All clinical trials from India must be registered with “clinical trials registry – India”. The trials conducted outside India may be registered with any other clinical trial registry. We recommend and making it mandatory to have registration number for all clinical trials submitted for publication from January 2020.

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 review all 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.

For a study from in a single institute, the number of contributors should not exceed seven. For a case-report, brief communication, letter to the editor and review article the number of contributors should not
exceed five. A justification should be included if the number of contributors exceeds these limits. Two/three additional authors from other departments/specialties would be permissible if they have contributed significantly.

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 towards the manuscript. Description should be divided in following categories, as applicable: concepts, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. Author’s contributions will be printed on the first page of the article. One or more author should take responsibility of the integrity of the work as a whole from inception to published article and should be designated as ‘guarantor’.

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Types Of Manuscripts And Limits

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.

3. **Case Reports:** New/interesting/very rare case can be reported. Cases with clinical significance or implications will be given priority. However, mere reporting of a rare case is not encouraged and may not be considered. Up to 2000 words excluding references and abstract and up to 10 references.

4. **Short Communication:** Study with clinical interest or unusual presentation of a disease can be sent. Up to 1700 words and 10 references.

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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The contributor’ form and copyright transfer form (template provided below) has to be submitted in original with the signatures of all the contributors within fifteen days of confirmation from submission via courier, post or email as a scanned image. Hard copies of the images (one set) with high resolution and good contrast, for articles submitted online, should be sent to the journal office only.

**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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7. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
8. Source(s) of support in the form of grants, equipment, drugs, or all of these;
9. Acknowledgement, if any; one or more statements should specify 1) contributions that need acknowledge but do not justify authorship, such as general support by a departmental chair, 2) acknowledgments of technical help; and 3) acknowledgement of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
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 brief report and 250 words for original articles and other article types). The abstract should be structured for original 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 keyword, arranged alphabetically. The abstract should not be structured for a brief report, review article, brief communication and research methodology. Don’t consider reference in 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.

Technical information: Identify the methods, apparatus (give the manufacture’s name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known: describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

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 Specific Study Designs

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<td>STROBE</td>
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E. Ethics

When reporting studies on human 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, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution’s or a national research council’s guide for, or any national law on the care and use of laboratory animals was followed.

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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.

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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 place 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.

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H. Discussion
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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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.


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- Tables should be self-explanatory and should not duplicate textual material.
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- 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.
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- 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.

K. illustrations (Figures)

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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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).

Images and Letter to the Editor

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- Conflicts of interest disclosed
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- Double spacing
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- Running title provided (not more than 60 characters)
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- Abstract provided (about 150 words for case reports and 250 words for original articles)
- Structured abstract proved for an original article
- Key words proved (three or more)
- Introduction of 75-100 words
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- Numerals at the beginning of the sentence spelt out
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- Species names should be in italics

Tables and Figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)
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- Write the full term for each abbreviation used in the table as a footnote
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