

REVIEWER'S REPORT

Date - 13.10.2025

Manuscript No.: IJAR-54298

Title: Management of Chronic Kidney Disease Utilizing Ayurvedic Therapeutics: A Case Report

Recommendation:

Accept as it is ☐☐☐☐☐☐ Yes ☐☐☐☐.

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: Professor Dr Dillip Kumar Mohapatra
13.10.25

Date:

Detailed Reviewer's Report

Strengths:

1. Detailed Clinical Data & Diagnostics

The case includes imaging (DTPA scan, CT, HRCT) with baseline and follow-up metrics (GFR) which is good for objectivity.

Multi-system assessments make the case richer (respiratory findings, imaging of other organs).

2. Holistic Treatment Description

The manuscript lays out Ayurvedic interventions (medications, diet, lifestyle) in granular detail (formulations, doses, schedule).

The integrative approach strengthens the narrative for Ayurveda + lifestyle.

3. Outcome Evidence

The reported improvement in GFR and symptomatic relief bolster the claims.

Use of before-after comparative metrics is helpful.

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4. Potential Clinical Relevance

For patients unwilling or unable to undergo dialysis, Ayurveda-based interventions could be of interest, especially in resource-limited settings.

5. Encourages Further Research

The manuscript's conclusion appropriately suggests the need for larger studies, which is prudent.

Weaknesses / Concerns / Limitations:

1. Single-Case Study — Lack of Generalizability

As with all case reports, one patient does not establish causality or broadly applicable efficacy.

Potential confounders (other therapies, natural recovery, unknown variables) may influence outcomes.

2. Control / Comparative Baseline Missing

There's no control or comparison group to attribute improvements exclusively to the Ayurvedic treatment.

Could benefit from "wash-out" period details or stability data before starting the intervention.

3. Potential Bias & Placebo Effects

The patient and physician could have expectancy bias.

Reporting of subjective symptoms (weakness, appetite) are vulnerable to placebo or regression-to-mean effects.

4. Safety Monitoring & Adverse Effects

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The manuscript should explicitly mention monitoring for potential adverse effects (toxicity, herb–drug interactions, renal function fluctuations).

Laboratory safety data (liver function, electrolytes, etc.) should be included or at least discussed.

5. Methodological Clarity

Some of the Ayurvedic formulations (ingredients, standardization, sourcing) need better description.

The timeline of interventions, duration, dosage adjustments, and compliance data should be clearly tabulated.

6. Mechanistic Rationale Weak

The discussion of Ayurvedic mechanisms (doshas, ama, etc.) needs bridging with biomedical correlates (oxidative stress, inflammation, nephron regeneration) to appeal to wider scientific audience.

7. Statistical / Quantitative Rigor

Reporting a single endpoint (GFR) is fine for a case report, but more biomarkers (creatinine, BUN, proteinuria, eGFR) and repeated measures would strengthen credibility.

8. Literature Comparison Incomplete

The manuscript should do a more exhaustive literature review, comparing with prior case reports and their results, to position the novelty and differences.

9. Ethical / Consent Statement

A line on patient consent, ethical approval or institutional review (if needed), patient anonymity, and compliance with reporting guidelines (CARE guidelines for case reports) should be incorporate

Significance / Impact:

This manuscript can contribute to the growing repository of Ayurvedic-based interventions in CKD, offering a potentially alternative or complementary therapeutic path for patients uninterested in, or unable to afford, conventional therapies like dialysis.

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If validated in larger cohorts, such approaches may help reduce treatment burden, cost, and improve quality of life in chronic kidney contexts.

The detailed documentation offers other researchers a protocol reference or pilot for designing controlled trials.

However, due to limitations, the case should be presented as hypothesis-generating rather than conclusive evidence.