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REVIEWER'S REPORT

Manuscript No.: IJAR-58947

Title: THERAPEUTIC EFFECT OF DWIPANCHAMOOLADI NIRUHA BASTI AND BALUKA SWEDANA IN THE MANAGEMENT OF AMAVATA: A CASE REPORT.

Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....

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

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

Reviewer Id: JPR-358

Reviewer's Comment for Publication.

General Evaluation

The manuscript titled **"Therapeutic Effect of Dwipanchamooladi Niruha Basti and Baluka Swedana in the Management of Amavata: A Case Report"** presents a clinically relevant Ayurvedic case managed using Panchakarma procedures along with Shamana Aushadh. The manuscript addresses an important topic because Amavata has clinical similarities with Rheumatoid Arthritis and remains a significant cause of pain, stiffness, and functional limitation.

The case is presented in a reasonably systematic manner, including patient history, clinical examination, diagnostic assessment, therapeutic intervention, subjective and objective parameters, follow-up, and outcome. The manuscript also attempts to correlate Ayurvedic concepts with contemporary clinical assessment using the 2010 EULAR/ACR criteria.

The reported improvement in clinical symptoms, RA factor, ESR, and functional ability is encouraging. The manuscript has practical relevance for Ayurvedic clinicians and researchers. However, some minor corrections and clarifications are required before publication.

Major Strengths

1. The manuscript addresses a clinically important condition and presents a relevant Ayurvedic therapeutic approach.
2. The combination of **Dwipanchamooladi Niruha Basti, Brihat Saindhavadi Anuvasana Basti, and Baluka Swedana** is clearly described.
3. Both subjective and objective outcome measures have been included.

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4. The use of the **2010 EULAR/ACR classification criteria** provides a contemporary clinical reference point.
5. The manuscript provides laboratory investigations before and after treatment.
6. Ethical approval, informed consent, CTRI registration, conflict of interest, funding, and AI-use statements have been included.
7. The discussion attempts to explain the therapeutic rationale from an Ayurvedic perspective.
8. The authors appropriately acknowledge the need for larger studies and longer follow-up.

Minor Revisions Suggested

1. Title

The title is appropriate and informative. However, since this is a **single case report**, the wording should remain clearly consistent with a case-report design and should avoid implying definitive efficacy.

Recommendation: The present title may be retained.

2. Abstract

The abstract is generally clear, but a few statements should be moderated. The phrase **"safe and beneficial treatment modality"** may be too strong based on a single case. It would be preferable to state that the intervention was **"associated with clinical improvement in this case."**

The abstract should also clearly indicate that this is a **single case report**.

3. Introduction

The introduction provides adequate background regarding Amavata and Rheumatoid Arthritis. However, some statements regarding the similarity between Amavata and RA should be presented cautiously because the two conditions belong to different conceptual frameworks.

Recommendation: Clarify that Amavata is an Ayurvedic disease entity that is clinically correlated with RA rather than stating that the two conditions are equivalent.

4. Case Presentation

The case history is adequately described, but some information could be presented more systematically.

The manuscript mentions previous allopathic treatment but does not specify:

- duration of previous treatment,
- medications used,
- response to previous treatment, and
- whether any medication was discontinued before the Ayurvedic intervention.

Providing these details would improve the completeness of the case report.

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www.journalijar.com

REVIEWER'S REPORT

5. Diagnostic Assessment

The authors have used the 2010 EULAR/ACR criteria appropriately as a clinical reference. However, the manuscript should clearly distinguish between **classification criteria for RA** and diagnostic criteria for Amavata.

It is also recommended to provide the actual baseline and post-treatment values of all relevant laboratory investigations in a consistent table.

6. Outcome Scoring

There is a minor inconsistency that should be corrected.

The manuscript states that the **EULAR/ACR score decreased from 7 to 3**, which is clearly presented in Table 6. However, the scoring interpretation should be explained carefully because the EULAR/ACR criteria are primarily classification criteria and are not ordinarily designed as a treatment-response scoring system.

Recommendation: Present the EULAR/ACR criteria as a diagnostic/classification reference and use the clinical and laboratory parameters as the principal indicators of treatment response.

7. Objective Parameters

The manuscript reports that the objective score decreased from **8 to 0**, mainly because RA factor and ESR became normal. However, the grading system presented for RA factor and ESR appears somewhat unconventional.

The authors should provide a brief justification or reference for this grading system and ensure that the scoring methodology is consistently applied.

8. Laboratory Findings

The changes in TSH, triglycerides, Hb, and HbA1c are interesting, but these parameters are not directly related to the primary outcome of Amavata.

For example, the substantial change in TSH may be influenced by the patient's thyroid medication, which was continued during the study.

Recommendation: Avoid attributing these metabolic changes directly to the Ayurvedic intervention unless adequate evidence is available.

9. Discussion

The discussion is informative and provides an Ayurvedic rationale for the selected therapies. However, some statements are stronger than what can be concluded from a single case.

Statements such as:

"systemic detoxification"

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and

"eliminates the accumulated Ama from the body"

should preferably be presented as **Ayurvedic therapeutic interpretations** rather than established biomedical mechanisms.

The discussion should also include a brief statement regarding the limitations of a single case report, including the absence of a control group and the short follow-up period.

10. Safety Assessment

The manuscript states that the treatment was safe, but a systematic adverse-event assessment is not clearly described.

Recommendation: Add a brief statement indicating whether any adverse events, intolerance, or complications were observed during the 30-day treatment and follow-up period.

11. Figure

The figure showing reduction in PIP joint swelling is useful. However, the figure should include:

- appropriate labels,
- consistent image quality,
- clear identification of "Before Treatment" and "After Treatment," and
- confirmation that patient consent for publication of clinical photographs was obtained.

12. Language and Grammar

The manuscript requires **minor English-language editing**. There are several grammatical and formatting issues, including inconsistent spacing, capitalization, and terminology.

Examples include:

- "Panchakarma therapyand"
- "ShamanaAushadh"
- "Brihatsaindhavadi Tail Anuvasana Basti"
- "CRP levels showed a mild increase"
- inconsistent use of "Amavata," "Ama-vata," and related terms.

These can be corrected during editorial revision.

13. References

The references are generally appropriate, but the formatting should be standardized according to the journal's required reference style.

Repeated references should be checked for consistency, and bibliographic details such as edition, page numbers, punctuation, and journal formatting should be made uniform.

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14. Conclusion

The conclusion is relevant but somewhat strong for a single case report.

Instead of stating that the intervention **"offers a safe and effective therapeutic option,"** it would be more scientifically appropriate to state that the intervention **"was associated with clinical and laboratory improvement in this patient and warrants further investigation through controlled studies."**

Final Recommendation

The manuscript has **good clinical relevance, reasonable originality, and adequate technical presentation**. The case is potentially valuable for the readership interested in Ayurvedic management of Amavata and Panchakarma-based interventions.

The issues identified are primarily related to **language, methodological clarification, interpretation of outcome measures, and moderation of a few conclusions**. They do not require substantial restructuring or additional experimental work.

Final Decision: ACCEPT AFTER MINOR REVISION