

# Instructions to the Authors

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## CATEGORIES OF ARTICLES

The Editors invite contributions to the following sections of the Journal:

- Editorials
- Review articles
- Original Research articles
- Short Communications
- Clinical Case Reports
- Medicine and society
- Medical education
- Speaking for myself (ourselves)
- Correspondence

1. Editorials will be signed. These are usually solicited but unsolicited material may also be considered (approx. 1000 to 1200 words). A maximum of 12 references may be included. Editorials should normally not have tables and figures.

2. Review articles: These provide an in-depth review of a specific topic. Authors should preferably be working in and have published papers in the area being reviewed and have sufficient expertise to critically evaluate the relevant literature. Appropriate use of tables and figures is encouraged. Where relevant, key messages and salient features may be provided. Review articles are usually solicited by the Journal, but unsolicited material will also be considered (approx. 3000 to 4000 words).

3. Original articles: These scientific reports give results of original research. These should have a structured abstract and should follow the IMRAD (Introduction, Methods, Results and Discussion) format (approx. 2000 to 3000 words). Reports of randomized controlled trials should conform to the CONSORT statement on reporting such trials ([www.consort-statement.org](http://www.consort-statement.org)). We encourage reports of diagnostic tests to be accompanied by the STARD flow diagram and checklist ([www.clinchem.org/cgi/content/full/49/1/1](http://www.clinchem.org/cgi/content/full/49/1/1)), reports of meta-analyses of randomized trials to be accompanied by the QUOROM flow diagram and checklist ([www.consort-statement.org/QUOROM.pdf](http://www.consort-statement.org/QUOROM.pdf)), and meta-analyses of observational studies to be accompanied by the MOOSE checklist ([www.consort-statement.org/MOOSE.pdf](http://www.consort-statement.org/MOOSE.pdf)).

4. Short Communications: These are brief reports on original research (approx. 1200 to 1500 words). A short report may include up to 3 tables or figures and 15 to 20 references.

5. Clinical case reports: These are brief descriptions of a previously undocumented disease process, a unique unreported manifestation or treatment of a known disease condition, a unique unreported complication of treatment, a case that generates a new hypotheses or helps understand possible pathophysiological processes (approx. 700 to 1200 words). These may be accompanied by one relevant photograph.

6. Medicine and society: These articles discuss any issue related to healthcare, which may have important social, economic or political dimensions (approx. 2000 words).

7. Medical education: This section includes articles on original research in 'Medical education' including the use of new techniques and teaching aids, the design of curricula and evaluation of current educational practices. Brief reviews in the field of medical education are also considered (approx. 1000 to 2000 words).

8. Speaking for myself (ourselves): A personal viewpoint on any aspect of healthcare in India. This provides a forum for airing individual views on different facets of debatable and topical subjects in healthcare (approx. 1500 to 2000 words). Though references may be provided where appropriate, the focus is on personal views and interpretations.

9. Correspondence: This includes readers' comments on articles published in the Journal during the previous 6 months. Short studies, observations and opinions may also be submitted (approx. 300 to 500 words with a maximum of 1 table or figure and 10 references).

## PREPARATION AND SUBMISSION OF MANUSCRIPTS

Manuscripts should be prepared in accordance with the 'Uniform requirements for manuscripts submitted to biomedical journals' of the International Committee of Medical Journal Editors (ICMJE) (last updated in 2004, [www.icmje.org](http://www.icmje.org)). A recent issue of The Journal should be consulted while preparing manuscripts.

Three complete sets of the manuscript, typed double-spaced throughout (including references, tables and legends to figures), should be submitted. A checklist and authors' declaration, both provided at the end, should accompany each manuscript. Please keep a copy of all material sent to us to guard against loss of the manuscript in postal or electronic transit (viz. a virus screening programme deleting attachments from electronic submissions). Manuscripts whether published or not will not be returned to authors.

We encourage electronic submissions at <https://review.jow.medknow.com/ijhas>. The preferred file format is Microsoft Word Format (doc. & docx. file extensions). Acceptable formats for pictures, photographs, and figures are JPG, GIF and TIF. All files should be formatted using British English spellings and 12-point Times New Roman font. All files should be formatted for A4 sized paper with a 1-inch margin all around and 1.5 spacing. All pages should be numbered consecutively beginning with the title page. The authors have to submit a scanned copy of copyright form duly signed by all authors along with manuscript.

Postal submissions are not encouraged however if the authors has to submit through post, a matching electronic version on a compact disc (CD) using the file formats mentioned above should accompany the manuscript. Each manuscript received by the journal, either by post or electronically, is assigned a manuscript number and acknowledged. Please provide the manuscript number in all future communications. If you do not receive an acknowledgement within a week, please send us an email or a FAX. Efforts are made to convey an editorial decision to authors at the earliest, usually within 1 months of submission.

One author must be identified as the corresponding author. The Journal will communicate with the corresponding author if any clarification or information is needed. Comments from peer reviewers will be transmitted to the corresponding author. It is expected that the corresponding author will communicate/respond to the Journal's queries after having consulted all the authors and will assume responsibility for all such communication as well as for the work as a whole.

## MANUSCRIPT ARRANGEMENT AND CONTENTS

Manuscript should be arranged as follows:

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### **Covering Letter**

The covering letter should outline the importance of the paper and its appropriateness for publication in the Journal. It should specify the section of the Journal for which the submitted article is to be considered. It should also explain, with reasons, if there is any deviation from the IMRAD format. If the work has been previously published in part or whole (e.g. as an abstract or proceedings of a conference), this must be stated. Any conflicts of interest, or their absence, must be stated in writing (see below and [www.icmje.org](http://www.icmje.org)).

### **Title Page**

This should contain the title, short title, names of all the authors (without degrees or diplomas), names and full location of the departments and institutions where the work was performed, name of the corresponding author, acknowledgement of financial support and abbreviations used. Superscripted numbers should be used after each author's name and the department and institution corresponding to each number should be specified on the page. Names of authors should appear in the order of authorship (see below).

The title should be brief but complete and should represent the major theme of the manuscript. It should include the animal species if appropriate. A subtitle can be added if necessary.

Abbreviations should not be used. The short title should not exceed 60 characters (including inter-word spaces). It will be used as a running head.

The name, telephone and fax numbers, and complete e-mail and postal addresses of the author to whom communications and requests for offprints are to be sent should be mentioned in the title page. In general, the use of abbreviations is discouraged unless they help in improving the readability of the text. The expanded form of each abbreviation should precede its first use in the text unless it is a standard unit of measurement.

### **Structured Abstract**

The abstract (250 words) should be structured and divided into four sections: Background, Methods, Results and Conclusion(s). It should be a concise and accurate summary of the article and should not contain abbreviations, tables, figures, footnotes or references. It should not draw conclusions stronger or more expansive than those in the body of the paper. Briefly, the background should explain why the study was done, the methods provide how the study was done, the results provide the salient results along with important data and the conclusions briefly highlight the message of the study.

**Introduction** The introduction should state why the study was carried out and what the specific aims of the study were. It should describe the background for the study (the available knowledge), its importance and its goals. It should be brief but complete enough for the reader to understand the reasons for the study without having to read previous publications on the subject.

### **Methods**

The validity of a study is judged by the methods used. These should be described in sufficient detail to permit evaluation and duplication of the work by others. The following should be described in this section:

- Study design
- Setting
- Selection of participants
- Interventions
- Methods of measurement
- Data collection and processing
- Loss of data such as dropouts or patients lost to follow up
- Statistical methods used
- Ethical guidelines followed by the investigators

### **Results**

These should be concise and include only the tables and figures necessary to enhance understanding of the text. Results should be presented in a logical, sequential order that parallels the organization of the methods section. The text should be used to highlight the most important aspects of the figures and tables, and to convey unique information. Data presented in tables and figures should not be duplicated in the text. Drug names, wherever used, should be generic. If the use of proprietary names is deemed a must for the study, generic names should be mentioned in parentheses. *Units of Measurement* SI units should be used. When reporting values for commonly studied components such as cholesterol, blood glucose, blood urea and creatinine, report the value in SI units with traditional units given in parentheses. Temperature should be expressed in degrees Celsius and blood pressure in mmHg.

### **Discussion**

The discussion should summarize how the study findings add to the current knowledge, provide explanations for the findings, compare the study's findings with available studies, discuss the limitations of the study and the implications for future research. Only those published articles directly relevant to interpreting the results and placing them in context should be referenced. This section should conclude with a brief summary statement. The conclusion should be based on and justified by the results of the study. The particular relevance of the results to healthcare in India should be stressed. Conclusions regarding cost-benefit should be drawn only if a specific economic analysis formed a part of the study design.

### **References**

These should conform to the ICMJE style ([www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html), [www.icmje.org](http://www.icmje.org)). References should be numbered in the order in which they appear in the text and these numbers should be inserted above the lines (superscripted) on each occasion the reference is cited (e.g. Sinha<sup>12</sup> confirmed other reports<sup>13,14</sup>...). References included at the end of a sentence or part of a sentence should be placed after the punctuation mark. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Avoid using abstracts as references. For papers accepted but not yet published mention the name of the journal, the year of publication and add 'in press' in parentheses. Information from papers submitted for publication 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 is essential; such citations must list in parentheses in the text the name of the person and date of communication. Written permission, obtained from the author of such communications for their use in the manuscript, must be submitted to the Journal. Do not include 'personal communications' in the list of references. At the end of the article, the full list of references should include the names of authors, the full title of the journal article or book chapters; the title of journals abbreviated according to the Index Medicus style ([www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)) the year of publication, the volume number and the first and final page

numbers of the article or chapter. If there are six or fewer authors in the study being cited, the names of all the authors should be given. If there are more than six authors, the names of the first six authors should be given followed by et al. The authors should check that the references are accurate; lack of accuracy may result in the rejection of an otherwise adequate manuscript. Some examples of common forms of references are:

#### **Journal Articles**

Paintal AS. Impulses in vagal afferent fibres from specific pulmonary deflation receptors. The response of these receptors to phenylguanide, potato S-hydroxytryptamine and their role in respiratory and cardiovascular reflexes. *Q J Exp Physiol* 1955;40:89–111.

#### **Books**

Stansfeld AG. Lymph node biopsy interpretation. New York:Churchill Livingstone; 1985.

#### **Chapters in Books**

Strong MS. Recurrent respiratory papillomatosis. In: Evans JNG (ed). *Scott Brown's otolaryngology*. Vol. 6. Paediatric otolaryngology. London:Butterworths; 1987:466–70.

#### **Articles available on the internet**

- Health Sciences Library, University of Buffalo, NY. Available at <http://ublib.buffalo.edu/libraries/units/hsl/infores/biomed.htm> (accessed on 12 Nov 2004).
- List of databases in medicine and related areas. Karolinska Institute, University Library. Available at [http://kib.ki.se/tools/base/index\\_en.asp](http://kib.ki.se/tools/base/index_en.asp) (accessed on 12 Nov 2004).

#### **Tables**

These should be typed in double space, each table on a separate page with the table number (in Roman numerals) and title above the table, and explanatory notes below the table. Tables should be so arranged that comparisons of interest are horizontal (across columns) and from left-to-right. The numbers of observations for each column or row (n) and marginal totals should be provided where appropriate. All abbreviations and symbols in the table must be explained in the footnote(s) to the table, even if the expanded forms have already been mentioned in the text. The units of measure must be mentioned. For footnotes in tables, the following symbols should be used in sequence of appearance: \*, †, ‡, §, ||, \*\*, ††, ‡‡,

#### **Figures**

Three complete sets of glossy prints of high quality should be submitted. The labelling must be clear and neat. All photomicrographs should indicate the magnification of the print. Use arrows or letters in contrast with the background to indicate special features. Write the first author's last name, figure number and an arrow indicating the top on the back of each illustration lightly in pencil only. Please do not use a hard pencil or ballpoint pen. Colour illustrations will be accepted if they make a contribution to the understanding of the manuscript. Do not use clips on photographs and artwork. (See also electronic submission of manuscripts.)

#### **Legends to figures**

These should be typed in double space on a separate sheet and figure numbers (in Arabic numerals), should correspond with the order in which the figures are presented in the text. The legend must include enough information to permit interpretation of the figure without reference to the text. Any labels or abbreviations within the figure must be explained in the legend.

### **JOURNAL POLICIES**



#### **Authorship**

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In accordance with ICMJE guidelines ([www.icmje.org](http://www.icmje.org)), authorship credit requires all the following conditions to be met.

1. Substantial contributions to 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; and,
3. Final approval of the version to be published.

All authors should have participated sufficiently in the work to take public responsibility for the content. All authors must sign an undertaking accepting responsibility for the submitted manuscript. Authors are required to state their exact contribution to the study; the Journal may print this information. The order of authorship should be decided by all the authors. The journal strongly discourages alterations in the sequence or deletion/addition of authors at any time after submission of the manuscript.

#### **Acknowledgements**

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or statistical or writing assistance. Financial and material support should also be acknowledged.

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All studies conducted on human subjects or animals should be approved by the ethics committee or the institutional review board of the institution where the study was performed. When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). When reporting experiments on animals, authors should indicate whether the institutional and national guidelines for the care and use of laboratory animals were followed (see ICMR guidelines: [icmr.nic.in/ethics\\_SOP.pdf](http://icmr.nic.in/ethics_SOP.pdf) and [icmr.nic.in/animal\\_ethics.htm](http://icmr.nic.in/animal_ethics.htm)).

**Patient confidentiality** Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.

2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

### **Plagiarism**

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### **Dual submission and duplicate publication**

The Journal strongly disapproves of 'Dual submission', i.e. the submission of the same article simultaneously to different journals for consideration for publication. The authors must give an undertaking (see 'Author's declaration' below) stating that the manuscript has not been submitted to another journal for consideration for publication nor has a substantial part of it been published previously. They should disclose details of any similar or closely-related paper(s) previously published, in press or those currently under review at another Journal. Previous publication of an abstract in the proceedings of meetings (print or electronic) does not preclude subsequent submission for publication, but this information must be provided at the time of submission. In case the manuscript has already been published elsewhere, in any form, details of such publication (including a copy of the submitted/published manuscript) and the reason for submission in the present form must be stated at the time of submission in the covering letter. If dual submission or duplicate publication is found to have occurred, the manuscript will be rejected and the authors barred from future submissions. The Journal may also send this information to the head of the institution where the authors work with a request for an inquiry in the matter. The Journal may also publish such correspondence in its pages to inform its readers of scientific misconduct and such papers may be retracted.

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