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REVIEWER'S REPORT

Manuscript No.: IJAR-56029

Title: EFFECT OF NIDANA PARIVARJANA, DIETARY REGULATION, AND AYURVEDIC THERAPEUTICS IN FATTY LIVER WITH ASSOCIATED DYSLIPIDEMIA,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES.....

Do not accept (*Reasons below*)

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

Reviewer Name: Prof. Dr Dillip Kumar Mohapatra

Detailed Reviewer's Report

Strengths

The manuscript addresses a **clinically relevant and increasingly prevalent metabolic disorder**, namely dyslipidemia with fatty liver, from an Ayurvedic perspective.

The case is **well documented**, with detailed clinical history, Ayurvedic assessment (Ashtasthana Pareeksha), laboratory investigations, and ultrasonographic findings.

Integration of **classical Ayurvedic concepts** such as Medoroga, Santarpanajanya Vyadhi, Medo-Dhatvagni Mandya, and Srotorodha is clearly explained.

The treatment protocol emphasizes **Nidana Parivarjana, Pathya-Apathya, and lifestyle modification**, which aligns with holistic and preventive principles of Ayurveda.

Objective outcomes are supported by **pre- and post-treatment biochemical parameters and imaging findings**.

The manuscript includes a **comprehensive discussion** correlating Ayurvedic Samprapti with modern biomedical concepts.

Future research directions are appropriately outlined, indicating awareness of research gaps.

REVIEWER'S REPORT

Weaknesses

This is a **single case report**, which inherently limits scientific strength, generalizability, and reproducibility.

The **novelty is limited**, as similar Ayurvedic case reports on dyslipidemia and fatty liver have been previously published.

The manuscript is **excessively lengthy**, with substantial repetition of Ayurvedic concepts across Introduction, Discussion, and Chikitsa sections.

Multiple interventions (medications, diet, lifestyle, hydration, yoga, meditation) were applied simultaneously, making it **impossible to attribute outcomes to specific components**.

Claims such as “complete resolution” of fatty liver and renal calculus are **strong for a single case** and require cautious interpretation.

There is **no comparator**, no follow-up beyond the treatment period, and no discussion of possible spontaneous improvement.

Several references supporting dietary and hydration practices are **non-standard or popular literature**, which weakens scientific rigor.

Language requires **editorial refinement** to reduce verbosity and improve clarity.

Figures and tables are referred to but not sufficiently standardized according to journal guidelines.

Significance

The manuscript demonstrates the **potential role of Ayurvedic holistic management** in metabolic disorders such as dyslipidemia with fatty liver.

REVIEWER'S REPORT

Its primary value lies in **clinical illustration and educational insight**, rather than in generating new evidence.

From a scientific standpoint, the contribution is **incremental rather than innovative**, and its impact is mainly local or practice-oriented.

Key Points

A 27-year-old male with dyslipidemia, Grade II fatty liver, and renal calculus showed improvement following Ayurvedic management.

Interventions focused on Nidana Parivarjana, dietary regulation, lifestyle modification, and Shamana Chikitsa.

Significant reductions were observed in lipid parameters and ultrasonographic findings.

The case supports the holistic, individualized approach of Ayurveda in Santarpanajanya Vyadhi.

Evidence level remains low due to single-case design.

Overall Reviewer Recommendation

Reject / Major Revision (as a Research Article)

Reasoning

While the manuscript is clinically detailed and conceptually sound from an Ayurvedic perspective, it **does not meet the standards of originality, methodological rigor, or evidence strength** required for publication as a full research article. The work would be more appropriate if:

Reframed as a **brief case report or clinical communication**,

REVIEWER'S REPORT

Substantially condensed,

Claims are moderated, and

Emphasis is placed on **clinical observation rather than therapeutic efficacy**.

(Why Reject OR demand Major Revision)

1. Title

Title:

Effect of Nidana Parivarjana, Dietary Regulation, and Ayurvedic Therapeutics in Fatty Liver with Associated Dyslipidemia

Issue

The title **implies therapeutic efficacy** ("Effect of...") which is **not justified** by a **single uncontrolled case report**.

Required Revision

Should be reframed as:

"A Case Report on Ayurvedic Management of Fatty Liver with Dyslipidemia"

Reviewer Logic

Overstated title = **methodological overclaim** → grounds for rejection if not corrected.

2. Introduction

Issues

Excessive repetition of Ayurvedic concepts (Medoroga, Santarpanajanya Vyadhi, Agnimandya) already well-established in literature.

Literature gap not clearly defined — the authors do not explain *what is new* compared to existing Ayurvedic case reports.

Introduction reads more like a **textbook chapter** than a scientific rationale.

Required Revision

REVIEWER'S REPORT

Condense by at least **40–50%**

Explicitly answer:

“Why is this case different from already published cases?”

Reviewer Logic

Weak rationale + no novelty = **editorial rejection risk**.

3. Case Description / Methods

Issues

Single patient, no comparator → **lowest level of clinical evidence**.

Multiple interventions introduced simultaneously:

Drugs

Diet

Lifestyle

Yoga

Hydration

Meditation

Causal attribution impossible.

No justification for **dose selection**, **treatment duration**, or **sequence of therapies**.

Required Revision

Clearly acknowledge:

“It is not possible to attribute outcomes to any single intervention.”

Add a **timeline figure** showing when each intervention started.

Reviewer Logic

REVIEWER'S REPORT

Methodological ambiguity = **major revision**

Overinterpretation without controls = **rejection if unchanged**

4. Outcome Measures / Results

Issues

Claims such as:

“complete resolution”

“significant improvement”

are **too strong** for a single case.

No discussion of:

Natural disease regression

Dietary placebo effects

Measurement variability in ultrasound

No long-term follow-up to confirm sustainability.

Required Revision

Replace strong claims with:

“Observed improvement during the treatment period”

Add a **limitations paragraph inside Results/Discussion**.

Reviewer Logic

Overclaiming efficacy = **scientific misconduct risk** if not corrected.

5. Discussion

Issues

Discussion **repeats Introduction** instead of critically analyzing results.

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REVIEWER'S REPORT

Lacks **comparison with existing published case reports**.

No discussion of **alternative explanations** for improvement.

Ayurvedic concepts dominate, while modern biomedical interpretation is **selective and supportive only**.

Required Revision

Add:

A comparison table with **previous similar reports**

A paragraph on **why results may not be generalizable**

Reviewer Logic

Confirmation bias + no critical analysis = **reject-level concern**.

6. References

Issues

Use of **non-peer-reviewed sources** for diet, hydration, and lifestyle claims.

Some references are **popular health literature**, not indexed journals.

Lack of recent (last 5–7 years) high-quality clinical evidence.

Required Revision

Replace with:

Indexed Ayurveda / integrative medicine journals

WHO / PubMed-indexed sources where applicable

Reviewer Logic

Weak references undermine credibility → **major revision or rejection**.

7. Figures & Tables

Issues

REVIEWER'S REPORT

Figures/tables not fully standardized.

Imaging results lack:

Clear labeling

Scale

Reporting standards

Required Revision

Standardize as per journal guidelines.

Add captions stating **limitations of imaging interpretation.**

8. Ethical & Reporting Standards

Issues

No explicit mention of:

CARE case report checklist compliance

Patient consent statement placement

No trial registration (if implied as intervention study).

Required Revision

Explicit CARE checklist compliance statement required.

Reviewer Logic

Reporting guideline violation = **editorial desk rejection** in many journals.

FINAL DECISION LOGIC (VERY IMPORTANT)

Why REJECT as Research Article

No novelty

Single uncontrolled case

Overstated conclusion

REVIEWER'S REPORT

Methodological ambiguity

Incremental contribution only

Why MAJOR REVISION may be allowed

ONLY IF journal accepts **case reports**, AND authors:

Downgrade claims

Shorten manuscript

Reframe title and conclusions

Explicitly acknowledge limitations

Follow CARE guidelines

Recommended Final Reviewer Verdict (Editor-Friendly)

Recommendation: Reject as a Research Article

Comment: The manuscript may be reconsidered only if resubmitted as a **brief case report** with moderated claims and adherence to reporting standards.