

## REVIEWER'S REPORT

Manuscript No.: **IJAR-52197**

**Date: 11/06/2025**

**Title:** Comparative Efficacy of Betahistine Versus Cinnarizine in Vertigo Management: A Randomized Controlled Trial

### 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: Sakshi Jaju

**Date:** 11/06/2025

**Reviewer's Comment for publication.**

### Abstract:

The abstract provides a clear and concise summary of the study. It outlines the objective—to compare the efficacy and tolerability of betahistine and cinnarizine in managing peripheral vertigo. The methodology (double-blind, randomized controlled trial with 100 participants) and outcome measures are clearly presented. Key findings show that betahistine offers faster symptom relief and better tolerability. The abstract effectively highlights the clinical importance of these results and sets the tone for the rest of the manuscript.

### Introduction:

The introduction offers a relevant and informative background on peripheral vertigo, including its causes, symptoms, and impact on patient quality of life. It clearly explains the pharmacological action of betahistine and cinnarizine, establishing the rationale for comparison.

### Data and Methodology:

The methodology is well-structured and appropriate for the research question. The study uses a double-blind, randomized controlled trial design with adequate sample size (n=100) and balanced groups. Details of drug dosage, timing, duration, and outcome measurement tools are provided. The use of validated scoring systems (VAS, MVS, MCSS) strengthens the study's credibility. Statistical analysis using t-tests, chi-square, and Kaplan–Meier/log-rank tests is suitable and well explained. Overall, the methods are transparent, repeatable, and robust.

### Results and Discussion:

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Results are presented clearly in tables, showing significant improvements in vertigo symptoms with both drugs, but faster and better relief with betahistine. Day 3 data shows statistical significance favoring betahistine across all key measures. Tolerability ratings also consistently favor betahistine at all time points. The discussion appropriately compares these results with prior research, including studies by Pianese, Morozova, and Djelilović-Vranic. The findings support the clinical use of betahistine as a first-line agent. The discussion is balanced and rooted in both data and literature.

### Relevance and Contribution:

The study provides a valuable addition to clinical research on vertigo treatment, especially in comparing two widely used vestibular suppressants. It offers practical guidance for physicians in choosing treatments for acute peripheral vertigo. The study's findings are directly applicable to outpatient and emergency settings and emphasize betahistine's advantages in rapid symptom control and tolerability. This enhances its relevance in real-world clinical practice.

### Clarity and Organization:

The manuscript is clearly written, logically organized, and easy to understand. All sections introduction, methods, results, and discussion—are presented in a proper sequence. Tables are clean and well-labeled. Terminology is appropriate for both medical professionals and researchers. The writing is free of major grammatical or typographical errors.

### Overall Assessment:

This manuscript presents a well-executed clinical trial that directly compares two important treatments for peripheral vertigo. The data is strong, the statistical analysis is sound, and the results are meaningful. The article contributes new evidence supporting the use of betahistine as a preferred option in clinical settings. It is suitable for publication and adds significant value to the field of neuro-otology and vestibular pharmacotherapy.