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SDI Review Form 1.6

Journal Name:	Journal of Complementary and Alternative Medical Research
Manuscript Number:	Ms_JOCAMR_51330
Title of the Manuscript:	Medical Acupuncture in Raynaud's Disease:Protocol Development for conducting Systematic Review and Meta-analysis
Type of the 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)
<u>Compulsory</u> REVISION comments	Abstract Key words- Kindly write keywords in alphabetical order) Methodology- Kindly include the number of article searched or reviewed for this study??	
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)	

Reviewer Details:

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