

## ✧ Instructions to the Authors

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The journal does not charge for submission and processing of the manuscripts.

### ✧ About Journal



**The Indian Journal of Dermatology (IJD®)** is a bi-monthly peer-reviewed journal that publishes articles in the field of dermatology, leprosy and sexually transmitted diseases. The journal is published in print as well as electronic versions. Some articles may be published only in the electronic version at the discretion of the editorial team.

**IJD®** accepts articles in the following sections (all word limits exclude abstracts, references and key messages):

- **Reviews** (3000 words): Systematic, exhaustive and critical assessments of literature and data sources on a specific topic. Review article are to be submitted only after consulting the Editor regarding the topic. Use of illustrations /charts and figures in review articles is encouraged.
- **CME article** (3000 words): Current updates on a specific topic with inclusion of latest literature review. Please add 10 multiple choice questions (MCQs) with four options based on the review article.  
**Note: At least 90% of the references for Review/CME Articles should not be more than 5 years old.**
- **IJD symposium** (3000 words): A bunch of invited CME articles on a particular topic under a designated symposium editor. In this section, articles should be submitted only after consulting the Editor regarding the subject.
- **Special article** (2500 words): Comprehensive commentary on any topic with specific significance.
- **Basic research** (2500 words): This includes articles on investigative/ basic research, laboratory/ animal trials. Please write a structured abstract and add statistical methods. Permission of ethics committee/IRB, statement of sources of support and conflict of interest are mandatory
- **Original article** (2500 words): Original, in-depth clinical studies or surveys. Please write a structured abstract(including 5 headings: Background, Aims and Objectives, Materials and Methods, Results, Conclusion) of not more than 300 words and add 3-5 key words. The article should include an introduction, materials and methods, results, discussion, acknowledgement if any, and references in proper format. Mention about the statistical methods used. Authors of randomized control trials are requested to follow the guidelines presented in the CONSORT statement ( <http://www.consort-statement.org/>). For authors of epidemiologic studies the STROBE statement ( <http://www.strobe-statement.org/Checklist.html>) guideline to be followed. Systemic review and meta analysis may be submitted under this section. Citation of levels of evidence is appreciated for any article when needed. Permission of ethics committee/IRB, statement of sources of support and conflict of interest are mandatory.
- **Dermatopathology round** (2000 words) ;Articles focusing on specifically histopathological features of any dermatological entity.
- **Therapeutic round** (2000 words): Articles dealing with introducing/proposing some new therapeutic option/advances.
- **Dermatosurgery round** (2000 words): Articles emphasizing the surgical aspect of dermatology.
- **Current Perspective** (2000 words):Concise review articles on any new molecule, procedure, investigative technique, newly described clinical condition or novel findings in an established clinical entity may be submitted in this section.
- **Short communication** (1500 words): Innovative or preliminary investigative findings and early information of therapeutic trials several patients may be considered for publication under this section.
- **History** (1500 words): Any well researched, referenced article related to history of Dermatology, Venereology and Leprology in India/Asia.

Abstract, key words not needed. Key message box to be included.

- **Resident's page** (1000 words) These should normally be short articles that are educational for postgraduates or help improve their learning skills or ability to perform in examinations would be considered. Case reports will not be accepted.
- **Case Reports** (1000 words and 10 references): Reports of an unusual manifestation of a disease or a new disease should always be submitted with photographs. Case reports of diseases that are already described in standard textbooks may not be considered for publication.
- **Correspondence** (500 words in length and up to 5 references.) It can be a letter commenting on article previously published in the Journal. Efforts are made to publish the same with the author's reply. Communicating initial research findings or early reports of therapeutic trials may be considered for publication under this section. Brief descriptions of a case or early reports of new drug reactions may be considered as well. Letter should not just depict an unusual case but should have some innate educative worth. This section does not require abstracts and should be formatted in one continuous section.
- **Quiz:** Classical cases with one to three good photographs will be considered. A short history, examination and investigation findings (up to 150 words) should be followed by the answer in the form of the diagnosis and a short review of the condition (500 words and 5 references), if necessary with additional photographs. Though abstracts and key words not needed but a bulleted list of up to 5 'Learning Points' must also be included. Learning Points should summarize the key take home messages and convey how this would improve reader's diagnostic skills.
- **Announcements:** Announcements of conferences, meetings, courses, awards, and other items that are likely to be of interest to readers should be submitted with the name and address of the person from whom additional information can be obtained (up to 100 words).
- **Book Review:** Please send two copies for book reviews.

#### **PRE-REGISTRATION OF CLINICAL TRIALS**

- • As per the guidelines of CONSORT 2010 pre-registration of clinical trials is now mandatory.
- • All trials must be pre-registered at a designated trial registration site prior to being submitted for publication in IJD®
- • Inclusion of the registration number in the submitted article file is a obligatory pre-requisite

#### **LEVEL OF EVIDENCE:**

Indian Journal of Dermatology requires that authors, at the time of submission, assign a level of evidence to each article.

(For Review articles/CME articles/ IJD symposium/special articles, mention the level of evidence everytime whenever and wherever applicable)

These will be first checked at the reviewers' level and if the article is accepted will be finally validated by the editors before publication.

The journal follows these Evidence-Based Medicine ratings as formulated by the U.S. Preventive Services Task Force (USPSTF)

- Level I: Evidence obtained from at least one properly designed randomized controlled trial.
- Level II-1: Evidence obtained from well-designed controlled trials without randomization.
- Level II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.
- Level II-3: Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled trials might also be regarded as this type of evidence.
- Level III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committee

#### **ACADEMIC DISHONESTY:**

The journal maintains a principle of absolute zero tolerance in matters regarding academic dishonesty.

The author/s is/are firmly advised to withdraw the manuscript in case of any of the following conditions:

1. Any kind of Plagiarism;
2. Data fabricating and falsification;
3. Duplicate submission/publication;
4. Stealing from others; and
5. Deprivation/suppression and divergence about the right of authorship.

If, after publication, any of the above is proved against a paper the article will be retracted and the author (and the co-authors if any) will have to face a lifetime ban in further submission of any manuscript in Indian Journal of Dermatology

## ✦ EDITORIAL PROCESS

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- All manuscripts received online are duly acknowledged within one week of their receipt.
- Contact the Administrative Office, preferably by e-mail, if you do not receive an acknowledgment within two weeks.
- Manuscripts are sent to at least two reviewers without revealing the identity of the contributors.
- Authors may suggest the names and e-mail addresses of one or two reviewers who have had some experience in the subject of the submitted manuscript but who are not affiliated to the same institute as the authors.
- Authors will be informed about the reviewers' comments and acceptance or rejection of their manuscript within eight to ten weeks.
- Unaccepted manuscripts will not be returned.
- Galley proofs will have to be downloaded by the author/s from the web site and need to be returned within three days. Corrections received after that period may not be included.
- The editors reserve the customary right to style, to abridge the article to ensure clarity and conciseness and to decide the time of publication.
- Reprints are not free and should be requested in a reprint request form that will be sent with the acceptance letter.
- Type the manuscript following the instructions mentioned below under 'Preparation of manuscript' and submit it online through the web-site (<https://review.jow.medknow.com/ijd>). This saves on time and cost for authors as well as for the journal. Authors can subsequently track the progress of a manuscript through the editorial process on the web-site. High resolution Figures and photographs must be submitted online as jpeg/tiff file format.

## ✦ Preparation of manuscript

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Prepare the manuscript using MS Word with double spacing and for A4 size paper with a 1 inch margin on all sides. Do not type headings or any other text in ALL CAPITALS. Do not use the software's facility for a header, footer or footnotes. Number pages consecutively beginning with the title page.

A manuscript should be divided into the following sections, each beginning on a separate page:

**Title page:** This page should carry the title of the article; the names of all contributors and their professional affiliations; the name, address, phone numbers and email address of the corresponding contributor; and the total number of pages and photographs.

**Abstract page:** The second page should carry the full title of the manuscript and an abstract of 200-250 words for studies and 100-150 words for case reports. The abstract for studies should be structured as: Background, Aims, Methods, Results and Conclusions. Below the abstract, 3 to 10 key words should be provided.

**Introduction:** Summarize the rationale and purpose of the study.

**Materials and Methods:** Describe the selection of the observational or experimental subjects. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow confirmation of the observations. Give references to

established methods, including statistical methods.

**Results:** Do not repeat in the text all the data in the tables or illustrations. Emphasize only important observations. Report losses to observation (such as dropouts from a clinical trial).

**Discussion:** Emphasize the new and important aspects of the study and the conclusions that follow from them or the implications of the findings and their limitations. Do not repeat data or other material given in the Introduction or Results sections.

**Acknowledgments:** This section should include contributions that need acknowledging but do not justify authorship (such as general support by a departmental head); acknowledgments of technical help; and acknowledgments of financial and material support (which should specify the nature of the support).

### **References:**

Number references in the order in which they are first mentioned in the text. Identify them in the text, tables, and legends by Arabic numerals in superscript. 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. Abbreviate the titles of journals according to the style used in Index Medicus; use the complete name of the journal for non-indexed journals. 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. Avoid using abstracts as references. Use the style of the examples below. For references that do not fit these common examples, refer to the ICMJE guidelines ([www.icmje.org](http://www.icmje.org)).

Standard journal article: Kulkarni SB, Chitre RG, Satoskar RS, Wighe RS, Tillu KJ, Joshi PJ, et al. Serum proteins in tuberculosis. *J Postgrad Med* 1960;6: 113-20.

Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994;102 Suppl 1:275-82.

Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996;23(1, Suppl 2):89-97.

Personal author(s): Ringsven MK, Bond D. *Gerontology and leadership skills for nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.

Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.

Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, Fitzpatrick TB, Holmes KL, Tan KJ, et al, editors. *Hypertension: pathophysiology, diagnosis, and management*. 2nd ed. New York: Raven Press; 1995. p. 465-78.

Download a [PowerPoint presentation](#) on common reference styles and using the reference checking facility on the manuscript submission site.

### **Tables:**

Make self-explanatory tables that do not duplicate the text. 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. Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote. For footnotes use the following symbols, in this sequence: \*, †, ‡, §, ||, \*\*, ††, ‡‡

### **Illustrations (Figures):**

Submit only excellent quality images preferably sharp, glossy, unmounted, color prints (4 inches x 6 inches). They should be numbered consecutively according to the order in which they have first been cited in the text. Indicate the number of the figure, the first contributor's surname and the top of the figure on a label pasted (avoid the use of liquid gum) on the back of each print or mount of a slide. Prints should be trimmed to remove unwanted

areas. The IJD reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

For digital photographs, the original digital camera files of resolution not less than 1200 x 2400 pixels (preferably of the tiff type). If a figure has been published before, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures. The background should be neutral. Not distractive things should be in the picture. Show only the relevant portion of the clinical image by cropping it properly.

If the person is identifiable we would require a written permission of the patient (or guardian, if the patient is minor) to avoid any legal problem. Without this permission the article cannot be processed for review

All the histopathological images should be of a rectangular shape. Rounded images with dark corners are not acceptable. Always mention the correct magnification and stain.

### **Legends for illustrations:**

Type legends (maximum 20 words) for illustrations using double spacing. Use Arabic numerals for numbering illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. For photomicrographs mention the scale and the method of staining.

N.B. In case of any doubt, please refer to 'Uniform requirement for manuscripts submitted to biomedical journals' at the web page [www.icmje.org](http://www.icmje.org) or in the Annals of Internal Medicine (Ann Intern Med 1997;126:36-47) for more detailed guidelines.

## **Protection of Patients' Right to Privacy**

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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.

## **Reprints**

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Reprints are made available to authors at a cost against advance payment only. Reprints should be requested at the time of submitting the manuscript.

## **Declaration**

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The manuscript should be accompanied by the following declaration in a separate page properly signed by the author/s

Manuscript title

I/we certify that I/we have participated sufficiently in the intellectual content, conception and design of this work or the analysis and interpretation of the data (when applicable), as well as the writing of the manuscript, to take public responsibility for it and have agreed to have my/our name listed as a contributor. I/We believe the manuscript represents valid work. Neither this manuscript nor one with substantially similar content under my/our authorship has been published or is being considered for publication elsewhere, except as described in the covering letter. I/We certify that all the data collected during the study is presented in this manuscript and no data from the study has been or will be published separately. I/We attest that, if requested by the editors, I/we will provide the data/information or will cooperate fully in obtaining and providing the data/information on which the manuscript is based, for examination by the editors or their assignees. I/we also certify that we have taken all necessary permissions from our institution and/or department for conducting and publishing the present work. I/we have taken patient's consent for participation in the study (if needed) and his/her consent was also taken whenever the patient was recognisable in a clinical photograph.

Financial interests, direct or indirect, that exist or may be perceived to exist for individual contributors in connection with the content of this paper have been disclosed in the cover letter. Sources of outside support of the project are named in the cover letter.

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The covering letter must be made including the following points and stating the title of the paper and signed by all authors. For online submissions, the covering letter inclusive of copyright transfer form and, with other permissions or consents (if any) must reach editorial office within 15 days of

submitting the article online. Covering letter must state about:

### **Authorship**

All the authors have contributed enough towards this publication to justify authorship criteria.

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For studies, add 'This study was supported (or not supported) financially or otherwise (specify) by .....'.

### **Conflict of interest**

There is no conflict of interest of any of the authors with the results of this study. In case conflict of interest exists, please elaborate.

### **Ethics committee / Institutional review board's permission**

We also declare that the study was assessed and approved by the institutional ethics committee / institutional review board and that the letter of approval is available with us for examination. Please attach a copy of the approval letter.

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### **Patient's consent**

The patient's consent to use photographs that may reveal the identity of the patient is enclosed.

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## **❖ CHECKLIST FOR SUBMISSION OF ARTICLES TO IJD FOR ONLINE SUBMISSION**

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- 1 Prepare first page file
- 2 Prepare article file including legends to photographs. Do not include author names or affiliations or correspondence address in any part of the article file
- 3 Photographs must be in jpeg/tiff format with at least 300 dpi resolution (size at least 1200 x 2400).
- 4 Register as an author at the web-site <https://review.jow.medknow.com/ijd> (not needed if you have registered earlier)
- 5 Follow instructions for submission in your work area.
- 6 Include all authors' names at the time of online submission for digital copyright form.
- 7 On receipt of an e-mail regarding acceptance or revision, login as an author and do the needful as per the editor's remarks.

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