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REVIEWER'S REPORT

Manuscript No.: IJAR-55566

Title: Irrational use of antibiotics among doctors in Port Sudan hospitals

Recommendation:

Accept as it is
Accept after minor revision...
Accept after major revision
Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		Good		
Techn. Quality		Good		
Clarity	Excellent			
Significance	Excellent			

Reviewer Name: Dr. Sumathi

Detailed Reviewer's Report

1. Irrational use (or inappropriate use) of medicines means patients receive drugs not meeting their clinical needs, in wrong doses, for the wrong duration, or at excessive cost, deviating from the (WHO) standard of providing appropriate medicine at the right time, dose, cost, and quality.
2. This includes over-prescribing, under-prescribing, using drugs for wrong conditions (like antibiotics for viruses), excessive injections, polypharmacy (too many drugs), and patient non-adherence, leading to harm, resistance, and wasted resources.
3. Irrational use of antibiotics is defined by the World Health Organization (WHO) as patients receiving medications inappropriate to their clinical needs, in incorrect doses, or for the wrong duration. This encompasses a wide range of misuses by both healthcare providers and patients, which are the main drivers of the global health crisis of antimicrobial resistance (AMR).
4. Antibiotics are powerful medicines that fight infections caused by bacteria by either killing the bacteria (bactericidal) or stopping them from growing and multiplying (bacteriostatic).

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5. Antibiotic resistance is when bacteria evolve to withstand drugs designed to kill them, making infections harder to treat and leading to severe health threats. Bacteria become resistant through genetic mutations or acquiring resistance genes from other bacteria, often accelerated by the overuse and misuse of antibiotics, allowing these "superbugs" to multiply and spread.
6. This resistance can make common infections untreatable and poses a major global public health challenge, increasing healthcare costs and mortality.
7. Key words must be given.
8. In result part tables must be given.
9. Summary points should be added.
10. References should add more with alphabetical order.
11. After those changes good to publish in your journal.