

Instructions to Authors

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All manuscripts must be submitted on-line through the journal's online manuscript submission system at <http://www.atharvapub.com/IJCH/1/Journal-Home>. Manuscript should also be submitted simultaneously as an e-mail attachment to ijch.editor@gmail.com. Postal submission will not be entertained.

Ethics, informed consent and patient anonymity

Authors should obtain ethical clearance from the ethical committee for the study and if requested by the journal's editorial board, the authors should produce the copy of ethical clearance. It is the author's responsibility to ensure patient's anonymity. In images or illustrations, patient's eyes should be masked. However, if the eye area is the focus of illustration, patient's nose and mouth should be masked and written consent must be obtained from the patients/legal guardian. Patients' names should be removed from the figures, radiographs, and CT scans, unless written consent is obtained. Studies reporting the experimental investigation on human subjects, procedures should follow the standard guidelines and ethical standards and authors should indicate that study was performed with informed consent from the patients/legal guardian or assent from the children aged over 7 years participating in the trial.

The Editorial Process

All manuscripts submitted to the journal must be original contributions submitted to IJCH alone, must not be previously published, already accepted for publication, or under consideration for publication elsewhere. After acceptance in the journal, the manuscript must not be published elsewhere in any form, without prior permission of the editor-in-chief or publisher. All the

manuscript submitted to the IJCH receives individual identification code and would initially be reviewed by the editors for suitability for publication. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are returned back before proceeding for formal peer-review.

Manuscripts found suitable for publication are sent to two or more expert reviewers for peer-review. At the time of submission, all the authors are requested to suggest two or three qualified reviewers, experienced in the subject of submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institution as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. After receiving the reviewer's report/comments, the report will be communicated to the authors for possible corrections. Authors will be directed to submit revised manuscript within the time limit, along with a point by point response to reviewers' comments.

We ensure speedy publication of the submitted articles and target to finish the initial review process within 4-6 weeks. However, this time period can change depending upon the quality of the manuscript submitted, reviewer's response and time taken by the authors to submit the revised manuscript.

Article Proofs

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author through e-mail. They must carefully check and return the revised manuscript within 72 hours. It is the responsibility of the corresponding author to ensure that the galley proof is to be returned without delay with correction. In case of any delay, authors are responsible for the contents appeared in their published manuscripts.

Authorship Criteria

All the authors should have substantial contributions to each of the following three components: 1. Concept and design of study 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. Participation solely in the acquisition of funding or the collection of data does not justify authorship as the general supervision of the research group.

Contribution Details

Authors should provide a description of contributions made by each of them towards the manuscript. At least one author should take the responsibility for the integrity of the work and should be designated as 'guarantor'. Authors' contributions will be published with the article.

Conflicts of Interest/ Competing Interests

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Clinical trial registry

IJCH recommends registration of clinical trials and preference would be given to registered clinical trials. Trials can be registered in any of the following trial registers: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>.

Preparation of Manuscript

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2006). Manuscript should be typewritten in 12 font size using Times New Roman font, with margins of at least one inch on all sides. Pages should be numbered consecutively on the top right corner of the pages, starting with the title page. The matter should be arranged in the following order: Title page, Abstract, Introduction, Materials and Methods, Results, Discussion and Conclusions, Acknowledgement, References, Tables and Figures along with caption and legends. The manuscript should be submitted in two separate files: 1. Title page, and 2. Blinded article file

Title Page

This file should provide -

1. Type of the manuscript (original article, review article, short communication, case report, letter to editor, etc.)
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The manuscript must not contain any mention of the authors' names, initials or the institution. The main text of the article, beginning from Abstract till References (including tables) should be in this file. Use doc files.

Abstract

An abstract (not exceeding 300 words) should be provided on a separate sheet. Abstract should be structured (except for case reports) and include objective, methods, results and conclusion.

Keywords

Upto 4-6 keywords must be provided related to the work. These keywords should be typed at the end of abstract.

Introduction

It should be a concise statement of the background to the work presented, including relevant earlier work, suitably referenced. It should be started in a new page.

Materials and Methods

It shall be started as a continuation to introduction on the same page. All important materials and equipments, the manufacturer's name and, if possible, the location should be provided. The main methods used shall be briefly described, citing references. New methods or substantially modified methods may be described in sufficient detail. Statistical methods and level of significance chosen shall be clearly stated.

Results

The important results of the work should be clearly stated and illustrated where necessary by tables and figures. The statistical treatment of data and significance level of the factors should be stated wherever necessary. Data that is not statistically significant need only to be mentioned in the text and no illustration is necessary.

Discussion

This section should deal with the interpretation of results, making readers to understand the problem taken and should be logical. The discussion should state the scope of the results, which need to be further explored.

Conclusions

Concisely summarize the principal conclusions of the work and highlight the wider implications. This section should not merely duplicate the abstract.

Types of Manuscripts

Original articles: Randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys based studies can be sent under this heading. Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions, methods of randomization, and masking (blinding). Text should be divided into following sections: Abstract, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends. Recommended word limit is upto 3000 words excluding abstract, tables, figures and about 40 references.

Review Articles: Review articles are systemic critical evaluation of already published material. It is expected that these articles would be written by experts or individuals who have done substantial work on the subject. A review article should be written in following steps - define the problem, summarize previous investigations to define the state of current research, identify relations, contradictions, gaps and inconsistencies in the literature reviewed, suggest clinical practice based on the current evidence and suggest further areas of research. Recommended word limit is upto 4000 words excluding about abstract, tables, figures and upto 50 references.

Systematic Reviews & Meta-analysis: AJCPN also encourages publication of systematic reviews and meta-analysis on various topics of clinical significance. These should provide information on search strategies to retrieve relevant studies, methods used to assess the scientific validity of retrieved studies, and the process of generating a bias-free list of citations to answer the topic under review. Recommended word limit is upto 4000 words excluding about abstract, tables, figures and upto 75 references.

Short Communications: Short correspondence pertaining to research can be sent under this heading. Word count should not exceed 2000 words with an abstract of upto 200 words and upto 25 references. Letters must not duplicate other material published,

submitted or planned to be submitted for publication. The matter should be divided into introduction, methods, results and discussion and should follow all other guidelines in 'Preparing the Manuscript'

Case reports: New, interesting or rare cases of clinical significance can be reported. However, mere reporting of a rare case may not be considered. Prescribed word limit is upto 1500 words excluding upto 15 references and abstract. Case reports should be written under the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, References, Tables and Legends in that order.

Letter to the Editor: These should be short and decisive observation, preferably be related to articles previously published in the journal. Word limit is upto 1000 words and upto 10 references.

Images: Interesting clinical or radiological images can be submitted in this section. Up to 2 images can be given and word count should not exceed 1000.

Reporting Guidelines for Specific Study Designs:

Initiative	Type of study	Source
CONsolidated Standards Of Reporting Trials (CONSORT)	Randomized controlled trials	http://www.consort-statement.org
STAndards for Reporting of Diagnostic accuracy (STARD)	Studies of diagnostic accuracy	http://www.stard-statement.org/
Meta-analysis Of Observational Studies in Epidemiology (MOOSE)	Meta-analyses of observational studies	http://www.equator-network.org
Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA)	Systematic reviews/ Meta-analyses of RCT	http://www.prisma-statement.org
STrengthening the Reporting of OBservational studies in Epidemiology (STROBE)	Observational studies in epidemiology	http://www.strobe-statement.org

References:

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in the text, tables, and legends by Arabic numerals in square bracket 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. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of journal for non-indexed journals. Avoid using abstracts as references.

Standard Journal Articles:

a. For up to six authors:

Agrawal A, Singh VK, Varma A, Sharma R. Intravenous arginine vasopressin infusion in refractory vasodilatory shock: A clinical study. *Indian J Pediatr.* 2012;79(4):488-493.

b. For more than six authors: List the first six authors followed by et al.

Nobili V, Marcellini M, Giovannelli L, Girolami E, Muratori F, Giannone G, et al. Association of serum interleukin-8 levels with the degree of fibrosis in infants with chronic liver disease. *J Pediatr Gastroenterol Nutr.* 2004;39(5):540-4.

Personal author (book)

Leung AK. *Common Problems in Ambulatory Pediatrics: Symptoms and Signs*, 1st ed. New York: Nova Science Publishers, Inc.; 2011.

Chapter in a book

Leung AK. Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis. In: Overton LT, Ewente MR, eds. *Child Nutrition Physiology*. New York: Nova Biomedical Books; 2008. p. 127-152.

Conference proceedings

Harnden P, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

Conference paper

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming*; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

Unpublished Material

Children and adolescents with chronic constipation: How many seek healthcare and what determines it? Rajindrajith S, Devanarayana NM, Benninga MA. *J Tropical Pediatr.* 2011 Dec 6. [Epub ahead of print]

Electronic Material CD-ROM

Neonatal Resuscitation Program (NRP) Training Aids [on CD-ROM]. National Neonatology Forum, New

Delhi, 2006. Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

Journal article on the Internet

Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>Article

Homepage/Web site

Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

Acknowledgements

Acknowledgements as well as information regarding funding sources should be provided.

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Figures

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