SDI Review Form 1.6

Journal Name:	Journal of Complementary and Alternative Medical Research
Manuscript Number:	**Ms_JOCAMR_56224**
Title of the Manuscript:	**CLASSIFICATION OF 4448 DISEASES IN SIDDHA SYSTEM OF MEDICINE – A REVIEW**
Type of the Article	**Original Research Article**

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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)*
Compulsory REVISION comments	**Please rearrange abstract according to the following subheadings:** **Aim:** **Methods:** **Results:** **Conclusion:**	Thank you for your valuable comments. I correct it.
Minor REVISION comments		
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?	*(If yes, Kindly please write down the ethical issues here in details)*	NO