



**SDI Review Form 1.6**

Journal Name:	<a href="#"><u>Journal of Complementary and Alternative Medical Research</u></a>
Manuscript Number:	<b>Ms_JOCAMR_31725</b>
Title of the Manuscript:	<b>Use of Herbal Medicine Among Adult Residents in Calabar Metropolis, Cross River State, Nigeria</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>Compulsory</b> REVISION comments		
<b>Minor</b> REVISION comments	The conclusion is not focusive , change the conclusion and please made more focused and eloborative	
<b>Optional/General</b> comments		

**Reviewer Details:**

Name:	<b>M.V.N.L.Chaitanya</b>
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