



**SDI Review Form 1.6**

Journal Name:	<a href="#">Journal of Advances in Medicine and Medical Research</a>
Manuscript Number:	<b>Ms_JAMMR_48974</b>
Title of the Manuscript:	<b>CEREBRAL HEMODYNAMICS IN CHRONIC DISORDERS OF CEREBRAL CIRCULATION</b>
Type of the Article	<b>Original Research Article</b>

**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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b><u>Compulsory</u></b> REVISION comments	<b>The manuscript is well written. The authors are congrats with this work.</b>	
<b><u>Minor</u></b> REVISION comments	Some English words mistakes are found in this manuscript and I wish the authors can be corrected those. I hope the authors can revised the references.	
<b><u>Optional/General</u></b> comments		

**Reviewer Details:**

Name:	<b>Sebastião David Santos-Filho</b>
Department, University & Country	<b>Universidade do Estado do Rio de Janeiro, Rio de Janeiro, RJ, Brazil</b>