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REVIEWER'S REPORT

Manuscript No.: IJAR-58583

Title: Menopausal Symptoms and Their Management Through Kalpas Described in Ayurvedic Samhitas: A Narrative 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

 # Reviewer's Report

Overall Assessment

This manuscript presents a narrative review on the Ayurvedic understanding of menopause (Rajonivritti) and discusses classical Kalpas and Rasayana formulations described in Ayurvedic Samhitas for the management of menopausal symptoms. The topic is clinically relevant because menopause significantly affects women's quality of life and there is growing interest in complementary and integrative medicine. The manuscript is well organized and compiles numerous classical formulations according to symptom categories. However, the review remains largely descriptive, lacks a rigorous review methodology, provides limited critical appraisal of the

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available evidence, and overstates therapeutic benefits without sufficient support from contemporary clinical studies.

 # Strengths

1. **Clinically Relevant Topic**

*** Addresses an important women's health issue with increasing global prevalence due to longer life expectancy.**

2. **Comprehensive Compilation**

*** Summarizes numerous Ayurvedic Kalpas, Ghritas, Rasayana preparations, and formulations from classical texts in a single review.**

3. **Good Organization**

*** The manuscript follows a logical structure from introduction, Ayurvedic concepts, symptom-wise interpretation, formulations, discussion, and conclusion.**

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4. **Symptom-Based Classification**

*** Mapping individual menopausal symptoms with corresponding Ayurvedic formulations is useful for readers and practitioners.**

5. **Extensive Classical References**

*** Incorporates references from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Yogaratnakara, Sharangadhara Samhita, and Bhavaprakasha.**

6. **Educational Value**

*** Serves as a concise educational resource for Ayurvedic students, clinicians, and researchers.**

 # Weaknesses

1. **Limited Novelty**

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*** Similar narrative reviews on Rajonivritti and Ayurvedic management of menopause already exist. The manuscript primarily compiles classical formulations rather than presenting new concepts.**

2. **Weak Methodology**

*** Search databases, search strategy, inclusion/exclusion criteria, keywords, screening process, and study selection methods are not adequately described.**

3. **No Critical Evaluation**

*** Modern clinical evidence supporting each formulation is not critically analyzed.**

4. **Insufficient Evidence-Based Discussion**

*** Claims regarding efficacy are mainly based on classical descriptions instead of randomized clinical trials or systematic reviews.**

5. **Overgeneralization**

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*** Several formulations are recommended without discussing dosage, contraindications, safety profile, adverse effects, or drug interactions.**

6. **Redundancy**

*** Some formulations (e.g., Shatavari Kalpa and Vidarikanda Kalpa) are repeated multiple times.**

7. **No Comparative Analysis**

*** The review does not compare Ayurvedic management with conventional menopausal therapies or hormone replacement therapy.**

8. **Lack of Figures**

*** Additional flowcharts or conceptual diagrams would improve readability.**

 # Key Points

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*** Menopause is interpreted in Ayurveda as **Rajonivritti** associated with **Jaravastha**, **Dhatukshaya**, and **Vata predominance**.**

*** Eleven common menopausal symptoms are discussed from an Ayurvedic perspective.**

*** Multiple classical Kalpas and Rasayana formulations are summarized for symptom management.**

*** The review emphasizes holistic management rather than disease-oriented treatment.**

*** Modern scientific evidence supporting these formulations remains limited and requires further validation.**

 # Significance

*** The manuscript provides a useful compilation of classical Ayurvedic formulations relevant to menopausal care.**

*** It may serve as a reference for Ayurvedic education and hypothesis generation.**

*** However, its contribution to evidence-based medicine is moderate because it lacks systematic evaluation of current clinical evidence.**

*** The manuscript has educational value but limited scientific innovation.**

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 # Recommendations for Improvement

1. Clearly describe the literature search methodology, including databases searched, search terms, inclusion and exclusion criteria, and screening process.

2. Include a PRISMA-style flow diagram or literature selection process, even if the review is narrative.

3. Add recent clinical trials (2020–2026), systematic reviews, and meta-analyses evaluating Ayurvedic interventions for menopausal symptoms.

4. Critically discuss the quality of available evidence instead of merely describing classical formulations.

5. Include safety considerations, contraindications, adverse effects, dosage ranges, and potential herb–drug interactions.

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6. Remove duplicate descriptions of formulations such as Shatavari Kalpa and Vidarikanda Kalpa.

7. Add a comparison table between conventional management (e.g., hormone replacement therapy) and Ayurvedic approaches.

8. Improve the discussion by identifying current research gaps and future research priorities.

9. Include figures illustrating the Ayurvedic pathogenesis of Rajonivritti and symptom-wise management.

10. Revise language and grammar to improve clarity and eliminate repetitive statements.

 # Final Recommendation

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

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Justification

Although the manuscript is informative and well structured, it is primarily a descriptive compilation of classical Ayurvedic literature with limited methodological rigor and insufficient integration of current evidence. The review requires substantial revision to strengthen its scientific quality, improve methodological transparency, critically evaluate modern clinical evidence, eliminate redundancy, and provide a balanced discussion before it is suitable for publication.

****Recommendation:** **Major Revision****

Major Revision Recommendation: JUSTIFICATION

Decision: Major Revision

This manuscript addresses an important topic by integrating Ayurvedic concepts with menopausal symptom management. However, despite its relevance, the review has several methodological, scientific, and presentation deficiencies that prevent acceptance in its current form. The article is primarily descriptive and lacks a rigorous review methodology, critical appraisal of evidence, and evidence-based discussion. Numerous therapeutic claims are made without adequate clinical validation, and there are inconsistencies, redundancies, and formatting issues throughout the manuscript. Therefore, **major revision** is recommended.

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Line-by-Line Major Revision Comments (Issue – Reason – Required Revision)

Line(s)	Issue	Reason for Major Revision	Required Action
10–22 (Abstract)	Abstract is descriptive only.	Does not mention review methodology, literature search strategy, databases, inclusion criteria, limitations, or conclusions based on evidence.	Rewrite abstract following structured format (Background, Objective, Methods, Results, Conclusion).
17–20	Claims Ayurvedic Kalpas alleviate symptoms.	Clinical efficacy is stated without supporting scientific evidence.	Use cautious wording and cite clinical studies or systematic reviews.
24–25	Keywords are limited.	Missing terms such as "Integrative Medicine", "Narrative Review", "Women's Health".	Expand keywords.
29–50 (Introduction)	Introduction lacks research gap.	Does not explain why another review is necessary.	Clearly identify literature gap and study rationale.
34–40	Modern epidemiological information is limited.	No prevalence or burden of menopausal symptoms globally.	Include updated epidemiological statistics.
42–50	Ayurveda discussion is purely descriptive.	No comparison with modern menopause management.	Add comparative discussion.
52–63 (Materials & Methods)	Methodology is inadequate.	Narrative review methodology is poorly described.	Mention databases searched, search terms, years covered, eligibility criteria, language restrictions, and study selection process.
54–63	No quality assessment.	Reliability of included literature cannot be judged.	Mention appraisal method or justify narrative approach.
65–75	Ayurvedic pathogenesis oversimplified.	No classical citations explaining mechanism.	Expand explanation with authentic textual references.
77 onwards	Ayurvedic concepts	Causes redundancy and	Merge repeated

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Line(s)	Issue	Reason for Major Revision	Required Action
	are repeated later.	increases manuscript length unnecessarily.	sections.
Rajonivritti section	Duplicate explanation.	Same concepts repeated multiple times.	Condense into one concise section.
Eleven Symptom Section	Symptoms discussed individually without evidence.	Mostly theoretical interpretation.	Include evidence from clinical trials for each symptom where available.
Hot Flushes	Treatment claims unsupported.	No evidence linking formulation with symptom improvement.	Cite human clinical studies.
Night Sweats	No supporting references.	General statements only.	Add references or indicate hypothesis.
Sleep Disturbance	Insufficient evidence.	Mechanistic explanation only.	Include published evidence.
Mood Swings	Psychological mechanisms not discussed.	Missing neuroendocrine explanation.	Integrate modern pathophysiology.
Depression	Oversimplified interpretation.	Ignores multifactorial causes.	Expand discussion with psychiatric evidence.
Anxiety	Only Ayurvedic explanation.	Modern evidence omitted.	Include integrative discussion.
Fatigue	Descriptive only.	No evidence for formulations.	Add supporting literature.
Memory Problems	Very brief.	Cognitive impairment deserves detailed discussion.	Expand evidence.
Joint Pain & Osteoporosis	No discussion of bone metabolism.	Important menopausal issue omitted.	Include estrogen deficiency and bone remodeling.
Classical Kalpas Section	Large list without prioritization.	Difficult to understand clinical importance.	Organize according to symptom categories or level of evidence.
Entire Kalpa section	Most formulations lack scientific evidence.	Modern pharmacological/clinical validation missing.	Include experimental and clinical evidence.
Repeated formulations	Shatavari and Vidarikanda appear	Redundant presentation.	Remove duplication.

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Line(s)	Issue	Reason for Major Revision	Required Action
	twice.		
Repeated Ashwagandha section	Duplicate information.	Reduces readability.	Merge identical descriptions.
Repeated Vidarikanda section	Same formulation repeated.	Unnecessary repetition.	Delete repetition.
Table 1	Contains duplicated entries ("Shatavari Kalpa, Kalpa").	Editorial error.	Correct formatting.
Table 1	No references for recommendations.	Readers cannot verify evidence.	Add citations within table or footnotes.
Discussion	Merely summarizes previous sections.	No critical analysis of available literature.	Compare findings with published reviews and clinical evidence.
Discussion	Limitations absent.	Every review should discuss limitations.	Add dedicated limitations section.
Discussion	Safety aspects omitted.	Ayurvedic medicines may have adverse effects or herb-drug interactions.	Include safety considerations.
Discussion	Hormone Replacement Therapy discussed superficially.	Missing balanced comparison.	Expand comparative discussion.
Conclusion	Too generalized.	Does not distinguish evidence-supported findings from traditional claims.	Revise conclusion using cautious language.
Conclusion	Future research briefly mentioned.	Specific recommendations lacking.	Suggest RCTs, pharmacological studies, and standardization research.
References	Mostly classical texts.	Very few recent peer-reviewed scientific articles.	Add recent (last 5–10 years) indexed publications.
Entire Manuscript	English requires editing.	Grammar, spacing, punctuation, capitalization, and formatting	Professional language editing required.

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Line(s)	Issue	Reason for Major Revision	Required Action
		inconsistencies.	
Entire Manuscript	No PRISMA compliance.	Although narrative review, review methodology should still be transparent.	Improve reporting according to narrative review guidelines (e.g., SANRA) or justify methodology.

Additional Major Issues

1. Scientific Rigor

No systematic evidence synthesis.

No grading of evidence.

No assessment of study quality.

2. Evidence Base

Heavy dependence on classical Ayurvedic literature.

Limited citation of contemporary clinical studies.

3. Critical Analysis

Mostly descriptive.

No discussion of conflicting evidence.

4. Clinical Applicability

Dosage, contraindications, adverse effects, and standardization of Kalpas are not discussed.

5. Novelty

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The review compiles classical formulations but offers limited new insights or evidence synthesis.

6. Organization

Several duplicate sections and repeated formulations reduce readability.

7. Tables/Figures

Only one table is provided.

Consider adding:

Flowchart of Ayurvedic pathogenesis.

Symptom–formulation–evidence matrix.

Summary of clinical evidence for each Kalpa.

Overall Recommendation

Recommendation: Major Revision

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Reason: The topic is important and clinically relevant, but the manuscript requires substantial improvement in methodology, evidence synthesis, scientific rigor, organization, and language before it can be considered for publication. The authors should strengthen the literature review methodology, critically evaluate available evidence, remove repetitive content, incorporate contemporary clinical studies, improve tables and discussion, and revise the manuscript according to journal reporting standards.