the management of Alcoholic Fatty Liver Disease (AFLD) using a proprietary Ayurvedic formulation (Yakrit-16 Compound Kwatha and Tablets). The topic is clinically relevant because AFLD is a growing global health concern and effective complementary management approaches are of interest. The manuscript demonstrates symptomatic improvement, improvement in liver function tests, and normalization of ultrasonographic findings following treatment.

REVIEWER'S REPORT

However, the scientific rigor, reporting quality, language, and methodological details require substantial improvement before publication.

****Recommendation:** Major Revision**

Strengths

1. Clinically Relevant Topic

- * Alcoholic Fatty Liver Disease is an important public health issue worldwide.**
- * The manuscript explores an Ayurvedic approach to a condition with limited therapeutic options beyond abstinence and lifestyle modification.**

2. Integration of Classical Ayurvedic Concepts

- * The authors have attempted to correlate AFLD with Yakrit Vikara, Raktavaha Srotodushti, Agnimandya, and Kapha-Pitta vitiation.**
- * Classical references have been incorporated to support the Ayurvedic rationale.**

3. Objective Assessment

*** Evaluation includes:**

- * SGOT (AST)**
- * SGPT (ALT)**
- * Alkaline phosphatase**
- * Gamma-glutamyl transferase (GGT)**

REVIEWER'S REPORT

* Ultrasonography findings

4. Follow-up Data Available

- * Assessment was conducted at multiple time points.
- * Follow-up data after treatment enhances the credibility of observations.

5. Detailed Clinical Documentation

- * History taking, Ashtavidha Pariksha, Dashavidha Pariksha, and treatment protocol are adequately documented.

Key Findings

Clinical Improvement

- * Aruchi improved by 100%.
- * Agnimandya improved by 100%.
- * Utklesha improved by 100%.
- * Avipaka improved by 66%.

Laboratory Improvement

- * SGPT reduced from 82 IU/L to 58 IU/L.
- * SGOT reduced from 64 IU/L to 48 IU/L.
- * ALP reduced from 146 IU/L to 90 IU/L.
- * GGT reduced from 58 IU/L to 18 IU/L.

REVIEWER'S REPORT

Imaging Improvement

- * USG changed from Grade I Fatty Liver to Normal Liver.

Scientific Significance

Positive Aspects

- * Provides preliminary evidence supporting the role of Ayurvedic interventions in AFLD.
- * Demonstrates possible hepatoprotective effects of polyherbal formulations.
- * May serve as a hypothesis-generating study for future controlled clinical trials.

Limitations Affecting Significance

- * Single case report.
- * Lack of controls.
- * No causal relationship can be established.
- * Findings cannot be generalized.

Therefore, the significance is ****moderate**** and mainly exploratory.

Major Weaknesses

1. Novelty is Limited

REVIEWER'S REPORT

A very similar case report on Ayurvedic management of AFLD/Yakrit Vikara has already been published.

The manuscript does not clearly explain:

- * What is novel?
- * Why this case is unique?
- * How it differs from previous reports?

2. Absence of Alcohol Abstinence Documentation

The most important confounding factor is missing.

Authors must clearly report:

- * Whether alcohol consumption was stopped.
- * Whether counselling was provided.
- * Whether abstinence was maintained.

Without this information, improvement may simply be due to cessation of alcohol intake.

3. Inadequate Diagnostic Workup

The diagnosis should be strengthened with:

- * CBC
- * Bilirubin

REVIEWER'S REPORT

- * Albumin
- * Lipid profile
- * HbA1c
- * Viral hepatitis markers
- * Fibrosis assessment

These investigations are absent.

4. Lack of Ethical Information

The manuscript should clearly state:

- * Written informed consent obtained.
- * Patient consent for publication.
- * Institutional ethical considerations.

5. Proprietary Formulation Not Adequately Described

The manuscript does not provide:

- * Exact composition
- * Manufacturing details
- * Standardization parameters
- * Quality control information

This limits reproducibility.

6. Overstated Conclusions

REVIEWER'S REPORT

The statement:

> "Ayurveda approach efficiently manage Alcoholic Fatty Liver Disease"

is too strong for a single case report.

A more appropriate conclusion would be:

> "The present case suggests a potential role of Ayurvedic intervention in AFLD and warrants further controlled clinical studies."

Methodological Concerns

Inconsistency in Patient Description

* Patient identified as female.

* Later text refers to patient as "he."

Correction required.

Missing BMI

Weight is provided but BMI is not calculated.

Missing Timeline

A visual timeline of:

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

- * Symptoms
- * Diagnosis
- * Intervention
- * Follow-up

would improve reporting quality.

Subjective Assessment Scale

The grading scales appear self-developed.

Authors should justify:

- * Validation method.
- * Reliability.
- * Clinical relevance.

Language and Formatting Issues

Numerous grammatical errors are present.

Examples:

Current Text	Suggested Correction
nauseatic	nausea

REVIEWER'S REPORT

alcoholthrice	alcohol thrice	
Fullyconscious	Fully conscious	
intervention	intervention	
day 60th	day 60	
signs and symptoms has been subsided signs and symptoms have subsided		
days.sss	remove typo	

Professional language editing is strongly recommended.

Reference-Related Concerns

Outdated References

Many references are classical texts only.

Recent literature should be added regarding:

- * AFLD pathophysiology
- * Oxidative stress
- * Gut-liver axis
- * Hepatoprotective herbal therapies

Incorrect Citation Support

Reference 16:

- * *Cyperus scariosus* study is cited to support Haldi and Daruhaldi hepatoprotection.
- * This citation does not appropriately support the statement.

REVIEWER'S REPORT

Appropriate turmeric/curcumin references should be cited.

Minor Comments

- 1. Expand the abstract with numerical results.**
- 2. Mention baseline USG findings in more detail.**
- 3. Add images with labels and scales.**
- 4. Explain why Yakrit-16 was selected.**
- 5. Add a treatment rationale table linking each ingredient to Ayurvedic and pharmacological actions.**

Final Recommendation

Decision: MAJOR REVISION

****Reason:****

The manuscript addresses an important clinical problem and presents encouraging results; however, major deficiencies exist in novelty, methodology, reporting quality, language, diagnostic workup, and interpretation of findings. Substantial revision is required before the manuscript can be considered for publication.

Publication Potential After Revision

****Editorial Recommendation:** Major Revision Before Reconsideration.**

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

A reviewer would justify **Major Revision** not because the study is completely unacceptable, but because there are several scientific, methodological, reporting, and editorial deficiencies that must be corrected before publication.

Detailed Reviewer Comments (Line-by-Line)

Line No.	Issue	Reason for Major Revision
5-9	Historical discussion of alcohol	Too general and lacks scientific relevance to AFLD. Abstract should focus on objective, case details, intervention, and outcomes.
11-13	"Steatosis is seen in 90% of heavy drinkers"	Requires updated evidence and citation verification.
16-18	"Clinical study"	This is a single case report, not a clinical study. Scientific terminology is inaccurate.
17	"Shaman Yog in form of Kwatha & Tablets"	Composition and standardization of formulation not mentioned.
18-19	"Significant role in management"	Conclusion is overstated for a single patient. Cannot establish efficacy.
Abstract Overall	Missing numerical outcomes	CARE guidelines recommend inclusion of key laboratory and imaging findings.

Introduction

Line No.	Issue	Reason
22-23	"Western culture" statement	Subjective and non-scientific language.
24-26	Emotional wording ("most abuse")	Scientific writing should remain objective.
29-30	"first sequential stage"	Grammatical correction needed.
37-43	Alcohol consumption limits	Source cited is mainly NAFLD guidance and may not adequately support AFLD thresholds.
43-45	"Ayurveda possesses many hepatoprotective formulations"	Requires stronger scientific evidence and contemporary literature.
Entire Introduction	Limited literature review	Few recent studies (2020-2026) included.

Case Presentation

Major Methodological Concern

Line No.	Issue	Reason
----------	-------	--------

REVIEWER'S REPORT

Line No.	Issue	Reason
48-54	Symptoms described	Acceptable
59	"he also reported"	Patient is female. Major inconsistency.
61-62	Alcohol intake description	Type of alcohol not reported.
61-62	60–80 ml thrice weekly	Ethanol quantity not calculated.
Entire case	No abstinence documentation	Most critical limitation. Improvement could simply result from alcohol cessation.

Missing Clinical Information

Missing Item	Why Important
BMI	Fatty liver strongly associated with obesity.
Waist circumference	Metabolic risk assessment.
Lipid profile	Important for AFLD evaluation.
HbA1c/FBS	Diabetes screening.
Bilirubin	Liver function assessment.
Albumin	Liver synthetic function.
Viral hepatitis markers	Differential diagnosis exclusion.
Fibroscan/elastography	Disease severity assessment.

These omissions reduce scientific validity.

Physical Examination

Line No.	Issue	Reason
82	Abdomen soft, non-tender	Contradicts earlier complaint of right upper quadrant pain and tenderness.
86	"Tenderness +nt"	Unclear terminology.
83	"Fullyconscious"	Formatting error.

Treatment Section

Line No.	Issue	Reason
95-99	Proprietary formulation	Full composition, authentication, manufacturing details missing.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Line No.	Issue	Reason
96-99	Dose reported	Good
Entire section	No dietary advice mentioned	Diet and alcohol restriction are crucial confounders.
Entire section	No lifestyle modification details	Limits interpretation of efficacy.

Assessment Criteria

Line No.	Issue	Reason
101-103	Subjective scales used	Validation not described.
105	Grading system	Appears author-developed and unvalidated.
109	Objective grading	Arbitrary scoring system. Scientific basis not provided.

Results

Line No.	Issue	Reason
117	Udarshool remained unchanged	No discussion provided.
117	Chhardi score 0 before and after	Reporting 100% improvement is mathematically incorrect.
119	SGPT reduction only 29%	Improvement is modest, not dramatic.
119	SGOT reduction only 25%	Same issue.
121	Grade I fatty liver became normal	Requires supporting USG images and radiology report.
Results section	No statistical approach	Although case report, stronger quantitative interpretation needed.

Outcome

Line No.	Issue	Reason
129-132	"Significant reduction"	Statistical significance cannot be claimed in a single case report.
131-132	"Asymptomatic"	Follow-up only two months; long-term outcome unknown.

Discussion

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Major Scientific Weaknesses

Line No.	Issue	Reason
137-139	Strong efficacy interpretation	Based on one patient only.
141-148	Classical references only	Modern pathophysiology discussion insufficient.
155-163	Ayurvedic mechanism described	Largely theoretical; lacks biomedical correlation.
164-180	Herbal ingredient discussion	Mostly traditional claims; little modern evidence cited.
174	Hepatoprotective claim	Citation mismatch. Reference 16 is not about Haldi or Daruhaldi.
Entire Discussion	No comparison with previous case reports	Literature comparison absent.
Entire Discussion	No discussion of limitations	Essential for case reports.

Conclusion

Line No.	Issue	Reason
185-187	"efficiently manage AFLD"	Overstatement. Cannot be concluded from one case.
186	"significant improvement"	Statistical significance not demonstrated.
187	"days.sss"	Typographical error.

References

Major Problems

Ref No.	Issue
3	Primarily NAFLD reference, not AFLD-specific guidance.
6	NAFLD oxidative stress paper cited for AFLD progression claim.
16	Citation does not support Haldi/Daruhaldi statement.
Multiple	Heavy dependence on classical texts.
Entire reference list	Insufficient recent literature (2023-2026).

Most Critical Reasons for Major Revision

1. Lack of Novelty

Very similar AFLD-Yakrit Vikara case reports have already been published.

REVIEWER'S REPORT

2. No Documentation of Alcohol Abstinence

This is the biggest scientific flaw.

A reviewer would ask:

Was the patient still consuming alcohol during treatment?

If not reported, the improvement cannot be attributed to Ayurvedic treatment.

3. Incomplete Diagnostic Workup

Important investigations are missing.

4. Unsupported Efficacy Claims

Single-patient observation cannot establish effectiveness.

5. Reference and Citation Errors

Several statements are inadequately supported.

6. Language and Reporting Problems

Numerous grammatical, formatting, and consistency issues exist.

Editorial Verdict

Reject?

No.

The manuscript contains:

A real clinical case.

Objective laboratory data.

USG improvement.

Reasonable Ayurvedic rationale.

Accept As Is?

REVIEWER'S REPORT

No.

Too many scientific and reporting deficiencies.

Appropriate Decision

Major Revision

Because the manuscript has publication potential, but substantial corrections are required before it meets acceptable scientific and reporting standards.