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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 as it is .....

Accept after minor revision.....

Accept after major revision .....

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

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

Reviewer's ID: JPR- 142

Detailed Reviewer's Report

The study investigates medication discontinuation outcomes, drug-class reduction patterns, and changes in glycaemic and cardiometabolic parameters following a Panchakarma-based therapeutic programme.

The topic is clinically relevant because medication de-intensification and reduction of treatment burden are increasingly recognized as important patient-centred outcomes in diabetes management. The authors should be commended for examining medication discontinuation as a primary endpoint rather than focusing exclusively on glycaemic parameters. The inclusion of drug-class level analysis and evaluation of dose-response relationships adds additional value.

The study reports substantial improvements in HbA1c, fasting blood glucose, body weight, BMI, abdominal girth, diastolic blood pressure, and heart rate, accompanied by a high rate of antidiabetic medication discontinuation. The intervention includes multiple therapeutic components delivered simultaneously, making attribution of efficacy to any single component difficult.

The sample size is very small (n=25), reducing statistical power and increasing susceptibility to selection bias. Furthermore, ten participants were already medication-free at baseline. Consequently, the reported overall medication-free rate of 88% may overestimate the apparent effectiveness of the intervention and should be interpreted cautiously. Greater emphasis should be placed on outcomes among the 15 pharmacologically treated patients.

Another important issue is the absence of long-term follow-up data. Medication discontinuation represents a clinically meaningful outcome only if glycaemic control remains durable after treatment completion. The manuscript acknowledges that post-treatment monitoring was unavailable. Therefore, conclusions regarding sustainable diabetes remission or long-term medication independence should be avoided.

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The statistical analysis appears appropriate for the available dataset; however, confidence intervals and effect size interpretation should receive greater emphasis. Additionally, adjustment for potential confounding variables such as diabetes duration, baseline HbA1c, baseline medication burden, and adherence to diet and exercise was not performed.

The Discussion section would benefit from comparison with established diabetes remission literature, including studies of intensive lifestyle intervention, calorie restriction, and weight-loss-induced diabetes remission. This would place the findings into a broader scientific context and allow readers to assess the magnitude of observed effects relative to existing evidence. However, due to the retrospective design, absence of controls, small sample size, and lack of long-term follow-up, the findings should be considered hypothesis-generating rather than confirmatory. Prospective randomized controlled trials with larger sample sizes and longer follow-up are required before definitive conclusions can be drawn.