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REVIEWER'S REPORT

Manuscript No.: IJAR- 51280 Date: 26/04/2025

Title: *A Comparative Study of Vishaladi Churna and Nisha Lauha in the Management of Pandu Roga*

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. S. K. Nath Date: 27/04/2025

Reviewer's Comment for Publication:
The study concludes that both Vishaladi Churna and Nisha Lauha are effective in managing Pandu Roga, with Nisha Lauha showing superior efficacy in improving hematological parameters and classical symptoms like Panduta and Daurbalya. Vishaladi Churna, on the other hand, is particularly beneficial for fatigue and digestion-related symptoms. The findings suggest that these formulations can be used complementarily, tailored to individual clinical presentations. Further research with larger sample sizes, longer duration, and rigorous blinding is recommended to establish definitive therapeutic protocols.

Reviewer's Comment / Report

Strengths:
1. **Rigorous Study Design:** The study is a randomized comparative clinical trial, which enhances the reliability of the findings.
2. **Sample Size and Evaluation:** The enrollment of 98 patients with appropriate assessment of both hematological parameters and subjective symptoms provides a robust data set for analysis.
3. **Use of Standardized Measures:** The application of validated scales like the FACIT-Fatigue Scale along with Ayurvedic symptom scoring lends objectivity and scientific validity to the results.
4. **Statistically Significant Findings:** Both formulations showed significant improvements ($p < 0.0001$), indicating effective treatment options.
5. **Clinical Relevance:** The study emphasizes improvements not just in laboratory parameters but also in subjective quality-of-life measures, which are vital in patient care.

Weaknesses:
1. **High Dropout Rate:** Out of 98 enrolled patients, 38 discontinued treatment, which could influence the robustness and generalizability of the results.
2. **Short Duration:** The treatment span was only 30 days; longer follow-up would be beneficial to assess sustained effects and safety.
3. **Limited Detail on Randomization and Blinding:** The summary does not specify how randomization was conducted or whether blinding was implemented, which are critical for reducing bias.
4. **Absence of Long-term Data:** No information on relapse rates or long-term safety was provided.
5. **Potential Bias in Symptom Reporting:** Subjective assessments can be influenced by placebo effects or patient expectations, especially without mention of blinding.