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REVIEWER'S REPORT

Manuscript No.: IJAR-58306

Title: Management of Pharyngitis: An Ayurvedic and Modern Review

Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....x.....

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 manuscript presents a narrative review on the management of pharyngitis by integrating contemporary medical knowledge with Ayurvedic concepts. The topic is clinically relevant because pharyngitis remains one of the most common reasons for outpatient consultations and inappropriate antibiotic prescribing. The effort to compare modern evidence-based management with traditional Ayurvedic approaches is commendable and has the potential to interest clinicians, researchers, and practitioners of integrative medicine.

The manuscript is generally well organized, with a logical progression from epidemiology and pathophysiology to Ayurvedic concepts, treatment strategies, discussion, and conclusion. The language is clear and understandable, and the review highlights the importance of antimicrobial stewardship while introducing complementary therapeutic options from Ayurveda. Nevertheless, several scientific and methodological issues should be addressed before the manuscript is suitable for publication.

Major Comments

1. Methodology requires greater transparency

Although the article is described as a narrative review, the methodology section resembles a systematic literature search without providing sufficient methodological details. The authors should clearly specify the literature search period, eligibility criteria, study selection process, language restrictions, and the number of studies screened and included. Even narrative reviews benefit from transparent reporting to improve reproducibility and credibility.

2. Clarify the review design

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The manuscript should consistently describe itself as a narrative review. Terms such as "systematic search" and "comprehensive evidence synthesis" may mislead readers into expecting PRISMA-compliant methodology. If a systematic review was not performed, the terminology should be revised accordingly.

3. Strength of evidence for Ayurvedic interventions

Several Ayurvedic therapies, including Yashtimadhu, Guduchi, Khadiradi Vati, Kavala, Gandusha, and Rasayana therapy, are presented as beneficial. However, the manuscript does not consistently distinguish between traditional knowledge, experimental studies, observational research, and randomized clinical trials. Statements regarding anti-inflammatory, antimicrobial, antioxidant, and immunomodulatory properties should be supported with higher-quality clinical evidence wherever available. The discussion should acknowledge that robust clinical evidence remains limited for many of these interventions.

4. Balanced discussion of integrative medicine

The manuscript appropriately proposes integrating modern medicine with Ayurvedic supportive therapies. However, a balanced discussion should also include potential limitations such as variability in herbal preparations, quality control, herb-drug interactions, regulatory considerations, and the need for physician supervision. Presenting both benefits and limitations would strengthen the scientific objectivity of the review.

5. Update contemporary clinical guidelines

The section describing modern management would benefit from incorporating recent recommendations from organizations such as the Infectious Diseases Society of America (IDSA), NICE, and current antimicrobial stewardship guidelines. Discussion of rapid molecular diagnostic methods, delayed antibiotic prescribing strategies, and recent evidence regarding Group A Streptococcal diagnosis would further improve the clinical relevance of the manuscript.

6. Expand the Discussion

The Discussion primarily summarizes previously presented information rather than critically analyzing available evidence. This section should compare the advantages and limitations of modern medicine and Ayurveda, identify current knowledge gaps, discuss barriers to clinical integration, and suggest priorities for future research.

Minor Comments

- The Introduction would benefit from including recent global epidemiological data emphasizing the burden of pharyngitis and inappropriate antibiotic prescribing.
- Additional causative pathogens such as Epstein-Barr virus, SARS-CoV-2, Mycoplasma pneumoniae, and *Fusobacterium necrophorum* may be briefly discussed.
- The diagnostic section should include a concise comparison of the sensitivity and specificity of Rapid Antigen Detection Tests, throat culture, and molecular diagnostic techniques.
- The Ayurvedic disease correlations with Galagraha, Rohini, and Kanthashaluka should be clearly described as conceptual rather than direct pathological equivalents.
- The herbal medicine section would be strengthened by summarizing available human clinical evidence rather than relying primarily on traditional descriptions.

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- The conclusion should be slightly more cautious by emphasizing that integrative management appears promising but requires confirmation through adequately powered randomized controlled clinical trials.

The manuscript has scientific merit and addresses an important area of integrative medicine. However, substantial revisions are required to improve methodological transparency, strengthen evidence appraisal, update contemporary references, provide a balanced discussion of benefits and limitations, and enhance the scientific rigor of the review. After these revisions, the manuscript would be considerably strengthened and could become suitable for publication.