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REVIEWER'S REPORT

Manuscript No.: IJAR-55142

Title: A CLINICAL STUDY TO EVALUATE THE EFFICACY OF PANCHAVALKADI TAILAM IN IRRITANT POSONING W.S.R TO CEMENT ALLERGY

Recommendation:

Accept as it isYes.....

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

Detailed Reviewer's Report

1. OVERALL EVALUATION

The manuscript presents a clinical study assessing the external application of **Panchavalkadi Tailam** in cases of **irritant cement contact dermatitis** among construction workers. The topic is relevant to Ayurvedic dermatology and occupational health. The paper has good descriptive content, but it requires **revision** before acceptance due to methodological and presentation issues.

2. STRENGTHS OF THE STUDY

2.1 Originality and Relevance

Cement contact dermatitis is a common occupational condition; clinical Ayurvedic interventions are **sparsely reported**.

The use of a classical formulation (Panchavalkadi Tailam) for modern occupational dermatitis provides **novel interdisciplinary value**.

2.2 Clear Ayurvedic Rationale

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Ayurvedic concepts such as **Gara Visha**, **Dooshivisha**, and **Rakta-Pitta** predominance are well connected with the pathophysiology of cement dermatitis.

Drug rationale includes detailed pharmacological (Ayurvedic) actions such as *Dahaprasamana*, *Kandughna*, *Vishaghna*, *Vranaropana*.

2.3 Good Documentation of Drug Ingredients

Comprehensive presentation of botanical names, rasa–guna–veerya–vipaka, and doshaghata profiles.

Preparation method of taila follows classical *Taila Kalpana* principles.

2.4 Clinical Relevance

The symptoms studied (itching, burning, scaling, blisters) are appropriate for assessing dermatitis.

The intervention is economical, easily accessible, and practical for field workers.

3. WEAKNESSES / LIMITATIONS

3.1 Major Methodological Weaknesses

Sample size is only 15, which limits generalizability.

No control group, placebo, or comparative standard treatment.

Randomization method not explained (only “randomly selected”).

Statistical analysis missing — percentages are given, but no test (t-test / Wilcoxon / Chi-square) is applied.

3.2 Ethical Issues

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No mention of:

Institutional Ethics Committee (IEC) approval

Written informed consent

This is mandatory for clinical studies.

3.3 Missing Clinical Details

No severity grading scales defined (only mentioned in general).

No photographic documentation.

No follow-up period to check recurrence.

3.4 Writing and Formatting Errors

Several grammatical errors and unclear sentence structure.

The Abstract is unstructured and needs rewriting.

Figures and tables are not formatted per journal standards.

3.5 Interpretation Limitations

Discussion is mostly descriptive; lacks comparison with existing clinical studies.

Mechanistic explanation is incomplete from a biomedical viewpoint.

4. SIGNIFICANCE OF THE STUDY

4.1 Scientific Significance

Demonstrates the potential of Panchavalkadi Tailam in managing irritant dermatitis.

Contributes to the Ayurvedic understanding of chemical-induced skin diseases.

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4.2 Clinical / Public Health Importance

Construction workers are highly vulnerable to cement dermatitis.

A low-cost, locally available Ayurvedic external remedy may have **practical community-level utility**.

4.3 Academic Significance

Encourages bridging classical Ayurvedic formulations with modern dermatological conditions.

Provides baseline data for larger controlled clinical trials.

5. KEY POINTS

5.1 Mandatory Corrections

Add **Ethical Committee Approval** and **Informed Consent statement**.

Provide **detailed methodology**, including

type of study (open-label, single-arm)

randomization method

assessment scoring system

Include **statistical analysis** with p-values.

Rewrite the **Abstract** in structured format: Background–Aim–Methods–Results–Conclusion.

Improve **grammar, coherence, and formatting**

5.2 Suggested Improvements

Add photographs (before and after treatment).

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Provide a detailed flow chart of methodology.

Compare results with existing Ayurvedic or contemporary dermatology literature.

Add limitations and future scope.