



REVIEWER'S REPORT

Manuscript No.: IJAR-57998

Title: Structured Panchakarma Based Intervention Achieves Antidiabetic Medication Discontinuation and Significant Glycaemic Improvement in Type 2 Diabetes: A Real-World Retrospective Study.

Recommendation:

Accept after major revision

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

Reviewer's ID: JPR- 198

Detailed Reviewer's Report

This manuscript evaluates the effect of a structured Ayurvedic Comprehensive Diabetes Care (CDC-SP) program on medication use and glycaemic control among patients with Type 2 Diabetes Mellitus. The topic is relevant because reducing medication burden while maintaining glycaemic control is an important clinical goal.

The study reports significant reductions in HbA1c, fasting blood glucose, body weight, BMI, abdominal girth, and diastolic blood pressure. The finding that 80% of treated patients discontinued antidiabetic medication and all medicated patients reduced therapy is noteworthy and clinically interesting.

However, the study has important methodological limitations. The sample size is very small (n=25), there is no control group, and the retrospective design limits causal interpretation. The intervention includes multiple components (Panchakarma, severe caloric restriction, exercise, yoga, and medication tapering), making it impossible to determine which component contributed most to the observed outcomes. The 800 kcal/day diet alone could explain substantial improvements in weight and glycaemic control.

Medication discontinuation was physician-directed and not standardized, introducing potential bias. Follow-up after medication withdrawal is not reported, so the durability and safety of medication-free status remain unknown. Selection bias is also possible because only patients completing the program were analyzed.

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The manuscript would benefit from a more balanced discussion and greater emphasis on the exploratory nature of the findings. The conclusions should be tempered and avoid implying effectiveness beyond what an observational study can demonstrate.