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REVIEWER'S REPORT

Manuscript No.: IJAR-58351

Title: A Randomized Controlled Study: Impact of 32 Week Nasal Douching Technique and Pranayama On Symptoms Of Allergic Rhinitis

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

*## **Reviewer Report****

*### **Overall Recommendation: Major Revision****

The manuscript investigates the effectiveness of nasal douching (Jal Neti) combined with pranayama as an adjunct to standard medical therapy in patients with allergic rhinitis and asthma. The topic is clinically relevant and explores a non-pharmacological intervention that may improve symptom control. However, the manuscript contains several major methodological, statistical, reporting, and language-related deficiencies that preclude acceptance in its current form.

 # 1. Strengths

1. The study addresses an important clinical problem, namely allergic rhinitis, which significantly affects patients' quality of life.

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

2. The intervention (Jal Neti and pranayama) is inexpensive, non-invasive, and potentially useful as adjunctive therapy.

3. The study follows a randomized controlled trial design, which is appropriate for evaluating intervention efficacy.

4. Eight-month follow-up provides longer observation than many previous yoga intervention studies.

5. The Total Nasal Symptom Score (TNSS) is an accepted clinical outcome measure.

6. Inclusion and exclusion criteria are reasonably described.

7. The intervention protocol is clearly presented.

8. Clinical outcomes are easy to understand.

 # 2. Weaknesses

A. Major Methodological Weaknesses

1. Randomization procedure not described

The manuscript does not explain

**** sequence generation***
**** allocation concealment***
**** randomization software***
**** block/random method***

This introduces selection bias.

2. No CONSORT flow diagram

A randomized clinical trial should include

**** screened patients***
**** excluded patients***
**** randomized***
**** lost to follow-up***

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

**** analyzed***

The participant flow is incomplete.

3. Sample size inconsistency

The manuscript reports

> 200 participants

Then reports

> 85 cases

> 88 controls

Total =173

Dropouts are reported as

15 +12 =27

200−27=173

Although mathematically correct, the manuscript never reports the original allocation (100 vs100? 97 vs103?).

This requires clarification.

4. No sample size calculation

No power analysis has been presented.

The manuscript should justify why 200 participants were sufficient.

5. Trial registration missing

Randomized clinical trials should report

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

**** Clinical Trial Registration***
**** Registration number***

Not provided.

6. Ethical approval incomplete

IRB approval number is missing.

Date of approval is absent.

7. Blinding absent

No information regarding

**** assessor blinding***
**** investigator blinding***
**** statistician blinding***

B. Statistical Weaknesses

1. Incorrect statistical analysis

Repeated measurements at

**** baseline***
**** 4 months***
**** 8 months***

cannot appropriately be analyzed using multiple paired t-tests.

Repeated Measures ANOVA or Linear Mixed Models should be used.

2. Impossible p-values

Several tables report

Example

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

t=0.231

p=0.006

These values are mathematically inconsistent.

Several p-values do not correspond to reported t-values.

The statistical analysis should be rechecked.

3. Effect size incorrectly reported

Effect sizes are reported but no method (Cohen's d etc.) is described.

4. Confidence intervals absent

RCTs should provide

95% CI

for treatment effect.

C. Reporting Weaknesses

1. Objective inconsistent

Title

Symptoms of Allergic Rhinitis

Abstract conclusion

Management of Asthma

Conclusion

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

Allergic Rhinitis

The disease focus changes repeatedly.

2. Study duration inconsistency

Title

32 weeks

Methods

8 months

32 weeks equals approximately 7.4 months, not 8 months.

3. Numerous grammatical errors

Examples

"There is none of the study"

"studywas"

"patients are required"

"Result shows"

"improvementin"

Professional language editing is required.

4. References outdated

Many references are

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

1998

2005

2010

Few recent systematic reviews (2021–2025) are included.

5. No limitations section

The manuscript does not discuss

**** lack of blinding***
**** single-center design***
**** self-reported outcomes***
**** compliance***
**** placebo effect***

D. Scientific Weaknesses

1. Mechanism of action is poorly explained.

2. Discussion compares few recent RCTs.

3. Literature review is inadequate.

4. No subgroup analysis.

5. Compliance with yoga practice not reported.

 # 3. Key Points

• Interesting clinical question.

• Randomized study design.

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

• Long intervention period.

• Significant methodological deficiencies.

• Statistical inconsistencies.

• Numerous reporting errors.

• Conclusions are stronger than supported by evidence.

 # 4. Significance

The study has potential significance because inexpensive adjunctive therapies for allergic rhinitis are clinically valuable.

If the methodological and statistical issues are adequately addressed, the study could contribute to complementary medicine literature.

However, in its present form, the scientific validity is weakened by inadequate reporting and statistical inconsistencies.

 # 5. Specific Comments

Abstract

**** Disease focus alternates between allergic rhinitis and asthma.***
**** Rewrite objective.***
**** Mention sample size.***
**** Mention randomization method.***

Introduction

**** Update literature.***
**** Better explain rationale.***
**** Clarify novelty.***

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

Methods

Need

** CONSORT checklist*
** Trial registration*
** Ethical approval number*
** Randomization details*
** Sample size calculation*
** Blinding procedure*

Results

Need

** CONSORT flow chart*
** Correct statistics*
** Correct p-values*
** Confidence intervals*

Discussion

Should include

** comparison with recent RCTs*
** biological mechanism*
** study limitations*
** future implications*

Tables

Need revision.

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

Several statistical values appear inconsistent.

Formatting should be standardized.

 # 6. Originality

*****Rating:** Good***

The combination of Jal Neti and pranayama in allergic rhinitis is relatively less explored, although yoga interventions themselves are not entirely novel.

 # 7. Technical Quality

*****Rating:** Fair***

The manuscript demonstrates an appropriate clinical design but suffers from serious statistical and methodological reporting deficiencies.

 # 8. Clarity

*****Rating:** Fair***

The manuscript is understandable but requires substantial language editing, improved organization, and correction of inconsistencies.

 # 9. Significance

*****Rating:** Good***

The topic has clinical relevance and may offer a low-cost complementary intervention for allergic rhinitis if validated with rigorous methodology.

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

 # 10. Final Recommendation

*****Decision: Major Revision*****

Reasons for Major Revision

**** Incomplete reporting of randomization and trial methodology.***
**** Missing CONSORT flow diagram, trial registration, and ethics approval details.***
**** Inconsistent sample size reporting and participant allocation.***
**** Inappropriate statistical methods for repeated measurements.***
**** Multiple inconsistencies between reported t-values and p-values.***
**** Conflicting references to asthma versus allergic rhinitis throughout the manuscript.***
**** Absence of confidence intervals and study limitations.***
**** Numerous grammatical and formatting errors.***
**** Need for updated literature review and stronger discussion of findings.***

*****Overall Evaluation:** The study addresses a clinically relevant question and has the potential to contribute to complementary management of allergic rhinitis. However, substantial revisions are required to ensure methodological transparency, statistical validity, and scientific rigor before the manuscript can be considered for publication.***

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

Major Revision Justification (Line-by-Line Review Report)

Line No.	Issue Identified	Reason for Major Revision
Title	"32 Week" versus study duration of "8 months"	The title states a 32-week intervention (~7.4 months), whereas the Methods describe an 8-month intervention. This inconsistency should be corrected throughout the manuscript.
8–12	Background lacks novelty justification	The statement that allergic rhinitis has received little research is inaccurate and unsupported. The authors should cite recent systematic reviews and clearly explain the knowledge gap.
9–10	Inappropriate wording	The phrase "to cure allergic rhinorrhea" is scientifically inappropriate because allergic rhinitis is a chronic disease that is managed rather than cured.
11–12	Objective unclear	The objective alternates between allergic rhinitis and allergic rhinitis with asthma. The study population and primary disease should be consistently defined.
13–16	Randomization inadequately described	The manuscript states that participants were randomized but provides no information regarding sequence generation, allocation concealment, or randomization method, introducing potential selection bias.
14	Study population inconsistency	The Methods mention "Asthma patients," whereas the title focuses on allergic rhinitis. This inconsistency creates confusion regarding eligibility criteria.
16–17	Assessment schedule formatting	"4thmonths" should be corrected, and follow-up time points should be clearly presented.
18–23	Results insufficiently reported	Only statistical significance is presented. Effect sizes, confidence intervals, and actual changes in symptom scores should also be reported.
20–23	Conclusion inconsistent	The conclusion refers to asthma despite the manuscript focusing primarily on allergic rhinitis, indicating inconsistency in interpretation.
24	Keywords inappropriate	Keywords such as "variables" and "obstructions" are too general. Standard MeSH terms should be used.

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

Line No.	Issue Identified	Reason for Major Revision
27–35	Introduction outdated	The epidemiological information relies on older references and lacks recent literature (2021–2025).
40–45	Insufficient literature review	The mechanism of Jal Neti and pranayama is briefly described, but the evidence from recent randomized trials and systematic reviews is not adequately discussed.
45	Unsupported statement	The claim "There is none of the study associated with nasal douche impact in AR" is unsupported and likely inaccurate without a comprehensive literature review.
46–47	Potential overlap with previous research	The statement that the study is based on a "larger study" raises concern regarding duplicate publication or secondary analysis. The authors should clearly explain the originality of this dataset.
48	Objective incomplete	The objective should explicitly identify the primary outcome, intervention, comparator, and study population.
50–54	Trial reporting incomplete	Important information including ethics approval number, informed consent, and trial registration number is missing.
56–67	Eligibility criteria	Diagnostic criteria for asthma severity and allergic rhinitis should be described more precisely.
68–74	Sample size inconsistency	The manuscript states that 200 participants were enrolled but reports only 85 cases and 88 controls completing the study. The original allocation before dropout is not presented.
68–74	Missing CONSORT flow	Participant recruitment, exclusions, randomization, losses to follow-up, and final analysis should be illustrated using a CONSORT flow diagram.
75–82	Outcome measures	Validation of the Total Nasal Symptom Score (TNSS) should be cited, and assessor blinding should be clarified.
83–84	Intervention description incomplete	Details regarding supervision, compliance monitoring, instructor qualifications, and adherence assessment are missing.
85–89	Inappropriate statistical methods	Repeated measurements at baseline, 4 months, and 8 months should be analyzed using repeated-measures ANOVA or mixed-effects models rather than multiple paired t-tests, to account for within-subject correlations.
89	Statistical software outdated	The use of GraphPad InStat 3.1 is acceptable but should be justified, and statistical assumptions should be reported.
90–109	Statistical	Several reported t-values and p-values appear

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

Line No.	Issue Identified	Reason for Major Revision
	inconsistencies	mathematically inconsistent, suggesting possible calculation or reporting errors. These require complete verification.
91–92	Baseline comparability	Baseline demographic characteristics (age, sex, disease severity) are not presented, preventing assessment of group comparability.
93–109	Missing confidence intervals	Between-group comparisons should include mean differences with 95% confidence intervals rather than only p-values.
100–109	Percentage improvements	Percentage improvements are reported without describing the calculation method or corresponding statistical analysis.
110–125	Discussion limited	The Discussion mainly repeats the Results instead of critically interpreting findings, comparing them with recent studies, and explaining possible mechanisms.
113–125	Literature outdated	Most cited studies are more than 10 years old; the discussion should incorporate recent evidence.
127–132	Overstated conclusion	The conclusion implies effectiveness without adequately discussing study limitations or potential biases.
133–135	Limitations absent	The manuscript lacks a dedicated limitations section addressing single-center design, lack of blinding, adherence issues, and generalizability.
136–137	Funding statement incomplete	The funding source is acknowledged, but the role of the funding agency in study design, data collection, analysis, and publication should be clarified.
139–165	References	Several references are outdated, inconsistently formatted, and some appear incomplete. Recent references should be added.
Table 1	Typographical error	"Nasal duche" should be corrected to "nasal douche."
Table 2	Statistical inconsistency	The reported t-values and p-values are inconsistent (e.g., very low t-values associated with highly significant p-values), indicating possible calculation or typographical errors.
Tables 3 & 4	Incorrect statistical reporting	Significant p-values are reported despite small t-values that do not appear to support significance. These tables require complete re-analysis.
Table 6	Formatting and	The p-value "0.0050.0" is erroneous, and confidence

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

Line No.	Issue Identified	Reason for Major Revision
	statistical errors	intervals are absent. Formatting should be corrected.

Overall Justification for Major Revision

The manuscript addresses a clinically relevant topic with a randomized controlled design; however, it requires **major revision** because of multiple substantive concerns:

Incomplete reporting of randomized trial methodology (randomization, allocation concealment, CONSORT flow diagram, trial registration, and ethics approval).

Inappropriate statistical analysis for repeated measurements and apparent inconsistencies between reported statistical values.

Internal inconsistencies regarding the study population (allergic rhinitis vs. asthma), intervention duration (32 weeks vs. 8 months), and conclusions.

Insufficient methodological detail regarding intervention delivery, participant adherence, and outcome assessment.

Outdated literature review and inadequate discussion of findings in the context of recent evidence.

Absence of a limitations section and overinterpretation of results.

Numerous grammatical, formatting, and typographical errors requiring comprehensive language editing.

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

Editorial Recommendation: Major Revision. The manuscript has potential clinical value but requires substantial revision to improve methodological transparency, statistical accuracy, reporting quality, and scientific rigor before it can be considered for publication.