



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_23239
Title of the Manuscript:	Management of Tuberculosis including Drug-Resistant TB in Private Sector of Mumbai, India
Type of the Article	Original Research Articles

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)
Compulsory REVISION comments	Results of the present investigation are so important because reasons behind the emergence of anti-tubercular drugs resistance have been highlighted in point of view health specialists. In India I think if the recommendations given by authors are followed, resistance problem will be reduced. This experience could be also done in other populated countries.	Thank you for the comments.
Minor REVISION comments	Abstract -Authors should add "a" before "delay" and "need" in the following 2 sentences "There is delay in suspecting drug-resistance" and "There is need to train physicians", respectively in conclusion section. Introduction -Write references as follows: [1]. - In line 38, write <i>Mycobacterium tuberculosis</i> in italic. - In line 42, I suggest changing "resulted in" to "caused". Material and methods -In line 104, remove "Assessment of management practices". Results -in line 164, change "show" to "showed" or to "shows". -The footnote of table 2 should be more readable.	Abstract: Revised Introduction: -All references cited as suggested -Italic term used -suggestion accepted Materials and methods: -the term has been removed. Results - Changed to 'shows' - Font of footnote revised
Optional/General comments	According to the results, I suggest adding the following idea allopathic and ISM physicians should not been allowed to follow patients and prescribe drugs to them.	We thought over this. However, we decided not to include this because 1. This will limit access to treatment especially to poor patients. 2. Inappropriate practices were also reported by some specialists. 3. Solution could be to train the allopathic and ISM practitioners (Line 373-377) and monitoring of their practices (Line 385-391)