Review Form 1.6

Journal Name:	**Journal of Complementary and Alternative Medical Research**
Manuscript Number:	**Ms_JOCAMR_91587**
Title of the Manuscript:	**An Observational Cross-Sectional Single Arm Trial and Perspective Study of Siddha Diagnostic Tool Neerkuri and Neikuri (Uroscopy) in Covid 19 Patients**
Type of the Article	**Case report**

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:
(https://www.journaljocamr.com/index.php/JOCAMR/editorial-policy)

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 writehis/her feedback here)*
Compulsory REVISION comments	**In the title and two first paragraphs of the article, the authors propose to "clinically validate the effectiveness of neerkuri-neikuri urine tests in predicting the outcome of Covid 19 infection and also the effect of fixed Siddha treatment" with an "observational cross-sectional single arm trial" which was "conducted among ten patients with SARS-CoV2". Thus the reader knows from the beginning that the statistical approach is mistaken: one arm does not allow to compare with the controls and only ten cases does not allow for serious statistical tests or even some non qualitative reasonning. If this was a disease with no cure, and the treatement was working, this would be positive, but here covid is known to becured by the body more or less automatically like a flu, hence this is not sure how and why the subjects were fixed: the treatement or their auto-immune system.** **After that, this is going worse because some tables have numbers not given in some cells for unknown reason. Another statistical flow is the large number of anorexia which could be fixed by better feeding, and be related to the urine hypothesis, thus a cross table with this variable looks mandatory, but also the missing percentages there. Anyway, urine color is known to change with the amount of water drunk, but this seems to not be considered here, as the patient may have a salad or fruit juice at 10.30 am with obviously not the same amoung of h2o there, for instance.** **In conclusion, the study is not convincing for statistical and medical reasons. The fact that urine color should be checked is interesting: if this is not done today at hospitals, this is perhaps scary because known as a basic indicator of health by non medical humans. But why y not add an analysis of the chemical contents in order to find which chemical and amount are related to the study, this looks a more modern way to do the thing by adapting and evolving an old idea from medical doctors who used to really look for cures instead of computing chi2. Anyway, why this kind of study is not just done as a complement to the modern medecine, in order to find out if the health becomes better quicker and longer, instead of thinkingabout some kind of possible cheap and very approximate replacement which will never happen.**	
Minor REVISION comments		
Optional/General comments		

PART 2:

	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)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

Reviewer Details:

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