



**SDI Review Form 1.6**

Journal Name:	<a href="#">Journal of Complementary and Alternative Medical Research</a>
Manuscript Number:	Ms_JOCAMR_30288
Title of the Manuscript:	Case report: Ear Acupuncture therapy for psoriasis
Type of the Article	Case Study

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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.

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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)
<b><u>Compulsory</u></b> REVISION comments	The subject of this study is very relevant. The authors must revise the English of the manuscript. The References sections must be improved. The authors will find in the yellow boxes some suggestions to improve the manuscript in the pdf version.	
<b><u>Minor</u></b> REVISION comments	The authors will find in the yellow boxes some suggestions to improve the manuscript in the pdf version.	
<b><u>Optional/General</u></b> comments		

**Reviewer Details:**

Name:	Mario Bernardo-Filho
Department, University & Country	Department of Biophysics and Biometrics, University of the State of Rio de Janeiro, Brazil