

# Medica Innovatica - Instructions to authors

## About the journal

Medica Innovatica is an open access, biannual peer-reviewed indexed medical journal published by B.V.V. Sangha's S. Nijalingappa Medical College, Bagalkot, Karnataka, India.

## Scope of the journal

The journal publishes original articles, review articles, case studies and brief communication in anatomy, physiology, biochemistry, pathology, pharmacology, microbiology, forensic medicine, community medicine, oto-rhino-laryngology, ophthalmology, medicine, surgery, obstetrics & gynaecology, orthopedics, pediatrics, anesthesia, dermatology, radiology, psychiatry and all the related fields of medical and health sciences, with special preference to those whose implications are directed towards improving the health care of the community, directly or indirectly.

## The editorial process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Medica Innovatica alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are found suitable for publication in Medica Innovatica are sent to two or more expert reviewers. The journal follows a double-blind review process, where in the reviewers and authors are unaware of each other's identity. Every 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 comments and suggestions (acceptance/rejection/revision in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author.

The corresponding author is expected to return the corrected proofs within two days. The whole process of submission of the manuscript to final decision; sending and receiving proofs is completed online, with an average of 6 weeks duration.

**Article processing charges:** As the journal is an open access one, publishing charges of Indian rupees 3000 apply to the author on acceptance of the article.

## Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

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.

Every manuscript should be accompanied by a contributor's form which describes about the contribution of each author towards the manuscript, with respect to the above authorship criteria. The originality of the manuscript has to be declared by the authors.

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## General guidelines

1. Use only New Times Roman font.
2. Use A4 size paper (Microsoft Office Word).
3. 20 font for the title of the article.
4. 14 font for the headings which should be bold.
5. 12 font for sub-headings which should be bold.
6. 12 font for the text.
7. Do not use capital letters for title and sub-headings.

8. Double-spacing should be maintained throughout the manuscript.
9. 2.5cm margins on all the four sides,
10. Should number all of the pages of the manuscript consecutively, begun with the title page.

**Submission of Manuscripts:**

All manuscripts must be submitted online at <http://my.ejmanager.com/medin/submit.php?lng=>

**Title Page:** The title page should have the following information:

1. Type of manuscript (original article, review article, case report, etc.)
2. Article title.
3. A running head/short title, usually no more than 60 characters
4. Authors’ full names and institutional affiliations
5. The name of the department(s) and institution(s) to which the work should be attributed.
6. Disclaimers, if any.
7. Contact information for corresponding authors. The name, mailing address, telephone and fax numbers, and e-mail address of the author responsible for correspondence about the manuscript.
8. Source(s) of support in the form of grants, equipment, drugs, or all of these.
9. Word counts. A word count for the abstract and text (excluding abstract, acknowledgments, figure legends, and references) should be mentioned.
10. Number of figures and tables.
11. Conflict of Interest
12. Clinical trial registry number, wherever applicable.

**Article file:** The manuscript must not contain any mention of the authors’ names or initials or the institution at which the study was done or acknowledgements. This will include the title of the article, abstract, introduction and the rest of the manuscript.

**Contributors’ and copyright transfer form:** A scanned copy of the original with the signatures of all the contributors has to be submitted along with the manuscript.

**Preparation of the manuscript**

Manuscripts should be prepared in concordance with the Uniform requirements for manuscripts submitted to biomedical journals formulated by the International

Committee of Medical Journal Editors ([http://www.icmje.org/manuscript\\_1prepare.html](http://www.icmje.org/manuscript_1prepare.html)).

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
STARD	Studies of diagnostic accuracy	<a href="http://www.consort-statement.org/stardstatement.htm">http://www.consort-statement.org/stardstatement.htm</a>
QUOROM	Systematic reviews and meta-analyses	<a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a>
STROBE	Observational studies in epidemiology	<a href="http://www.strobe-statement.org">http://www.strobe-statement.org</a>
MOOSE	Meta-analyses of observational studies in epidemiology	<a href="http://www.consort-statement.org/Initiatives/MOOSE/">http://www.consort-statement.org/Initiatives/MOOSE/</a>

**Original article**

The text of original article (observational and experimental articles) is divided into the following sections: Introduction, Material and Methods, Results, and Discussion (“IMRAD” structure).

**Abstract**

Structured abstracts (250 words) in the form of Background, Aim, Material and Methods, Results, and Conclusion, followed by 3-6 key words are preferred for original research.

**Introduction**

Provide a context or background for the study (that is, the nature of the problem and its significance). State the specific purpose or hypothesis tested by the study or observation. Specify what is already known and what the present study adds to the literature.

**Material and Methods**

Mention about the ethical clearance and informed consent taken, the details of which should be produced to the journal on demand. Describe selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including inclusion and exclusion criteria and a description of the source population. The guiding principle should be clarity about how and why a study was done in a particular way. Identify the methods,

apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow others to reproduce the results. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well-known; describe new or substantially modified methods, give the 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.

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Specify the computer software used.

The reporting guidelines for each type of study have to be followed, which can be accessed from the sources given in the table below.

### Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat all the data in the tables or illustrations in the text; emphasize or summarize only the most important observations. Extra or supplementary materials and technical detail can be placed in an appendix where they will be accessible but will not interrupt the flow of the text.

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 supporting data. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables.

### Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them in the context of the totality of the best available evidence. Do not repeat in detail data or other information given in the Introduction or the Results section. For experimental studies, it is useful to begin the discussion by briefly summarizing the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results

with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data.

### References

The Uniform Requirements style for references is based largely on an American National Standards Institute style adapted by the NLM for its databases. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. The titles of journals should be abbreviated according to the style used in the list of Journals Indexed for MEDLINE, posted by the NLM on the Library's Web site. A few examples for writing references are quoted below:

#### Journal article

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res.* 2002;935(1-2):40-6.

#### Books

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

#### Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid B, Kinzler KW, editors. *cancer*. New York: McGraw

#### Journal article on the Internet

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

#### Monograph on the Internet

Foley KM, Gelband H, editors. *Improving palliative care for cancer* [Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

#### 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/>.

**Tables**

Type or print each table with double-spacing on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Do not use internal horizontal or vertical lines. Authors should place explanatory matter in footnotes, not in the heading. If you use data from another published or unpublished source, obtain permission and acknowledge that source fully.

**Illustrations (Figures)**

Figures should be in JPEG or GIF format total figure size not exceeding 4MB. Authors should review the images of such files on a computer screen before submitting them to be sure they meet their own quality standards. For x-ray films, scans, and other diagnostic images, as well as pictures of pathology specimens or photomicrographs, send sharp, glossy, black-and-white or color photographic prints, usually 127 x 173 mm (5 x 7 inches). Letters, numbers, and symbols on figures should therefore be clear and consistent throughout, and large enough to remain legible when the figure is reduced for publication.

Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

Photographs of potentially identifiable people must be accompanied by written permission to use the photograph.

Figures should be numbered consecutively according to the order in which they have been cited in the text. If a figure has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce the figure.

**Legends for Illustrations (Figures)**

Type or print out legends for illustrations using double spacing, starting on a separate page, with Roman numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

**Units of Measurement**

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degree Celsius. Blood pressure should be in millimeters of mercury. For reporting hematologic, clinical chemistry, drug concentrations, and other

measurements, use both local as well as International System of Units (SI units).

**Abbreviations and Symbols**

Use only standard abbreviations. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on first mention unless the abbreviation is a standard unit of measurement.

**Review Articles:**

The prescribed word count is up to 4000 words excluding tables, references and abstract. The manuscript may have about 50 to 60 references. The manuscript should have an abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

**Case reports/series:**

New, interesting and rare cases can be reported. They should be unique in providing a learning opportunity for the readers. Cases with clinical implications will be given priority. These communications could be of up to 1500 words (excluding abstract and references) and should have the following headings: Abstract, Key-words, Introduction, Case report, Discussion, References, Tables and figures. This could be supported with upto 10 references. Case Reports could be authored by up to four authors.

**Letters to the Editor:**

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. The letter could have up to 600 words and 6 references. It could be generally authored by not more than four authors.

**Short /Brief communication:**

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up 6 to 8 references.