



SDI Review Form 1.6

Journal Name:	Journal of Complementary and Alternative Medical Research
Manuscript Number:	Ms_JOCAMR_36711
Title of the Manuscript:	Current Status of Traditional and Complementary Medicine use in Qassim Province, Saudi Arabia
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:

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



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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	<p>Similar studies were done before as shown by references 9-12. The author must clarify how this current study differs from those previously reported, in terms of regions, methods and findings. State why Qassim was chosen as a study site in terms of geology, socioeconomic and health status. The boundary of Qassim as measured by the global positioning system (GPS) must be shown in the Method Part. Asterisk denoted significant differences must be shown in Tables (1 and 6) and the notes indicating their meaning must be in the legend below. In the Tables where there are no significance differences, it must be noted so below the Table. In the Discussion Part, information on Tables 1, 2 and 3 must be discussed and denoted their influence on the practice of T&CM. It was stated in the Discussion that chronic health condition was the leading cause of T&CM use in the current study (line 228). However information in Tables 1 and 2 did not show this significant difference. More discussion is needed.</p>	<p>1. Addressed this point in discussion highlighted in Yellow. 2. The Qaseem province is relatively more conservative region of Saudi Arabia with well-known agriculture production especially of dates, vegetables, fruits and wheats. From the perspectives of health and socioeconomic status, this region is at par with other provinces. Furthermore the clinical wisdom suggests that relatively a large number of Qaseem people use T&CM. In addition, most of coauthors on this paper have long experience of working in Qaseem province linked with high feasibility of conducting this research successfully. Another important point is to compare this study with published papers in Saudi Arabia. GPS pic is inserted 3. In all tables, significant findings highlighted by * and legends were also highlighted. 4. The variables without * have no significant relationship. 5. The significant and nonsignificant associations are highlighted in the results, i.e., in the text. 6. Results regarding Tables 1-3 discussed 7. Chronic health conditions leading cause of visits, but there was no significant association between chronic conditions and use of T&CM might be due to small sample size and gender especially females (underrepresented in this study) who present more often with chronic conditions.</p>
Minor REVISION comments	<p>The number of references appeared in text must be included in the sentence, not after the full-stops. Grammar and spacing (tabs), are to be corrected.</p>	<p>Both comments including contracted two words addressed. Joined two words decontracted.</p>
Optional/General comments	<p>More history of the T&CM practice in Saudi Arabia should be reviewed in the Introduction part. It should be appropriate to brief each therapy in terms of objectives, believes, procedures and outcomes. Without doing so, information Table 5 could not be interpreted efficiently.</p> <p>Ethical issues in this manuscript</p> <p>It is doubtful that the sample characteristics appeared in Tables 1 and 2 are necessary or not. A subject should not be asked questions more than those necessary used for the study. However, if the author could relate this information to the findings and use it in the discussion, this ethical issue will be cleared off.</p>	<p>1. For detailed description of various traditional and complementary therapies and their underlying mechanisms and outcomes, these sources are very useful [Qureshi NA, Ali GI, Abushanab TS, El-Olemy AT, Alqaed MS, El-Subai IS, Al-Bedah AMN. History of cupping (Hijama): a narrative review of literature. Journal Integrative Medicine. 2017; 15(3):172-181. doi: 10.1016/S2095-4964(17)60339-X.PMID: 28494847+ Al Mansour MA, Al-Bedah AM, AlRukban MO, Elsubai IS, Mohamed EY, El Olemy AT, Khalil AA, Khalil MK, Alqaed MS, Almudaiheem A, Mahmoud WS, Medani KA, Qureshi NA. Medical students' knowledge, attitude, and practice of complementary and alternative medicine: a pre-and post-exposure survey in Majmaah University, Saudi Arabia. Advanced Medical Education Practice. 2015; 6: 407-20. doi: 10.2147/AMEP.S82306. eCollection 2015. PMID: 26082671+ Al Mansour MA, Al-Bedah AM, Elsubai IS, AlRukban MO, Mohamed EY, El Olemy AT, Khalil AA, Khalil MK, Alqaed MS, Almudaiheem A, Mahmoud WS, Medani KA, Ali GIM, Qureshi NA. Medical students' perceptions of complementary and alternative medicine therapies: a pre-and post-exposure survey in Majmaah University, Saudi Arabia. African Journal Traditional Complementary Alternative Medicine. 2016; 13(1): 6-16. http://dx.doi.org/10.4314/ajtcam.v13i1.2]. 3. We need to describe the profile of C&AM users, and we addressed your point concerning the discussion of their sociodemographic characteristics in discussion section.</p> <p>Thank you very much for your very critical and constructive comments</p>