Clinical Trial Registry

All clinical trials from India must be registered with “Clinical Trials Registry - India”. The trials conducted outside India may be registered with the respective national clinical trial registry. We have made trial registration mandatory from January 2020 for the acceptance of the study for publication.

Editorial Process

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere. The manuscripts are rejected by the editorial office before a formal peer-review.

The Editorial office reviews submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific and technical flaws, or lack of a significant message are rejected. All manuscripts received are duly acknowledged. Manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Each manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The contributors will be informed about the reviewers’ comments and acceptance/rejection of the manuscript. The average submission to first decision time is about 3-4 weeks and about 65-70% of unsolicited manuscripts do not get published.

Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs will be sent to the corresponding author, which has to be returned within three days. Correction received after that period may not be included.

Authorship Criteria

Authorship credit should be based only on substantial contributions

1. Conception and design or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published.

Conditions 1, 2, and 3 must be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without the written consent of all the contributors.

Only those who have done substantial work in a particular field can write a review article. A short summary
of the work done by the contributor(s) in the field of review should accompany the manuscript. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article, and should be sent as a letter to the editor, as and when major development occurs in the field.

Contribution Details

Contributors should provide a description of what each of them contributed to the manuscript. The description should be divided into the following categories, as applicable: concepts, design, the definition of intellectual content, literature search data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing, and manuscript review. The author’s contributions will be printed on the first page of the article. One or more authors should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as ‘guarantor’.

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All authors of submitting articles to the journal must disclose any conflict of interest they may have with an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. The Editor will discuss with the authors on an individual basis the method by will be communicated to the readers.

Statement of Human Rights: When reporting studies that involve human participants, authors should include a statement that the studies have been approved by the appropriate institutional and national research ethics committee and have been performed in accordance with the ethical standard as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. The author must explain the reasons for their approach and demonstrate that the independent ethics committee or institutional review board explicitly approved the doubtful aspects of the study. If the study was granted exemption from requiring ethics approval, this should also be detailed in the manuscript (including the name of the ethics committee that granted the exemption and the reasons for the exemption).

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When animals used for research must be respected in reporting experiments on animals, authors should indicate where the national and international institutional guidelines for the care and use of animals have been followed, and that the studies have been approved by a research ethics committee at the institution or practice at which the studies were conducted. Please provide the name of the ethics committee and the relevant permit number.

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1. **Original Articles:** Randomized controlled trials, intervention studied, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Up to 4000 words excluding about 35 reference and abstract.

2. **Review Articles:** (Including for Ethics forum, Education forum, E-Medicine, etc.). Systemic critical assessments of literature and data sources. Up to 4500 words excluding about 90 references and abstract. For review articles, include the method (literature search) in abstract as well as in the introduction section. Usually review articles are invited by the Editor-in-chief from people of eminence with vast personal experience in the field.

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5. **Image:** a short history, differential diagnosis, and short discussion of classic and/or rare case. Should not be more than 800 words excluding up to ten references.

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7. **Announcements of conferences,** meetings, courses, and other items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

8. **Special:** Editorial, Guest editorial, commentary, Expert’s comments and Symposia articles are solicited by the editorial office.
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   • A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
   • A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors’ form
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3. Image: Submit good quality color images. Each image should be less than 5 MB in size. The size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 x 1200 pixels or 5-6 inches). Image format jpeg is acceptable. Do not zip the file. Online images will suffice till the acceptance of the article. Good creative and informative images are being encouraged by the editorial team. Outstanding images will be shortlisted for the cover image of the corresponding issue of the journal.

4. Legends: Legends for the figure/images should be included at the end of the article file.

The contributor’s form and copyright transfer form (template provided below) have to be submitted in
Preparation Of The Manuscript

A. Title Page

The Title page should carry

1. Types of manuscript : Original article, Case Report
2. The title of the article, which should be concise, but informative;
3. Running title or short title not more than 65 characters;
4. The name by which each author / contributor is known (Last name, First name and initials of middle name) and institutional affiliation. The affiliations should be given as 1, 2 and 3 but not marked with symbols
5. The name of the department(s) and institution(s) to which the work should be attributed;
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10. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.
11. Registration number of clinical trials.

B. Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for a brief report and 250 words for original articles and other article types). The abstract should be structured for original articles and review articles. State the context (background), aims, settings and design, material and methods, statistical analysis used, results, and conclusions. Below the abstract should provide 3 to 8 keywords, arranged alphabetically. The abstract need not be structured for OR forum articles and case reports. Don’t consider references in the abstract.

C. Introduction

State the purpose and summarize the study or observation.

D. Materials and Methods

The Methods section should only include information that was available at the time the study was planned or protocol written; all information obtained during the conduct of the study belongs to the results section.
Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should have clarity about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

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Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment group), and the method of masking (blinding) based on the CONSORT Statement (http://www.consort-statement.org).

Reporting Guidelines for Some of the Specific Study Designs

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Type of Study</th>
<th>Source</th>
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<tr>
<td>CONSORT</td>
<td>Randomized controlled trials</td>
<td><a href="http://www.consort-statement.org/">http://www.consort-statement.org/</a></td>
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<tr>
<td>QUOROM</td>
<td>Systematic reviews and meta-analyses</td>
<td><a href="https://www.equator-network.org/reporting-guidelines/care/">https://www.equator-network.org/reporting-guidelines/care/</a></td>
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<tr>
<td>STROBE</td>
<td>Observational studies</td>
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<td>PRISMA</td>
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<tr>
<td>MOOSE</td>
<td>Meta-analysis of observational studies in epidemiology</td>
<td><a href="https://www.equator-network.org/reporting-guidelines/prisma/">https://www.equator-network.org/reporting-guidelines/prisma/</a></td>
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</tbody>
</table>

E. Ethics

When reporting studies on humans subjects indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at https://www.wma.net/what-we-do/education/medical-ethics-manual/). Do not use patients’ names,
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Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as ‘random’ (which implies a randomizing device), ‘normal’, ‘significant’, ‘correlations’, and ‘sample’. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (P 0.048). For all P values include the exact value and not less than 0.05 or 0.001.

G. Results
Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important finding first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

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Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanism); Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

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References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by numerals in superscript after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as ‘unpublished observations‘ with written permission from the source; Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. Use ‘Check References’ facility available in the website to correct the references. Avoid citing text book references and very old references. This reduces the credibility of the article.

The commonly cited types of references are shown here for other types of references such as electronic media; newspaper items, etc. please refer to ICMJE Guidelines (http://www.icmje.org/about-icmje/ or (https://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals


List the first six contributors followed by et al. There should not be any gaps between the year;volume:page-page.


J. Tables
- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 13 columns and 30 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text.

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Include clinical and imagine photographs in the article to have better impact on the readers.
- Upload the images in JPEG format. The file size should be within 4 MB in size while uploading. Only after acceptance of the article, high resolution, sharp images with good contrast are to be sent online to the editorial office. Final images for print should be of high resolution; length and width should be proportionate and should be adjusted to fit in either one column or both columns.
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- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
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- The photographs and figures should be trimmed to remove all the unwanted areas.
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2. Case report must present as a challenging diagnostic and therapeutic problem.
3. Case report must have significant educational value including the ability to perhaps change a clinician’s traditional method of handling such a case and;
4. Case report’s interest to the reader should be significant.

**Preparation of Case Report**

Follow the standard format for the article (Abstract, Key-words, Introduction, Cases History, Discussion and References).

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• Structured abstract proved for an original article
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• Numerals at the beginning of the sentence spelled out
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• Actual numbers from which graphs drawn, provided
• Figures necessary and of good quality (color)
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• Labels pasted on back of the photographs (no names written)
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