



**SDI Review Form 1.6**

Journal Name:	<a href="#">Journal of Complementary and Alternative Medical Research</a>
Manuscript Number:	Ms_JOCAMR_33849
Title of the Manuscript:	Cellular Effects Following Exposure to Wireless DECT Base Radiation and Presentation of a Device for Their Compensation
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>)

**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>Compulsory</b> REVISION comments		
<b>Minor</b> REVISION comments	The units must be mentioned on the axes of the figures where is applicable.	
<b>Optional/General</b> comments		

Reviewer Details:

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