

Review Form 1.7

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_103079
Title of the Manuscript:	Clinical Investigation of Combining an Intravenous Injection of Parecoxib Sodium, a Single-Bolus Epidural Injection of Morphine, and Intravenous Analgesia With Dezocine in Puerperae Undergoing a Cesarean Section
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>This manuscript is not important for the scientific community. They are trying to find out if 3 drugs are better than 2 drugs for pain control in a patient undergoing a caesarean section.</p> <p>Title of the article is suitable.</p> <p>Abstract is comprehensive.</p> <p>Structure of manuscript is appropriate.</p> <p>Manuscript is not scientifically correct. There are flaws in the conclusion section and the basic design.</p> <p>References are recent.</p> <p>First of all as per ACOG guidelines and ABA practice recommendations opioid PCA post partum is generally not recommended in post-partum patients if they have already had epidural anesthesia with opioids neuraxially for C-section and also any indwelling epidural catheters are removed after the C- section itself. Unless their patient population is the one that has refused the epidural and they are trying to compare how the drugs do independently/ in combination for c-section without an epidural it doesn't make sense for them to do this study. Additionally, introducing a partial agonist-antagonist opioid and that too as PCA iv post-partum doesn't make much sense considering all the risks and minimal benefits it comes with.</p> <p>Secondarily, the pain relief they are getting from adding all these surplus drugs is minimal clinically. If you look at the results section, the VAS scores at 2 hrs is 0.37, 0.40 and 0.30 in these groups (incisional pain) or 0.27, 0.30, 0.40 (uterine contraction pain). That is not even 1/10, how can they justify that one is better than the other? And it remains nearly the same even at 48 hours. Moreover, the p-value for incisional pain VAS score is significant only at 8h and 12 h and not otherwise either and only at 8hrs for uterine contraction pain. It raises an important question of what the actual clinical implication of this study is, it doesn't add any new information and is just data presented with not much relevance for clinical care.</p>	
<p>Minor REVISION comments</p> <ol style="list-style-type: none"> 1. Is language/English quality of the article suitable for scholarly communications? 	English is fine	
Optional/General comments		

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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