

REVIEWER'S REPORT

Manuscript No.: IJAR- 51280

Date:26/04/25

Title: Comparative Clinical Evaluation of Vishaladi Churna and Nisha Lauha in the Management of Pandu Roga (Iron Deficiency Anemia)

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 Name: DR Suman

Reviewer's Comment for Publication.

The submitted study investigates the comparative clinical efficacy of two traditional Ayurvedic formulations, Vishaladi Churna and Nisha Lauha, in the treatment of Pandu Roga, aligning it with modern iron deficiency anemia. The research is clearly articulated, methodologically sound, and rooted in classical Ayurvedic knowledge while employing modern clinical assessment tools (e.g., hematological parameters, FACIT-Fatigue Scale).

The manuscript is relevant and contributes meaningfully to integrative medical research by bridging Ayurvedic formulations with modern diagnostic and evaluative frameworks.

Overall, the study is well-conceived and the results are convincingly presented.

Detailed Reviewer's Report

I have carefully reviewed the manuscript comparing Nisha Lauha and Vishaladi Churna in the management of Pandu Roga. Overall, the study is thoughtfully designed and addresses an important intersection between classical Ayurvedic formulations and modern clinical evaluation methods.

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The objective of the study is clearly defined — aiming not merely to test efficacy but to comparatively evaluate two traditional drugs in a clinically meaningful way. I appreciate that the authors have used a combination of objective hematological parameters alongside subjective assessment tools like the FACIT-Fatigue Scale and classical Panduta Lakshanas to measure outcomes. This approach adds depth and balance to the findings.

The results are presented logically and discussed well, with careful integration of Ayurvedic theoretical frameworks and modern biomedical interpretation. I found the conclusion particularly practical — suggesting Nisha Lauha for moderate to severe cases and Vishaladi Churna for milder presentations or fatigue-dominant cases. Such differentiated recommendations are clinically valuable and show the authors' thoughtful analysis of their data.

Ethical standards have been maintained: funding sources are properly acknowledged, and there are clear conflict of interest disclosures. This transparency strengthens the credibility of the work.

However, there are a few points that need further attention before the paper can be considered for final acceptance:

First, while the authors report statistical significance, there is no clear mention of the sample size per group or the exact statistical tests employed (e.g., t-test, ANOVA, Mann-Whitney?). This information is crucial for readers to assess the robustness of the findings. I recommend explicitly stating the sample sizes and specifying the tests used in the methods section.

Second, though the study is described as randomized, details about the randomization process are missing. Was it simple randomization? Block? Stratified? Also, there is no mention of blinding. Even if full blinding was not feasible, some explanation would be helpful — for instance, whether outcome assessors were blinded to group allocation.

Third, the study seems to focus on short-term outcomes only. There is no mention of how long the patients were followed up after the treatment period. In the context of treating anemia, especially when using Ayurvedic formulations, long-term outcomes (like relapse rates or sustained improvement) are clinically important. I suggest the authors acknowledge this limitation and perhaps propose future studies addressing it.

Additionally, while the efficacy side of the formulations is well-discussed, I would like to see more about the safety side. Were there any adverse effects observed? Even if none were noted, this should be explicitly stated for completeness.

There are minor issues with the references. For instance, the term "Orentalia" should be corrected to "Orientalia," and a few references seem repeated or inconsistently formatted. A careful revision according to a consistent referencing style (Vancouver or journal-specified) would be appropriate.

From a formatting perspective, I suggest merging the sections for Acknowledgments, Financial Support, and Conflicts of Interest under a single "Declarations" heading for better organization.

Lastly, there are minor editorial improvements needed — tightening some repeated lines and ensuring all classical references (Charaka, Sushruta) are cross-verified for accuracy and not unnecessarily repeated.

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In conclusion, this is a strong study with important practical implications. With minor clarifications regarding methodology, safety monitoring, referencing, and editorial clean-up, it would make a valuable contribution to both Ayurvedic clinical practice and integrative medical literature.

I recommend the manuscript for acceptance after minor revisions.