

Guidelines for publication IHJ

The Indian Heart Journal is the English Language, official "bi-monthly peer reviewed" publication of the Cardiological Society of India. It aims at promoting excellence in the field of Cardiology and education to those practising and interested in Cardiology. Thus, it will also provide a forum for exchange of information on all aspects of cardiovascular medicine including education.

Manuscripts

The Journal will consider for publication manuscripts suitable as original research articles, brief communication, "state-of-art-paper", symposium and other special category articles pertaining to cardiovascular medicine if neither the article nor any part of its essential substance has been published or submitted elsewhere.

Editorial Policies

The Indian Heart Journal commits to highest ethical and scientific standards in our specialty. The Indian Heart Journal strongly disapproves of duplicate publication and may decide to decline any fresh submission from such authors. This restriction does not apply to abstracts. Statements and opinions expressed in the articles published in the Journal are those of the authors and not necessarily those of the Editor. Neither the Editor nor the Publisher guarantees, warrants or endorses any product or service advertised in the Journal. Two or more referees scrutinize every original or review article submitted to the Indian Heart Journal. If accepted for publication, the manuscript may be edited, without altering the meaning, to improve clarity and understanding. Acceptance is based on significance, originality and validity of material presented. Decisions about provisional or final acceptance will be communicated generally within 6-8 weeks.

Categories of articles

The following categories of articles will be accepted by the Indian Heart Journal: -

1. Original Research Articles:

Original, in depth clinical research, word limit 5,000 words.

2. Brief Communication:

Brief commentary and / or special patient reports of special interest with a teaching angle and not a rarity only. Brief report should be limited to 1200 words, should not have more than 5 authors and should contain only 2 to 3 illustrations and a maximum of 15 references. A brief summary should be followed by an introduction, the report and discussion. Case reports should also conform to these guidelines.

3. "State-of-the-art-paper":

The Indian Heart Journal also solicits comprehensive review articles on topics of current clinical interest in cardiology. The entire manuscript should not exceed 20 typed pages and should not contain more than 50 references. This is a paper targeted for the specialist.

4. Seminar:

Seminars are clinically focused overviews for the general practicing Physician/Cardiologist.

5. Controversies in Cardiovascular Medicine:

Controversial topics in the practice of cardiovascular medicine will be presented in this series. Opposite viewpoints will be presented in tandem, with rebuttal responses by both authors included if possible.

6. How to do it:

A detailed illustrated description of a useful technique or procedure.

7. New Drugs and Technologies:

Reviews published in this series will focus on drug therapies, technologies and therapeutic strategies relevant to the practice of contemporary cardiovascular medicine. Newly approved therapies will be highlighted in particular in this series.

8. Current Perspective:

A personal view on any aspect of cardiovascular health of general interest to physician.

9. Cardiovascular Images:

A short summary of the case followed by good quality illustrations (ECG, Homodynamic tracings, chest X-ray, angiograms, etc.)

10. Recent Trial Highlights:

These should provide a short summary of important articles published elsewhere in the reviewer's (not the author's) words followed by comments. A slide format is suggested. A copy of the paper discussed should accompany the selected summary.

11. Year in a subspecialty:

Invited/commissioned articles describing the recent studies/advances in a subspecialty in cardiology.

12. Letter-to-the-editor:

Letters-to-the-Editor that pertain directly to an article published in the journal within the preceding 12 weeks will be considered for publication either in print or online. A letter must not exceed 500 words in length and must be limited to 3 authors and 5 references. They should not have tables or figures. Authors of the original article cited in the letter will be invited to reply.

13. Evidence based Consult:

An Internet search of a common clinical problem.

14. Legal Issues:

By a legal expert.

15. Health Policy:

By a health policy maker or a dignitary on health issues.

16. Editorials:

The editors will solicit all editorials. Instructions pertaining to the writing of an editorial will be included with the request from the Editorial Office. These should be brief, substantiated commentary on special subjects limited to 2000 words (including references and tables).

17. Book Reviews:

Reviews of selected books in cardiovascular medicine and surgery, including books that present innovative concepts, books that describe state-of-the-art diagnostic and therapeutic

methods or important advances, and text-books will be reviewed in this section. Unsolicited book reviews will be considered for publication. In addition, authors or publishers may submit books as well as a list of suggested reviewers to the Editorial Office at the address noted below.

18. Calendar of Conferences:

Information regarding important meetings and courses will be published in each issue. Course directors/organizers are advised to send full information about educational events to the Editor. Post conference a 3-4 pages summary may be sent for inclusion highlighting the conference.

19. Obituary:

Please submit suggestions within 4 weeks of an individuals death via e-mail.

20. General Education:

On Body, Mind or Soul including profiles of Mentors from all fields.

21. Filler Photograph:

These are unsolicited photographs, unrelated to the content of the Journal, that are published as space allows. There are no restrictions on the subject matter, but we generally do not publish photographs of recognizable people. Actual photographs at least 5 by 7 inches but no larger than 8 by 10 inches should be submitted for review and color match purpose. If a photograph was taken with a digital camera please include an electronic file (.eps, .tif, or .jpg at 266 dpi or higher). Photographs cannot be returned. The categories number 3-5,9,10,12-16 are usually commissioned and or solicited, but unsolicited one-page outlines or complete manuscripts for each of these subsets addressed to the Editor are welcome.

Protocol Review

Those clinical/multicenter trials, which are pre-approved by a "Protocol Approval Committee" and registered with Indian Heart Journal will receive priority handling when completed and all effort will be made to publish them quickly after the mandatory peer-review process.

Preparation of Manuscripts

The primary aim of the journal is advancement of cardiac science and education. Therefore manuscripts should be written so that a member of the society can understand and benefit from it. The following approximations between printed pages and typed pages are offered to help you calculate number of pages your typed manuscript will translate to: 1 printed page = 3.7 typed 8.5 X 11 pages, double-spaced (approximately 250 typed words per page).. 0.67 printed page = 30 typed references (maximum allowed; double-spaced). 1 printed page = 4 tables or figures with legends.

Original Research

The manuscript should be prepared in accordance with the 'Uniform requirements for manuscripts submitted to biomedical journals' compiled by the International Committee of medical journal Editors (N Engl J Med 1997: 336: 309-315). Three complete sets of the manuscripts should be submitted: typed in double-space on one side of the page throughout (including references, tables and

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Keywords

Also, provide 3 to 5 key words, Terms from the medical subjects headings (MeSH), list of Index Medicus should be used.

Text (Page 3 onwards)

The text should be divided into Introduction, Methods, Results and Discussion. If possible, no statement should be supported by more than three references. Units of measurement should be given in metric units. All bioclinical measurements should be given in conventional units, with Systeme International d'unites (SI) units given in parenthesis. Give generic rather than trade names of drugs. Avoid the use of full stops in between abbreviations (TMT, not T.M.T.).

Introduction

The introduction should state why the study was carried out and what were its

legends to illustration). The manuscript should be arranged as follows: Covering letter, Title page, Abstract, Introduction, Methods, Results, Discussion, Acknowledgements, References, Tables and Legends for Illustrations. Three sets of illustrations in three separate envelopes should be attached at the end. The pages of the manuscript should be named consecutively beginning with the title page. An electronic version (CD) must be sent along with the printed copies to facilitate processing.

Covering Letter

The covering letter should explain if there is any deviation from the standard IMRAD (Introduction, Methods, Results and Discussion) format and should outline the importance and uniqueness of the work. It should include signed statement from all authors on: - (1) The category of manuscript (eg. Original research, brief communication, letter-to-the-editor); (2) Statement that the material has not been previously published or submitted elsewhere for publication; (This restriction does not apply to abstracts published in connection with scientific meetings.) Acceptance of the manuscript for publication implies transfer of copyright to the Indian Heart Journal. (3) All authors have reviewed the article and agree with its contents. (4) Information about any personal conflicts of interest of any of the authors; and (5) Names of sources of outside support for research, including funding, equipment, and drugs. You may also submit the name of one reviewer of your choice. You should indicate that individual's mailing address, telephone number, fax number, and E-mail address. You should know that the reviewer will be asked to review the manuscript at your request but will be informed that his or her identity will be kept confidential.

Title Page (Page 1):

This should contain the Title, Short Title, Names of all the Authors written in continuations, Name(s) of institution(s) they are affiliated to, Name and Address of the Corresponding Author and Acknowledgement of financial support. Full Title: should represent the major theme of the manuscript. A subtitle can be added if necessary. The title should be brief and comprehensive. The first letter of all the words should be typed in capitals. Short Title: not more than 25 characters (including interword spaces) should be included for use as a running head. Names (first name, initial of middle name followed by surnames) of all the authors (without degree or diploma). Name and full location of the department/illustration/laboratory where the work was performed. The Name, Telephone number, Fax number, e-mail and Postal Address of the author to whom communications and requests for reprints are to be sent.

Abstract (Page 2)

Should be typed on a separate sheet. The abstract (250 words maximum) should be structured and divided into three sections namely Aims/Objective, Methods and Results, and Conclusions. It should not contain abbreviations, footnotes or references. The data should be presented as numbers rather than percentages.

alcohol on high density lipoprotein cholesterol levels in men. Include the names of all authors, if there are three or less. If four or more, the first three followed by et al. The titles of the journals should be abbreviated according to the style used in the Index Medicus. Reference from a book. Author(s), title, edition, city of publication, year of publication and the first page of citation, e.g. Sherf D, Schott N, Extra systoles and allied arrhythmia. 2nd ed. Chicago. Year Book Medical Publisher Inc; 1973. p.3 Chapter in a Book. Author(s), chapter title, edition, editor(s), city of publication, year and publishers, e.g. More GK, Ablidskov JN, Antiarrhythmic Drugs. IN: Goodman LS, Gilman A (eds). The pharmaceutical Basis of Therapeutics. 5th ed. New York: Macmillan Publishing Co; 1975. p.41

Tables

Each table should be typed in double space on a separate sheet with a table number (in Arabic numerals) and a short title. Abbreviations, if used, should be explained in the footnote. The data presented should not be repeated in the text or figures. Number the tables consecutively in the order of their first citation in the text.

specific aims.

Methods

These should be described in sufficient detail to permit evaluation and duplication of the work. This section may be divided into subsections, if required. Ethical guidelines followed by the investigators should be described. Statistical details should be provided, where applicable.

Results

These should be concise and include tables and figures necessary to enhance the understanding of the text.

Discussion

This should consist of a review of the literature and relate the major findings of the article to other publications on the subject. Conclusions drawn should be based on the data obtained in the study.

References

At the end of the article, a full list of references should be included. These should conform to the Vancouver style and should be numbered consecutively in the order in which they first appear in the text. These should be given as superscripts and not written in parentheses. References cited only in tables or in legends to illustrations should be numbered in accordance with a sequence established by the first identification in the text of a particular table or illustration. Do not cite personal communications, unpublished articles and manuscripts "in preparation" or "submitted for publication" as references, through these may be mentioned in the text in parentheses. Avoid using abstract as references unless they are sole source identification in the reference as abstracts. Authors are responsible for the accuracy of all references.

Examples of common forms of references are

Articles in journals. Authors (surname followed by first and middle name initials), Title, Abbreviation of the journal name, Year of publication, Volume, Page number of the beginning as well as end of the article quoted, e.g. Gupta R, Jain BK, Nag AK, Influence of

Legends for Illustrations

Should include enough information to permit interpretation of the figure without reference to the text. Legend for each illustration should be typed on a separate paper. All illustrations should be numbered in Arabic numerals and cited in the text.

Illustrations

Three complete sets of glossy prints high quality (usually 127x178 mm or 5x7 Inch) should be submitted in three separate envelopes. All photomicrographs should indicate the magnification of the prints. The serial number of the illustration and short title of the article (rather than the author's name so that blinded review can be solicited) should be marked with lead pencil on the back and an arrow should indicate the top edge. Special features should be indicated by arrows or letters. Color illustrations will be accepted if they make a contribution to the understanding of the article. Preferably supply positive transparencies. Drawings and charts must be prepared with India Ink.

Acknowledgement

The acknowledgements section recognizes all sources of support for research, plus substantive contributions of individuals. The Editorial Office must receive written, signed consent from each person recognized in the Acknowledgements because the statement can imply endorsement of data and conclusions.

Checklist

Cover letter

Manuscript category designation.
Single-journal submission affirmation.
Conflict of interest statement (if appropriate)
Sources of outside funding, equipment, drugs.
Copyright Transfer/Author Declaration Statement.
Informed consent statement (In methods).
Funding agency's role in data interpretation (In methods).
Original manuscript submitted (3 Sets).

Title Page

Title of article.
Full name(s), academic degrees, and affiliation(s) of authors.
Corresponding author.
Telephone (business and home), fax and e-mail address.
Word count.

Abstract	(250 words; double-spaced).
Short title	(50 words; double-spaced).
Text	(double-spaced).
References	(double-spaced; separate pages).
Tables	(double-spaced; separate pages).
Figures legends	(double-spaced; separate pages).
Figures	(separate files; no paperclips on hardcopy; properly identified).

Letter-to-the-editor.

Manuscript Submission

These should be addressed to: -

Dr. H.K. Chopra
Hon. Editor
Indian Heart Journal
Editorial Office
F-16, Kalkaji, New Delhi, 110019, India
e-mail: drhkchopra@yahoo.com

Return of Manuscripts

Neither unaccepted papers nor their original figures, photographs, and slides are returned to the authors unless this is specifically requested in the cover letter. Illustrations for papers that have been accepted for publication will not be returned unless specifically requested by the author.

How the Indian Heart Journal handles your papers: -

1. Your paper receipt will be acknowledged, with a reference member(s), which should be used in all future communications.
2. **Peer Review:** Every original research, brief communication, seminar, except for editorials or state-of-the-art paper have to undergo a process of peer review. Your report is first read by the six in house editors / editorial assistants. Some may be returned at this stage if the paper is deemed inappropriate for publication in the Indian Heart Journal. The other papers progress to three or more reviewers. If reports are encouraging and editorial consensus is favorable, then statistical advice is sought where appropriate. Revision may be recognized to present the best form for publication. These must be sent back within 30 days else you will need to resubmit it as a new manuscript with a fresh number.
3. **Appeals:** Any appeal should be in writing quoting the reference number and stating why you think the decision was wrong.

Condolence

On behalf of CSI HQ.

We express our heartfelt condolences

To the family & friends of Dr. S. R. Jain,

A senior member of Cardiological Society of India (Indore Branch).

May God rest his soul in peace.

*Dr. Pradeep Kumar Deb
Hon. General Secretary
Cardiological Society of India*