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## REVIEWER'S REPORT

**Manuscript No.: IJAR-55736**

**Title: Multimodal Dental Pain Management: Contemporary Strategies and Future Directions,**

**Recommendation:**

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

Rating	Excel.	Good	Fair	Poor
Originality			<b>x</b>	
Techn. Quality			<b>x</b>	
Clarity			<b>x</b>	
Significance			<b>x</b>	

**Reviewer Name: Dr.Mohammad Nadeem Khan**

## *Detailed Reviewer's Report*

### 1. Overall Assessment

This manuscript presents a comprehensive and well-structured narrative review on multimodal dental pain management, integrating pharmacologic and non-pharmacologic strategies across dental specialties. The topic is timely, clinically relevant, and aligned with contemporary opioid-sparing and ERAS-based pain management paradigms. The manuscript demonstrates breadth, clinical applicability, and relevance to modern dental practice. Overall, the manuscript is scientifically sound, but minor to moderate revisions are required to improve clarity, consistency, methodological transparency, and academic rigor.

### 2. Novelty and Significance

- The manuscript successfully consolidates pharmacological, behavioral, technological, and rehabilitative approaches in a single framework.
- The emphasis on opioid-sparing strategies, ERAS principles, and personalized pain management enhances clinical relevance.
- Specialty-wise discussion (oral surgery, endodontics, periodontics, pedodontics, orthodontics, prosthodontics) adds practical value.
- As a narrative review, novelty lies mainly in synthesis rather than concept development.
- The manuscript would benefit from a clearer articulation of what differentiates this review from previously published reviews on dental pain management.

Explicitly state the unique contribution of this review in the Introduction and Conclusion (e.g., integrative framework, updated evidence up to 2025, specialty-wise multimodal mapping).

### 3. Abstract

**REVIEWER'S REPORT**

- Well-written and informative.
- Clearly outlines pharmacologic and non-pharmacologic components.
- Appropriately reflects the manuscript content.
- Specify that this is a **narrative review**.
- Briefly mention **clinical implications** and **opioid-sparing relevance** in the concluding sentence.

**4. Introduction**

- Provides a strong rationale for multimodal pain management.
- Appropriately introduces ERAS concepts within dentistry.
- Clearly identifies limitations of monotherapy and opioid use.
- The introduction is slightly lengthy and could be tightened.
- Some statements on global pain prevalence and opioid risks would benefit from **recent high-impact citations (2022–2025)**.

**5. Rationale for Multimodal Pain Management**

- Scientifically accurate explanation of nociceptive pathways and synergism.
- Good justification for combining NSAIDs, acetaminophen, local anesthetics, and adjuncts.
- Figure 1 effectively illustrates pharmacological synergism.
- Some terminology (e.g., “AAP” instead of acetaminophen/paracetamol) should be standardized.
- Minor grammatical inconsistencies are present.

**6. Pharmacologic Approaches**

- Clear presentation of first-line, second-line, and rescue analgesics.
- Dosing ranges are clinically appropriate.
- Opioid prescribing is responsibly framed with safety considerations.
- The manuscript occasionally reads like a **clinical guideline** rather than a review.
- Some dosage recommendations may vary by region and guideline.

**7. Non-Pharmacologic Modalities**

- Excellent coverage of behavioral, technological, physical, and rehabilitative strategies.
- Balanced discussion of evidence strength (strong vs emerging).
- Figures and tables improve readability.
- Evidence grading (strong/moderate/emerging) is mentioned but not standardized.
- Virtual reality and photobiomodulation sections could cite one or two additional RCTs or systematic reviews.

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## **REVIEWER'S REPORT**

### **8. Specialty-Wise Multimodal Pain Management**

- One of the strongest sections of the manuscript.
- Logical, clinically relevant, and well supported by references.
- Tables summarizing modalities across specialties are highly useful.
- Some redundancy between specialty sections.
- Pediatric and orthodontic sections could be slightly expanded with recent evidence.

### **9. Figures and Tables**

- Figures are clear, relevant, and visually informative.
- Tables effectively summarize complex information.
- Ensure all figures have **high-resolution format** as per journal guidelines.
- Check consistency in figure numbering and captions.

### **10. Future Directions**

- Well-written and forward-looking.
- Appropriately highlights AI, digital health, wearable biosensors, and personalized analgesia.
- Aligns well with current trends in precision medicine.

Briefly mention implementation challenges (cost, training, accessibility) to balance optimism with practicality.

### **11. Conclusion**

- Strong, clinically meaningful conclusion.
- Reinforces opioid-sparing and patient-centered care.
- Effectively summarizes multimodal benefits.

### **12. References**

- Extensive and largely up to date.
- Includes guidelines, RCTs, and systematic reviews.
- A few older references (pre-2015) could be replaced with recent updates.
- Formatting inconsistencies in author names and journal styles.

### **13. Language and Presentation**

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## REVIEWER'S REPORT

- Language quality is good with minor grammatical errors.
- Requires professional copyediting for clarity and consistency.
- Overall readability is high.

### 14. Ethical and Compliance Statements

- Ethics approval not required for a narrative review.
- Conflict of interest and funding statements should be clearly declared.

### 15. Major Revision Requests

1. Clearly state the novel contribution of the review.
2. Identify the manuscript explicitly as a narrative review.
3. Standardize terminology and abbreviations throughout.
4. Update or replace a few older references with recent evidence.

### 16. Minor Revision Requests

1. Language polishing and grammatical corrections.
2. Improve figure captions and table consistency.
3. Slight reduction of redundancy across specialty sections.