



REVIEWER'S REPORT

Manuscript No.: IJAR-56287

Title: VITEX (VITEX AGNUS CASTUS): A PROMISING MEDICINAL PLANT FOR WOMEN'S REPRODUCTIVE HEALTH

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

Overall Evaluation

The manuscript presents a narrative review of the traditional uses, phytochemistry, pharmacology, and clinical relevance of *Vitex agnus-castus* in women's reproductive health. The topic is relevant and aligns with ongoing global interest in phytotherapy and integrative gynecological care.

However, the manuscript requires **major revision** before it can be considered for publication.

STRENGTHS

1. Relevant and Clinically Important Topic

Women's reproductive disorders such as PMS, mastalgia, and hyperprolactinemia are common.

Herbal alternatives are increasingly explored in clinical practice.

The focus on hormonal modulation via dopaminergic mechanisms is scientifically meaningful.

2. Clear Structure

Logical organization: Introduction → Objectives → Methods → Results → Tables → Conclusion.

Tables summarizing phytochemicals and clinical evidence improve readability.

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3. Inclusion of Mechanism of Action

Discussion of dopamine D2 receptor agonism and prolactin suppression strengthens scientific depth.

4. Use of Recognized References

Includes publications from reputable journals such as:

BMJ

Planta Medica

Phytomedicine

Journal of Ethnopharmacology

WEAKNESSES

1. Lack of Novelty

Several reviews on *Vitex agnus-castus* already exist.

No new synthesis, meta-analysis, or updated 2020–2026 clinical data.

Most references are older (1993–2017).

The manuscript does not clearly state what makes this review different from previous reviews.

2. Methodology is Inadequate

The Materials and Methods section lacks:

Search period (e.g., 2000–2025?)

Number of articles retrieved

Inclusion/exclusion criteria in detail

PRISMA flow diagram

Risk of bias assessment

Study quality evaluation

It currently reads like a general literature summary rather than a systematic review.

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3. Overstated Conclusions

Statements such as:

“scientifically validated, reliable, and highly promising”

“safe, effective, and well tolerated over-the-counter herbal alternative”

These are **too strong and promotional** for a scientific review. Evidence for PCOS and long-term safety is still limited.

The tone should be more cautious and evidence-based.

4. Clinical Evidence Presentation is Weak

Table 2:

Does not mention sample size

Does not mention dosage

Does not mention duration

No statistical outcomes (p-values, effect size)

Without quantitative data, the table lacks scientific rigor.

5. No Critical Analysis

The manuscript mainly:

Summarizes positive findings

But does NOT:

Discuss contradictory studies

Mention adverse effects in detail

Discuss drug–herb interactions

Compare with standard treatments (e.g., dopamine agonists)

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6. *Formatting and Minor Errors*

Typographical issues (e.g., “driedfruits”)

Table formatting inconsistencies

Mechanism table repetition (“Pituitary gland, dopamine D2 receptor agonism” repeated)

Figures not included in manuscript

SIGNIFICANCE

The topic is:

Clinically relevant

Important in integrative medicine

Useful for pharmacists, gynecologists, and researchers

However, the **scientific contribution is moderate**, because:

Similar reviews already exist.

The manuscript does not substantially advance current knowledge.

To increase significance, the authors should:

Include recent trials (2020–2026)

Add comparative analysis with standard therapy

Include safety profile and contraindications

Provide meta-analytical summary if possible

KEY POINTS

Vitex agnus-castus shows dopaminergic activity affecting prolactin secretion.

Clinical evidence supports use in PMS and mastalgia.

Evidence in PCOS remains preliminary.

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Extract standardization is a major issue.

Large-scale RCTs are still needed.

RECOMMENDATION

Decision: MAJOR REVISION

The manuscript is potentially publishable but requires substantial improvement.

REQUIRED REVISIONS

1. Strengthen Methodology

Define search timeframe.

Provide number of studies screened and included.

Include study quality assessment.

2. Update References

Add at least 8–10 recent (2020–2026) studies.

Include updated regulatory guidelines.

3. Improve Scientific Tone

Replace promotional wording with:

“Evidence suggests...”

“Data indicate potential benefit...”

“Further high-quality RCTs are required...”

4. Expand Safety Section

Adverse effects

Drug interactions

Contraindications

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Pregnancy/lactation concerns

5. Provide Quantitative Clinical Data

Add:

Sample sizes

Dosages

Duration

Statistical outcomes

6. Improve Tables

Make tables more detailed and analytical rather than descriptive.

JUSTIFICATION FOR MAJOR REVISION

TITLE (Lines 1–3)

Issue 1: Title is Generic

“A Promising Medicinal Plant for Women’s Reproductive Health” is overly broad.

Similar titles already exist in literature.

No indication whether this is a narrative review, systematic review, or meta-analysis.

Required Revision:

Clarify type of review and specify scope (e.g., “A Narrative Review of Clinical and Pharmacological Evidence (2000–2025)”).

ABSTRACT (Lines 6–18)

Line 6–10:

Claims “well-known medicinal plant” without citation.

Needs epidemiological context (how common PMS/mastalgia?).

Line 11:

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States “comprehensively analyzes” → but no systematic methodology provided.

Line 14–15:

Mechanism (dopaminergic activity) mentioned without quantitative evidence.

Line 16–17:

“Safe and effective herbal remedy” → Overstated.

No adverse effect discussion in abstract.

Major Problem:

Abstract does not include:

Search timeframe

Number of studies included

Type of review

Key quantitative findings

Reason for Major Revision:

Abstract lacks scientific rigor and structured summary format.

INTRODUCTION (Lines 22–31)

Lines 22–24:

Very general statements about herbal medicine.

No references provided.

Line 25–26:

“Occupies a prominent position” → subjective claim.

Lines 29–31:

“Modern pharmacological studies validate traditional claims”

No citation immediately following statement.

Reason:

Needs stronger referencing and critical framing of research gap.

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BOTANICAL DESCRIPTION (Lines 36–43)

Issue:

Purely descriptive.

No reference cited.

Botanical taxonomy not updated (no authority citation, no synonym discussion).

Scientific Concern:

For pharmacognosy journals, botanical authentication details required:

Voucher specimen?

Herbarium reference?

Reason for Major Revision:

Lacks scientific authentication and citation support.

TRADITIONAL USES (Lines 45–56)

Line 46:

Mentions Ayurveda and Unani but no citations.

Line 49–54:

Lists indications without ethnopharmacological sources.

Line 55–56:

Historical statement about monks → needs citation.

Reason:

Ethnomedicinal claims require documented references.

OBJECTIVES (Lines 58–69)

Issue:

Objectives are broad and descriptive.

No novelty statement.

Does not state what gap in literature this review fills.

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Reason:

Review lacks defined scientific contribution.

MATERIALS & METHODS (Lines 72–82)

Major Methodological Weakness

Missing:

Search period (e.g., 2000–2025?)

Number of articles retrieved

Number included/excluded

Inclusion/exclusion criteria (clearly defined)

PRISMA flow diagram

Risk of bias assessment

Study quality scoring

Registration (if systematic review)

Line 81:

“Critically analysed” → but no explanation how.

Reason for Major Revision:

Methodology insufficient for scientific reproducibility.

RESULTS & DISCUSSION (Lines 84–104)

Line 85:

“Clearly indicates significant therapeutic potential” → Overgeneralization.

Line 94–96:

States “significant improvement” but:

No sample sizes

No p-values

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No dosage

No duration

Line 98–101:

PCOS evidence described as promising, but

No citation

No quality discussion

Line 102:

“Strongly support traditional claims” → too strong.

Line 103–104:

Mentions need for standardization but no critical comparison.

Reason:

Section lacks quantitative data and critical appraisal.

PHYTOCHEMISTRY (Lines 106–113)

Issue:

Lists compounds without:

Concentration ranges

Extraction methods

Standardized marker compounds

No chemical structures

No citation for each compound

Reason:

Superficial phytochemical discussion.

PHARMACOLOGICAL ACTIVITIES (Lines 116–139)

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Hormonal Regulation:

Mentions D2 receptor binding but:

No receptor binding study data

No IC50 values

No in vivo vs in vitro distinction

PMS Section:

No study names

No effect size

No comparison with standard drugs

Mastalgia:

“Preferred herbal alternative” → promotional language.

PCOS:

Evidence admitted as limited but still framed positively.

Reason:

Claims not supported with sufficient clinical depth.

TABLES (Lines 143–149)

Table 1:

Too basic.

No references cited in table.

Table 2:

Missing:

Sample size

Dosage

Duration

Statistical significance

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Table 3:

Repetition error (Pituitary gland listed twice).

Poor formatting.

Reason:

Tables lack analytical strength.

FIGURES (Lines 151–154)

Figures mentioned but not included.

No citation source.

No schematic clarity described.

Reason:

Incomplete manuscript submission.

CONCLUSION (Lines 156–173)

Major Overstatement

Line 157:

“Clearly establishes” → too definitive.

Line 168–170:

“Safe, effective, well-tolerated OTC alternative” → requires strong RCT evidence.

Missing:

Limitations section

Discussion of adverse effects

Drug interactions

Contraindications

Long-term safety

Tone is promotional rather than scientific.

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Reason for Major Revision:

Conclusion not balanced or critical.

REFERENCES (Lines 175–205)

Major Issues:

Majority of references older than 2017.

No recent 2020–2025 trials.

Limited high-level meta-analyses.

Some references incomplete formatting.

No DOI numbers.

Reason:

Outdated reference base reduces novelty.

OVERALL JUSTIFICATION FOR MAJOR REVISION

The manuscript requires major revision because

Inadequate methodology

Lack of novelty

Overstated conclusions

Insufficient quantitative clinical data

Weak critical analysis

Outdated references

Formatting and structural issues

FINAL EDITORIAL DECISION

Recommendation: MAJOR REVISION

The manuscript has potential but requires substantial methodological strengthening, updated literature integration, and critical scientific restructuring before publication consideration.

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