

REVIEWER'S REPORT

Manuscript No.: IJAR-53311

Date: 14-08-2025

Title: Successful ayurvedic management of Sensorineural hearing loss - 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 Name: Shashi Prakash

Date: 14-08-2025

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

This case report delineates the effective Ayurvedic management of electric shock–caused sensorineural hearing loss (SNHL), an unusual clinical presentation with few standard treatment options. The paper provides important clinical observations regarding the combination of classical therapies and contemporary diagnostic evaluation. Credibility is diminished, however, by structural flaws, lack of literature backing, and absence of objective outcome analysis.

Detailed Reviewer's Report

1. The abstract addresses patient history, diagnosis, interventions, and outcomes but is wordy, redundant, and does not include obvious numerical data to demonstrate improvement (e.g., pre/post-audiometric scores). Important Ayurvedic terminology like "Badhiryam" isn't succinctly defined for lay readers. Think about condensing the patient history, clearly writing pre- and post-treatment hearing levels, and reporting outcomes in numbers. Make explicit results using particular audiometric data, concise it (250–300 words), and avoid wordiness.

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2. The introduction defines SNHL and mentions electric shock-induced hearing loss but does not have an adequate literature review defining how uncommon this etiology is or if Ayurvedic intervention has been reported in the past. The part mixes general pathology with management information more appropriate to the discussion. Use references for electric shock-associated SNHL, point out gaps in knowledge, and clearly articulate the study objective. Move therapeutic information from the introduction.
3. Patient history is adequately described but needlessly redundant (age, school grade, timeline of audiometry repeated a number of times). Subjective symptoms could be summarized in a table. Ayurvedic diagnosis provided but not discussed in relation to classical references. Condense to a simple chronological account, include a concise definition of "Badhiryam" with reference, and think about combining subjective symptoms into tabular form.
4. In Physical Examination basic ENT findings are reported well, but the correlation between these findings and Ayurvedic examination is not there. Rinne, Weber, and ABC tests are reported but may include numeric or grading scores rather than qualitative terms like "reduced." Mention specific tuning fork test frequencies, record findings in numbers if possible, and clearly correlate physical findings with both biomedical and Ayurvedic views.
5. The timeline is referred to but not explicitly provided in-text; instead, an "Image attached" note is provided. A brief table integrating events, tests, and interventions would be helpful for readers. Include a neat chronological table (date, event, test results, treatment) in the manuscript itself instead of simply using images.
6. The diagnostic exams (audiometry, tympanometry) are appropriately cited but the interpretation is disjointed. The section does not state why differential diagnoses were ruled out nor the correlation of Ayurvedic diagnosis with contemporary results. Include numeric audiometric data (dB loss at important frequencies), mention briefly why differential diagnoses (e.g., autoimmune SNHL, genetic etiologies) were ruled out, and describe Ayurvedic clinical logic.

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7. Details of treatment are too exhaustive, itemizing every drug with repetition of references in text. Although comprehensive, the section is hard to comprehend unless therapies are categorized into systemic vs. local vs. procedural treatments. Each intervention from Ayurveda principles has rationale scattered. Put treatments in a formalized table (medicine, dose, route, duration, classical reference, purpose) and then describe briefly the general therapeutic rationale in narrative form. Do not repeat dosage information in table and text.
8. Outcome description is qualitative and does not have firm objective data. Audiometric improvement is noted but is not quantified or statistically examined (even simple pre/post percentage change would be useful). Follow-up beyond treatment completion is absent to see the long-term stability. Clearly depict before-and-after audiometric thresholds in tabular form, point out measurable gain and mention follow-up period. Include discussion of whether gains correlate with spontaneous recovery rates or are due to therapy.
9. The discussion logically relates clinical observations to Ayurvedic principles but falls short of relating to current treatment protocols or peer-reviewed literature on SNHL recovery. The rationale for the choice of each Ayurvedic treatment is partially detailed but fragmented. Add recent references on SNHL treatment outcomes, discuss spontaneous vs. therapy-related recovery, and organize Ayurvedic reasoning more systematically (dosha–dushya–sthana approach → treatment principles → interventions).

The take-home message is clear but generic. It should emphasize that Ayurvedic treatment may offer symptomatic improvement in chronic SNHL where conventional therapies fail, while acknowledging study limitations. Add the following sentence: This is a one case and results cannot be extrapolated without additional research.

The case report is clinically significant and offers an interesting Ayurvedic solution to SNHL, but there is great room for improvement in structure, presentation of quantitative data, literature, and clarity to reach publication level.