

Future Health: An official journal of AIIMS Bhopal

Instructions to Authors

General Information

Future Health, a multi-disciplinary journal of AIIMS Bhopal, is a national bio-medical journal that will consider any original contribution that demonstrates any advancements in medical sciences.

AIMS & SCOPE: Future Health is a multi-disciplinary comprehensive journal that accepts contributions in English from all over the world. These contributions shall include original articles, Review Articles/Systematic Reviews/Meta-analysis, Case Reports, Editorial, Brief communication, Letter to the Editor, Photoessays, News, and Views.

How to submit your paper?

Currently all the submissions are being received in the email id: futurehealth@aiimsbhopal.edu.in with the subject line being new submission: future health.

Types of Manuscripts

The Journal of 'Future Health' accepts original articles, reviews (narrative reviews, systematic reviews and meta-analyses), case reports, letters to Editor, brief communication, editorials, photo essays, and news & views.

1. Original Articles

- a. These include randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with high response rates.
- b. The text of original articles shall be limited to 4000 words (excluding Abstract, references, Tables, Figures, Acknowledgments, and Supplementary Information) with no more than 5 tables and/or figures.
- c. The article should be divided into sections: Abstract, Keywords, Introduction, Material and Methods, Results, Discussion, Conclusion, References, Tables, and Figure legends.
- d. Each manuscript should clearly state an objective or hypothesis; study design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions; the primary outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions and relevant implications for clinical practice or health policy.
- e. Data included in research reports must be original.

The manuscript shall be divided into the following heads for original articles:

a. Abstract

A structured abstract is required, and trial registration information (registry name, trial ID, and URL) must be listed at the end of the abstract. Reports of original data should include an abstract of 350 words under the headings: Introduction, Methods, Results, and Conclusions

b. Highlights

Highlights are optional yet highly encouraged for this Journal, as they increase the discoverability of your article via various search engines. Highlights should consist of 3-5 bullet points (maximum 85 characters, including spaces, per bullet point) that capture the novel results of your research and new methods used during the study (if any).

c. Keywords

All articles must be accompanied by 5–8 keywords. These keywords will appear in the PDF version of the article and will also be used as a search term in the HTML version of the article.

d. Introduction

The purpose and summarize the rationale for the study or observation shall be stated in this section. It should describe the background for the study (the available knowledge), rationale, and aim of the study.

e. Methods

Methods should be described in sufficient detail to permit evaluation and duplication of the work by others. This section should include information on study design (selection and description of participants), intervention, methods of measurement, data collection and processing, loss of data due to fallouts or follow-ups, outcome measures, statistical methods, and ethical guidelines.

f. Results

Results should be clear, concise, and presented in a logical, sequential order that parallels the organization of the methods. The information provided in the table should not be repeated in the text and vice-versa.

g. Discussion

The discussion section should highlight the significance of the results of the work but not repeat them. It should include a summary of key findings, strengths and limitations of the study, interpretation and implications of the results, limitations, and future research directions. Only those published articles which are directly relevant to interpreting the results and placing them in context should be referenced. This section may conclude with a brief summary statement.

h. Conclusion

This section should conclude with a brief summary statement. The conclusion should be based on and justified by the results of the study. Conclusions regarding cost-benefit should be drawn only if a specific economic analysis is part of the study design. This section may stand alone or form a subsection of a Discussion section.

Checklist/Guidelines

- Follow EQUATOR Reporting Guidelines
- Reports of randomized controlled trials should conform to the CONSORT statement on reporting such trials (www.consort-statement.org).
- Reports of Prospective Observational/Interventional Studies should conform to the STROBE statement on reporting such trials (<https://www.strobe-statement.org/checklists/>).
- Reports of Retrospective Observational/Interventional Studies should conform to the RECORD statement on reporting such trials (<http://www.record-statement.org>).
- Under the condition "If you selected your participants before they received the intervention/exposure/etc. under study, AND If CARE, CONSORT, and STROBE/RECORD do not apply to your research, AND You used a non-random way to decide which intervention/exposure/etc. your participants received, such as which hospital they went to or what their clinical symptoms were; then the reports of a non-randomized trial should conform to the TREND statement on reporting such trials (<https://www.cdc.gov/trendstatement/>).
- For descriptive data (Descriptive Data (either alone or alongside quantitative data))
 - ❖ A report on unstructured interviews and focus groups should conform to the COREQ checklist (<https://academic.oup.com/intqhc/article/19/6/349/1791966?login=false>)
 - ❖ A report on any other descriptive data (qualitative/Questionnaire research) should conform to the SRQR checklist (https://journals.lww.com/academicmedicine/fulltext/2014/09000/Standards_for_Reporting_Qualitative_Research_A.21.aspx).
 - ❖ Reporting results from an E-Survey (Questionnaire research including for focussed groups) should conform to the CHERRIES checklist (<https://www.jmir.org/2004/3/e34/>).

- Diagnosis / Accuracy of Tests / Modalities
 - ❖ Studies relating to the comparison of the accuracy of a diagnostic test with an established reference standard test should conform to the STARD checklist (<https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0014-7>).
 - ❖ Studies relating to the evaluation of the prognostic value of a biomarker / tumor marker should conform to the REMARK checklist (<https://www.nature.com/articles/6602678>).
 - ❖ Studies relating to developed, validated, or updated a prognostic or diagnostic prediction modelling tools should conform to the TRIPOD check list (<https://www.tripod-statement.org/resources/>).
- Studies Reporting economic evaluation of the interventions shall conform to the CHEERS checklist (<https://www.ispor.org/heor-resources/good-practices/article/consolidated-health-economic-evaluation-reporting-standards-2022-cheers-2022-statement-updated-reporting-guidance-for-health-economic-evaluations>).
- Studies reporting any area of bioscience research using laboratory animals shall conform to the ARRIVE guidelines (<https://www.arriveguidelines.org/resources>).
- Studies reporting studies on livestock shall conform to the REFLECT guidelines (<http://www.reflect-statement.org/statement/>).

2. Review Articles

Review articles in the form of narrative reviews, systematic reviews, and meta-analyses are invited by the Journal.

Narrative Reviews

The focus of Narrative Reviews shall be an update on the current understanding of the patho-physiology of the disease or condition, diagnostic consideration, and treatment. These reviews should address a specific question or issue relevant to clinical practice. It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript in no more than 500 words. The review should be between 2000-4000 words excluding figures/tables, references, and abstract with around 100 references. The abstract shall be a structured abstract with importance, observations and conclusions and manuscript should include no more than 5 tables and/or figures. All articles must be accompanied by 5–8 keywords. These keywords will appear in the PDF version of the article and will also be used as a search term in the HTML version of the article.

Systematic Reviews

Systematic Reviews are critical assessments of the literature and data sources pertaining to clinical topics and emphasizing on factors including but not limited to cause, diagnosis, prognosis, therapy, or prevention. Further, Systematic Reviews should address a specific question or issue that is relevant for clinical practice and provide an evidence-based, balanced, patient-oriented review on a focused topic. A systematic review should comprise of abstract, introduction, methods, results, discussion and conclusions with maximum length of 4000 words excluding abstract, tables, figures, acknowledgments, references, and online-only material, a maximum of 5 tables and/or figures and approximately 50-75 references.

Meta-Analysis

Meta-analysis are systematic, critical assessments of literature and data sources pertaining to clinical topics, emphasizing on factors including but not limited to cause, diagnosis, prognosis, therapy, or prevention. Further, meta-analysis also includes a statistical technique for quantitatively combining the results of multiple studies that measure the same outcome into a single pooled or summary estimate. All articles or data sources should be searched for and selected systematically for inclusion and critically evaluated, and the search and selection process should be described in the manuscript. The specific type of study or analysis, population, intervention, exposure, and tests or outcomes should be described for each article or data source. The data sources should be as current as possible, ideally with the search having been conducted within several months of manuscript submission. Structure of manuscript of Meta-analysis is same as Systematic Reviews (please refer to the section on systematic reviews).

Checklist/Guidelines

- Follow EQUATOR Reporting Guidelines
- Meta-Analyses and Systematic Reviews of Observational Studies shall conform to MOOSE guidelines (https://www.ijo.in/documents/14moose_ss.pdf)
- Systematic reviews / Meta-analyses / Reviews / HTA / Overviews shall conform to ENTREQ guidelines (<https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-12-181>)
- Systematic reviews and meta-analyses shall conform to PRISMA guidelines (<https://www.bmj.com/content/372/bmj.n160>)

3. Case Reports

These manuscripts are short reports of original studies or evaluations or unique, first-time reports of clinical case series. A case report should not be more than 1200 words (excluding tables, figures, acknowledgments, references, and online-only material) with a maximum of 3 tables and/or figures and should be restricted to 10 specific/most relevant references. All articles must be accompanied by 5–8 keywords. These keywords will appear in the PDF version of the article and will also be used as a search term in the HTML version of the article.

Checklist/Guidelines

- Follow EQUATOR Reporting Guidelines
- For completeness, transparency and data analysis in case reports and data from the point of care, authors shall conform to CARE Guidelines

[https://www.jclinepi.com/article/S0895-4356\(17\)30037-9/fulltext](https://www.jclinepi.com/article/S0895-4356(17)30037-9/fulltext)

4. Brief Communication

Brief Communications include studies that fall short of the criteria for full Articles (e.g. preliminary experiments limited by sample size or duration, or novel hypotheses). Apart from including an abstract, there is no obligation to divide the text of brief communication into structured sections.

Brief Communications shall be limited to 1500 words excluding abstract, tables/figures and references. An unstructured abstract max. 200 words should be provided and maximum 3 tables and/or figures with approximately 20 references. The article must be accompanied by 2–5 keywords. These keywords will appear in the PDF version of the article and will also be used as a search term in the HTML version of the article.

5. Letter to the Editor

Letter to the Editor include letters discussing a recent article in this Journal and shall be submitted within two months of the article's publication in print. Letter to the Editor shall be limited to maximum of 500 words, 5 references (1 of which should be to the recent article) and no more than 3 authors

6. Editorial

An Editorial is by invitation from the Editor only. In an editorial, no abstract is required. It is limited to 1000 words maximum excluding references and title. Further, the editorial is limited to a maximum 2 tables or figures with no more than 20 references.

7. Photoessays

Authors should submit the case description and discussion of unique entities not qualifying as case reports, but unique cases or striking images of routine clinical entities. One image or one formatted composite image with no more than 4 parts and a maximum of 5 images. Further, photoessays shall be accompanied with an unstructured abstract of less than 150 words. The images must be stand-alone without the need for a detailed description of more than 1000 words.

8. News and Views

News and Views should be evidence based and relevant and give perspective and practical applications to existing knowledge. Entry of News and Views to the Journal is by invitation from the Editor only. Authors will be asked to give points for and against the topic of interest. These The section editor, who will be a coauthor as well, will summarize the discussion. News and Views shall have an unstructured abstract maximum 250 words, 1000 words maximum excluding references and title. News and Views shall have a maximum of 2 tables or figures with no more than 20 references.

Summary of Instruction to Authors for submission to 'Future Health'

Article Type	Description	Requirements from the Journal	Checklist
Original Article	Randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate, Decision analysis Other observational study	<ul style="list-style-type: none"> ● 4000 words ● ≤5 tables and / or figures ● Structured abstract ● Data Sharing Statement ● Running Title 	Guidelines include: EQUATOR Reporting Guidelines, CONSORT, STROBE, RECORD, TREND, COREQ, SRQR, CHERRIES, STARD, REMARK, TRIPOD, CHEERS, ARRIVE, REFLECT
Review Articles			
Narrative Review	<p>Up-to-date review for clinicians on a topic of general common interest from the perspective of internationally recognized experts in these disciplines.</p> <p>The focus should be an update on current understanding of the physiology of the disease or condition, diagnostic consideration, and treatment.</p> <p>These reviews should address a specific question or issue that is relevant for clinical practice.</p>	<ul style="list-style-type: none"> ● 2000-4000 words ● <100 references ● ≤5 tables and / or figures ● Running title ● Unstructured abstract 	
Systematic Review (without Meta-analysis)	Critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention.	<ul style="list-style-type: none"> ● 4000 words ● 50-75 references ● ≤5 tables and / or figures ● A PRISMA-style flow diagram should be included as an online supplement ● Include a table with ratings of the quality of the studies/evidence ● Running title ● Unstructured abstract 	Guidelines include EQUATOR Reporting Guidelines, MOOSE, ENTREQ, PRISMA
Meta-analysis	Systematic, critical assessments of literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention, and that includes a statistical technique for quantitatively combining the results of multiple studies that measure the same outcome into a single pooled or summary estimate.	<ul style="list-style-type: none"> ● 4000 words ● 50-75 references ● ≤5 tables and / or figures ● Data Sharing Statement ● Running title ● Unstructured abstract 	Guidelines include EQUATOR Reporting Guidelines, MOOSE, ENTREQ, PRISMA

Case Reports	Short reports of original studies or evaluations or unique, first-time reports of clinical case series.	<ul style="list-style-type: none"> ● 1200 words ● 10 references ● ≤3 tables and/or figures ● Data Sharing Statement 	Guidelines include EQUATOR Reporting Guidelines, CARE
Brief Communication	These are studies that fall short of the criteria for full length original Articles (e.g. preliminary experiments limited by sample size or duration, or novel hypotheses)	<ul style="list-style-type: none"> ● <1500 words ● ≤20 references ● Max 3 tables and/or figures ● Unstructured abstract maximum 200 words ● There is no obligation to divide the text into sections 	NIL
Letter to Editor	Letters discussing a recent article in this Journal should be submitted within 4 weeks of the article's publication in print.	<ul style="list-style-type: none"> ● <500 words ● ≤5 references (1 of which should be to the recent article) ● ≤3 authors 	NIL
Editorial	By invitation from the Editor only.	<ul style="list-style-type: none"> ● No abstract is required ● 1000 words maximum excluding references and title ● Maximum 2 tables or figures ● ≤20 references 	NIL
Photoessays	Authors should submit the case description and discussion of unique entities not qualifying as case reports	<ul style="list-style-type: none"> ● Unstructured abstract of 150 words ● 5 images 	NIL
News and Views	By invitation from the Editor only. Authors will be asked to give points for and against the topic of interest. These should be evidence based and relevant and give perspective and practical applications to existing knowledge. The section editor, who will be a coauthor as well, will summarize the discussion.	<ul style="list-style-type: none"> ● Unstructured abstract maximum 250 words ● 1000 words excluding references and title ● Maximum 2 tables or figures ● ≤20 references 	NIL

Contribution Details

All authors are required to complete an Authorship Form and Publishing Agreement.

Authorship Criteria and Contributions:

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content submitted to the Journal. According to the guidelines of the International Committee of Medical Journal Editors (ICMJE), authorship credit should be based on the following criteria:

1. Substantial contributions to conception or design of the work, or the acquisition, analysis, or interpretation of data for the work
2. Drafting of the work or revising it critically for important intellectual content
3. Final approval of the version to be published
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

One or more authors should take responsibility for the integrity of the work as a whole, from its inception to published article. In addition, all contributors designated as authors should meet all the 4 criteria for authorship enlisted above, and all who meet the 4 criteria should be identified as authors. Those who do not meet all the 4 criteria should be acknowledged. In addition, non-human artificial intelligence, language models, machine learning, or similar technologies do not qualify for authorship. If any of the aforementioned models or tools are used to create the manuscript content or assistance with writing or manuscript preparation, authors must take responsibility for the integrity of the content generated by these tools. To add to this, if tools such as artificial intelligence, language models, machine learning, or similar technologies have been utilized to create content or assist with writing or editing of manuscripts in the Acknowledgment section or Methods section, the authors shall report the same as a part of formal research design or methods.

All authors (i.e., the corresponding author and each coauthor) must

1. read, complete, and submit an electronic Authorship Form with required statements on Authorship Responsibility, Criteria, and Contributions; Confirmation of Reporting Conflicts of Interest and Funding; and Publishing Agreement.
2. identify their specific contributions to the work described in the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing, manuscript review and funding.

Role of Corresponding Author

1. The corresponding author on behalf of all coauthors will serve as the primary correspondent with the editorial office during the submission and review process.
2. The corresponding author is responsible for ensuring that all the authors' contact details and affiliations are correct, and agree on the order that their names will appear in the article.
3. If the manuscript is accepted, the corresponding author will review an edited manuscript and proof, make decisions regarding release of information in the manuscript to the news media or federal agencies, handle all post publication communications and inquiries, and will be identified as the corresponding author in the published article.
4. The corresponding author is also responsible for ensuring that the Acknowledgment section of the manuscript is complete and that the conflict-of-interest disclosures reported in the Acknowledgment section of the manuscript are accurate, up-to-date, and consistent with the information provided in each author's potential conflicts of interest section in the Authorship Form.
5. The corresponding author also must complete the Acknowledgment statement part of the Authorship Form confirming that all persons who have contributed substantially but who are not authors are identified in the Acknowledgment section and that written permission from each person acknowledged has been obtained.

Conflicts of Interest/ Competing Interests

All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented in the Acknowledgment section of the manuscript and in the Disclosure of Potential Conflicts of Interest section of the Authorship Form.

Funding

All financial (whether full or partial support) and material support for the research and the work with regard to the submitted manuscript shall be clearly and completely identified in the Acknowledgment section of the manuscript. More specifically, information on the funding source including grant number, funding agency etc. must be provided.

Reference Style

- References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order) and should be identified in text, tables, and legends by Arabic numerals in superscript with 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.
- Reference style should be based on AMA style (please see below). The titles of journals should be abbreviated according to the style used in PubMed. Complete name of the Journal should be used for non-indexed journals. Use of abstracts as references shall be avoided. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Citing a "personal communication" shall be avoided 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.
- The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

- *Articles in Journals*

Standard journal article (for up to six authors): Moore Y, Shotton E, Brown R, Gremmel J, Lindsey S, Pankey J. Effects of incentive spirometry on perceived dyspnea in patients hospitalized with pneumonia. *Medsurg Nursing*. 2018;27(1):19-23.

Standard journal article (for more than six authors): List the first three contributors followed by *et al*.

Yazigi JA Jr, Anauate Nicolao F, Archetti Netto N, et al. Magnetic resonance imaging reproducibility for rotator cuff partial tears in patients up to 60 years. *BMC Musculoskelet Disord*. 2019;20:383-8. doi:10.1186/s12891-019-2760-4

- *Volume with supplement:* Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl 1:S2.

- *Book*

Drake RL, Vogl W, Mitchell AWM, Gray H. *Gray's Anatomy for Students*. 4th ed. Elsevier; 2020.

- *Book Chapters*

Smith JV. Shoulder dislocations. In: Fowler GC, ed. *Pfenninger and Fowler's Procedures for Primary Care*. Elsevier; 2020:1163-1167. Accessed August 6, 2020. <https://www-clinicalkey-com-au.elibrary.jcu.edu.au/#!/content/book/3-s2.0-B9780323476331001745>

- *Website*

Hughes GRV, Erb N. The Antiphospholipid (Hughes) Syndrome. LUPUS UK. Accessed May 5, 2021. <https://www.lupusuk.org.uk/medical/lupus-diagnosis-treatment/diagnosis-of-lupus/associated-illnesses/hughes-syndrome/>

- *Drug Information Database*

Acetaminophen poisoning. In: DynaMed [database online]. EBSCO Information Services. <http://0-search.ebscohost.com.topcat.switchinc.org/login.aspx?direct=true&site=DynaMed&id=113862>. Updated March 09, 2010. Accessed March 23, 2010.

- *Monographs*

Minoxidil. In: Lexicomp, Lexi-Drugs [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2005. http://0-online.lexi.com.topcat.switchinc.org/lco/action/doc/retrieve/docid/patch_f/1799123. Updated July 8, 2014. Accessed July 24, 2014.

- *Government/Organization Reports*

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2000. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2000.

- *Government/Organization Reports (Online)*

World Health Organization. Equitable access to essential medicines: a framework for collective action. http://whqlibdoc.who.int/hq/2004/WHO_EDM_2004.4.pdf. Published March 2004. Accessed December 6, 2005.

- *Patents*

Guiliano K, Kapur R, inventors; Cellomics Inc, assignee. System for cell-based screening. US patent 6,875,578. March 15, 2005.

- *Unpublished material (accepted for publication)*

Carrau RL, Khidr A, Crawley JA, Hillson EM, Davis JK, Pashos CL. The impact of laryngopharyngeal reflux on patient-reported quality of life. *Laryngoscope*. In press.

- *Unpublished Material (submitted for publication)*

(H. E. Marman, MD, unpublished data, January 2005)

- *Conference Presentations*

Weber KJ, Lee J, Decresce R, Subjasis M, Prinz R. Intraoperative PTH monitoring in parathyroid hyperplasia requires stricter criteria for success. Paper presented at: 25th Annual American Association of Endocrine Surgeons Meeting; April 6, 2004; Charlottesville, VA.

Tables

- Tables should be self-explanatory and should not duplicate textual material and should be inserted at the end of manuscript and numbered consecutively according to the order of citation as Table 1, Table 2 etc.
- Tables with more than 10 columns and 25 rows are not acceptable.
- 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.
- 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: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- 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

Illustrations (Figures)

- Preparation of scientific images such as but not limited to clinical images, radiographic images, micrographs, gels, etc for publication must preserve the integrity of the image data.
- Digital adjustments of brightness, contrast, or color applied uniformly to an entire image are permissible as long as these adjustments do not selectively highlight, misrepresent, obscure, or eliminate specific elements in the original figure, including the background.
- Selective adjustments applied to individual elements in an image are not permissible.
- Each figure for the main article may be uploaded as a separate file or appended to the end of the manuscript with the figure titles and legends. Online-only figures must be combined into the PDF of the online-only supplement.
- Figures should be uploaded as .jpg (highest option) or .tif (uncompressed) files at a resolution of 300 dpi and width of 3-5 inches, but the resolution of photographic files with an original resolution <300 dpi should not be increased digitally to achieve a 300-dpi resolution
- Figures should be numbered consecutively according to the order in which they have been first cited in the text as Figure 1, Figure 2 etc
- Labels, numbers, and symbols should be clear and of uniform size. Text within figures should be set as Arial font, 10 point or large enough to be legible after reduction to fit the width of a printed column.

- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen. All symbols, indicators (including error bars), line styles, colors, and abbreviations should be defined in a legend.
- Each axis on a statistical graph must have a label and units of measure should be labeled. Error bars should be included in both directions, unless only 1-sided variability was calculated.
- Values for ratio data—odds ratios, relative risks, hazard ratios—should be plotted on a log scale. Values for ratio data should not be log transformed.
- For footnotes, letters (a, b, c, etc) should be used instead of symbols.
- For images featuring patients or other identifiable persons, it is not acceptable to use black bars across the eyes in an attempt to deidentify. Cropping may be acceptable as long as the condition under discussion is clearly visible and necessary anatomic landmarks display. If the person in the image is possibly identifiable (not only by others but also by her/himself), permission for publication is required.
- Titles and detailed explanations should be a part of the legends for illustrations and not on the illustrations themselves.
- In case of submission of graphs, scatter-grams or histograms, the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- Color photographs should be submitted in RGB mode using profiles such as Adobe RGB or sRGB. Digital cameras capture images in RGB. Do not change any color settings once the file is on the computer. Black-and-white photographs (eg, radiographs, ultrasound images, CT and MRI scans, and electron micrographs) can be submitted in either RGB or grayscale modes.
- If a figure has been published elsewhere, 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.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: The Production Team may request for high-quality images if the already supplied images are suboptimal in terms of quality of reproduction. In that case, ensure that the image submitted has minimum resolution of 300 dpi or 1800 x 1600 pixels, is in CMYY and in JPEG or TIFF format.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Manuscript Components

- Authors shall include a title page, abstract, text, references, and as appropriate, figure legends and tables in the manuscript file.
- Each of these sections should start on a new page, numbered consecutively, beginning with the title page.
- Figures should be submitted as separate files (1 file per figure) and not included in the manuscript text.

Manuscript File Format

- Manuscript should be provided as a word document with 11-, or 12-point font size, double-space text.
- Manuscript document should have standard margins of approximately 2.5 cm from all four sides and page numbers included at bottom.
- Manuscript document should be structured as per the article type (please refer to “Types of Manuscript” section)
- A running title of no more than 50 characters should be included.
- References should be arranged as per the Journal Style (please refer to Reference Section).
- Word documents “without Track Change” format should be provided.

Language

- Uniform American English should be used throughout the manuscript.
- Manuscript shall be thoroughly checked for spelling, grammar and punctuation errors
- Full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure, should be included in the manuscript.

Protection of Patient’s Right to Privacy

Identifying information should not be included in written text, 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 the publication.

Authors should remove patients' names from figures unless they have obtained informed consent from the patients.

FUTURE HEALTH abides by ICMJE guidelines:

- 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.
- 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.

Title Page

- The title page should be the first page of your manuscript file.
- It should include a manuscript title; the full names, highest academic degrees, and affiliations of all authors (if an author's affiliation has changed since the work was done, the new affiliation also should be listed); name and complete contact information for corresponding author; and manuscript word count (not including title, abstract, acknowledgment, references, tables, and figure legends)

Title

- Titles should be concise, specific, and informative.
- The length of titles shall be restricted to 150 characters for reports of research and other major articles and 100 characters for Editorials, News & Views, and Letters.
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- ❖ Point-by-point response to reviewer's document
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