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ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 10833

Title: Comparison of Semilunar Coronally repositioned flap (SCRF) with gingival massaging using an Ayurvedic product (IRIMEDADI TAILA) in the treatment of Class-I gingival recession- A Clinical study

Reviewer code: 00570230

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-24 22:29

Date reviewed: 2014-04-27 18:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The study is well conducted but the conclusions are not supported by the data. The conclusions should be that although some clinical and statistical significant improvements with Ayurvedic massaging can be observed, these improvements are much smaller and clinically non comparable with those achieved with SCRF. You cannot say that "gingival massaging with ayurvedic oil maintains close proximity to SCRF in terms of its clinical outcomes" or "although SCRF technique proved to be far superior, the clinical outcomes of gingival massaging by an ayurvedic oil (IrimedadiTaila) were almost close to it".... this is not true from the present study data. Please moderate the conclusions all along the manuscript (abstract, discussion sections). Why did You use the SCRF (which is not considered among the evidence-based root coverage surgical procedures) and You did not use the CAF which is the safe and evidence-based surgical technique for root coverage in Miller Class I (see all recent metanalysis (see Cairo, Chambrone etc)).



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Title: Comparison of Semilunar Coronally repositioned flap (SCRf) with gingival massaging using an Ayurvedic product (IRIMEDADI TAILA) in the treatment of Class-I gingival recession- A Clinical study

Reviewer code: 00738036

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-24 22:29

Date reviewed: 2014-05-02 15:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Authors, congratulations for choosing such an important topic for research purpose, as manier times it was being observed that pateints were reluctant to go for any surgical intervantions for class-I gingival recessions, which further lead to increase in recessions, along with some medical problems & Pchycological reasons of putting sutures, terrify them. So choosing SCRf by Tarnow, is completely justified. Secondly ayurvedic product has its own property along with massaging effect definitely help in improvement. As per my knowledge this is a pioneer study in this segment, would be very helpful for upcoming researches on same topic. New researchers can check the effect histologically. Only concern for me is the time duration. It could be of 1year, to get more favourable effect of creeping attachment. Though it is also seen in the time span of 6 months, as said by Goldman. My good wishes to the team of authors & researchers. Keep upthe good work for the welfare of mankind. Regards: Reviewer.



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Title: Comparison of Semilunar Coronally repositioned flap (SCRF) with gingival massaging using an Ayurvedic product (IRIMEDADI TAILA) in the treatment of Class-I gingival recession- A Clinical study

Reviewer code: 02732656

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-24 22:29

Date reviewed: 2014-05-15 03:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors have chosen a very interesting and inexhaustible theme for their articles. Gingival recession is, first and foremost, a great aesthetic problem that occurs in patients. In class I gingival recession the apical migration of the gingiva is easiest to therapeutic repair. The treatment of this recession give the best results. Reading the manuscript, I expected that positive results will be greater in the group with semillunar coronary positioned flap, but the results are consistent with the results from the practice. My opinion is that perhaps the author could take into consideration the class II gingival recession and then monitor the results of surgical therapy and local therapy compared to placebo control group. But anyway, the work is well conceived and the results deserve to be published. My advice to authors is that they don't stop at this than to follow the therapeutic results of all four classes of gingival recession. All the best! Reviewer