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REVIEWER'S REPORT

Manuscript No.: IJAR-58120

Title: Role of Ayurveda in the Management of Alzheimer's Disease: A

Comprehensive Review,

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

Overall Assessment

This review addresses an important and emerging area of research by exploring the potential role of Ayurvedic interventions in the management of Alzheimer's disease. The manuscript is generally well organized and presents a broad overview of Ayurvedic concepts, herbal therapies, dietary measures, and yoga-based interventions. However, several methodological and scientific limitations reduce its novelty and academic rigor.

Strengths

Relevant Topic

Alzheimer's disease is a major global health concern, and exploring complementary approaches is timely and clinically relevant.

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Comprehensive Coverage

Discusses multiple Ayurvedic aspects including Dosha imbalance, Majja Dhatu, Medhya Rasayana, Ahara, and Yoga.

Recent References

Includes several recent publications (2024–2026), improving the currency of the review.

Good Structure

Logical flow from disease overview to Ayurvedic interpretation and management approaches.

Holistic Perspective

Emphasizes preventive and supportive care, which aligns with current interest in integrative medicine.

Weaknesses

Lack of Systematic Methodology

Search strategy, databases searched, keywords used, inclusion/exclusion criteria, and study selection process are not described adequately.

Limited Critical Analysis

The review summarizes findings but does not critically evaluate the quality or strength of evidence.

Insufficient Clinical Evidence

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Most claims regarding herbal medicines are based on experimental or preliminary studies rather than robust clinical trials.

No Summary Tables

Tables summarizing Ayurvedic herbs, mechanisms of action, and supporting evidence would improve readability.

Overstated Conclusions

Some statements imply therapeutic effectiveness despite limited clinical validation.

Language and Formatting Issues

Minor grammatical errors and spacing inconsistencies are present.

Several sections require professional language editing.

Novelty is Limited

Similar reviews on Ayurveda and Alzheimer's disease have already been published.

Key Points Requiring Revision

Major Revisions

Provide detailed review methodology.

Include a PRISMA-style flow diagram or literature selection process.

Add critical appraisal of cited studies.

Include summary tables of:

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Medhya Rasayana herbs

Mechanisms of action

Clinical evidence

Discuss limitations of Ayurvedic evidence more objectively.

Reduce speculative claims not supported by clinical data.

Minor Revisions

Correct grammatical and typographical errors.

Standardize citation format.

Improve figure/table presentation.

Update references where necessary.

Significance

Scientific Significance: Moderate

The review may be useful for researchers and practitioners interested in integrative and complementary approaches to dementia care. However, the manuscript primarily consolidates existing knowledge and provides limited new insights.

Clinical Significance: Moderate

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The paper highlights supportive strategies that may improve quality of life, but current evidence is insufficient to recommend Ayurveda as a primary treatment for Alzheimer's disease.

Decision: MAJOR REVISION

Justification

The manuscript covers an important topic and is reasonably well organized. However, significant improvements are required in methodology, critical analysis, evidence evaluation, and scientific rigor before the article can be considered for publication. A major revision is therefore recommended.

Detailed Justification for Major Revision (Line-by-Line Issues)

Line No.	Issue	Reason for Major Revision
54–59	Materials & Methods extremely brief	No systematic review methodology. Databases, search terms, date range, inclusion/exclusion criteria, and study selection process are missing. This is the biggest weakness.
55–59	No search strategy provided	Readers cannot reproduce the literature search, affecting scientific reliability.
55–59	No PRISMA framework	Review articles should describe how studies were identified, screened, and selected.
61–181	Results section lacks data synthesis	Results are narrative only. No quantitative or structured presentation of evidence.
137–151	Medhya Rasayana discussion	Claims of efficacy are made without reporting sample size, study design, level of evidence, or clinical significance.
139–151	Herbal evidence overstated	Most cited studies are preclinical or small-scale

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Line No.	Issue	Reason for Major Revision
		studies; limitations are not discussed.
154–171	Yoga section	Benefits are described broadly without critical appraisal of study quality.
173–180	Conclusion within Results	Authors conclude efficacy before discussing evidence limitations. Scientific caution is insufficient.
183–234	Discussion lacks critical analysis	Discussion mainly repeats results rather than interpreting strengths and weaknesses of available evidence.
225–229	Limitations section too brief	Review limitations should be expanded substantially.
236–242	Final conclusion somewhat overstated	Current evidence does not establish Ayurveda as an effective treatment for Alzheimer's disease; wording should be more cautious.
Entire manuscript	No evidence grading	No assessment of study quality (RCT, observational, animal study, review, etc.).
Entire manuscript	No summary tables	Tables summarizing herbs, mechanisms, evidence level, and outcomes are needed.
Entire manuscript	Limited novelty	Similar review articles already exist on Ayurveda and Alzheimer's disease. Authors must clearly state what is new.
References 6, 14, 16, 17	Several recent Ayurveda review references cited without critical evaluation	Reliance on secondary sources rather than primary clinical evidence weakens scientific rigor.
References section	Reference style inconsistencies	Formatting should be standardized according to journal guidelines.

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Line No.	Issue	Reason for Major Revision
Lines 126–134	Dietary recommendations	Statements are largely traditional claims with limited clinical evidence in Alzheimer's patients.
Lines 164–167	Ayurvedic explanations of yoga effects	Mechanistic claims are largely theoretical and need supporting evidence.
Entire manuscript	No figures/flowchart	A literature-selection flowchart and conceptual framework would improve quality.

Why This Is a Major Revision Rather Than Minor Revision

Methodological deficiency (Lines 54–59) is a core scientific issue.

Lack of systematic literature review process affects the validity of the entire manuscript.

Insufficient critical appraisal of evidence throughout the review.

Absence of evidence grading and summary tables limits scientific value.

Conclusions exceed the strength of available evidence.

These deficiencies require substantial rewriting and restructuring of multiple sections, not merely language correction.

Reviewer Recommendation**Decision: Major Revision**

Reason: The topic is relevant and the manuscript is well organized; however, significant improvements are required in review methodology, critical appraisal of evidence, literature synthesis, evidence grading, and presentation before the manuscript can be

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considered for publication. The scientific content is potentially publishable after major revision.