

Instructions to the Authors

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Manuscript Type



Original Research (Basic And Clinical)

Randomised controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Up to 2500 words excluding references and abstract.

Review articles

Critical Review of literature and data sources. Up to 3500 words excluding references and abstract

Invited Review

Invited Reviews are reviews that have been requested from a particular author or group by the Editor-in-Chief. The information detailed in this review provides a summary of recent knowledge on a topic and outlines future research directions. The primary purpose of the review is to educate readers by providing a comprehensive view of completed works. Word limit is upto 4000 words excluding references and abstract

Clinical Science and Techniques / Case reports (with discussion)

New / interesting / very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas, mere reporting of a rare case may not be considered. Up to 2000 words excluding references and abstract and up to 10 references.

Short Communication

Up to 1000 words excluding references and abstract and up to 5 references.

Letter to the Editor

Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 400 words and 4 references

Commentary

Its objective is to focus and provide a discussion on issues / controverises with regards to topics in periodontology , endodontics and implant dentistry .Word limit 2500 excluding references and abstract . Format of the manuscript should comprise of introduction (highlighting the issue / controversy to be discussed) , body and summary (presenting conclusive remarks with future directions on the issue / controversy)

Special Feature

This is a category reserved for papers that present a subject of clinical / academic / scientific / significant relevance on some topic . Authors with what they believe to be such papers are encouraged to first communicate with the editor by email before submission. Special features will be about 3000 words .These papers need not follow the customary structure of a research or review paper

Manuscript Submission



For a study carried out in a single institute, the number of authors should not exceed six. For a case-report, the number of authors should not exceed four. A justification should be included, if the number of authors exceeds these limits.

Once the Journal has received a manuscript, any changes in authorship must be notified to the editorial office only through Registered Post with Acknowledgment Due post and must contain the signature of the author who has been added or removed from the paper.

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere. The Editors review all submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific flaws, or absence of relevance or importance to the philosophy, science and practice of periodontology are rejected. The journal will not return the unaccepted manuscripts.

Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs will be sent to the first author, which has to be returned within five days. Correction

received after that period may not be included. All manuscripts received are duly acknowledged through email and the status can be verified at any time by logging on to

Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation.

Up to 400 words and 4 references.

Articles should be submitted online from New authors will have to register as author, which is a simple two step procedure.

1. **First Page File:** Prepare the title page, covering letter, acknowledgement, etc., using a word processor program. All information which can reveal your identity should be here. This file should provide Type of manuscript (e.g. original research, case report etc.)
2. **Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information such as acknowledgement, your names in page headers, etc., in this file. Do not zip the files. Limit the file size to 400 kb. Do not incorporate images in the file. If the file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.
3. **Images:** Submit good quality colour images. Each image should be minimum 1200 x 1600 pixels or 300 dpi and at least of 6x 8 inches in size. Size of the image can be reduced by decreasing the actual height and width of the images. All image formats should be preferably in TIFF and definitely not in word and Power Point.
4. **Legends:** Legends for the figures/images should be included at the end of the article file.

The authors' form and copyright transfer form has to be submitted to the editorial office by post, in original with the signatures of all the authors within two weeks of online submission.

Images related to the articles should be sent in a 'compact disc' or as hard copies to the journal office at the time of acceptance of the manuscript. These images should of high resolution and exceptional quality and should be sent by post / courier to :

Preparation of Manuscripts



Manuscripts must be submitted in Microsoft Word. Margins should be at least 1" on both sides and top and bottom. Materials should appear in the following order: Title Page Abstract (or Introduction) and Key Words Text Footnotes Acknowledgments References Figure Legends Tables Figures should not be embedded in the manuscript. Authors should retain a copy of their manuscript for their own records.

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Figures, Figure legends, and Acknowledgment. Do not make subheadings in these sections. The manuscripts should be typed in A4 size (212 x 297 mm) paper, with margins of 25 mm (1 inch) from all the four sides. Use 1.5 spacing throughout. Number pages consecutively, beginning with the title page. The language should be British English.

Title Page: The title page should carry

1. Type of manuscript
2. The title of the article, which should be concise, but informative;
3. Running title or short title not more than 50 characters;
4. Name of the authors (the way it should appear in the journal), with his or her highest academic degree(s) and institutional affiliation;
5. The name of the department(s) and institution(s) to which the work should be attributed;
6. The name, address, phone numbers, facsimile numbers, and e-mail address of the contributor responsible for correspondence about the manuscript;
7. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract).
8. Source(s) of support in the form of grants, equipment, drugs, or all of these; and If the manuscript was presented as part at a meeting, the organisation, place, and exact date on which it was read.
9. Registration number in case of a clinical trial and where it is registered (Name of the registry and its URL)

Abstract (or Introduction) and Key Words.

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The structured abstract, should consist of no more than 250 words and the following four paragraphs:

* **Background:** Describes the problem being addressed.

* **Methods:** Describes how the study was performed.

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining

informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

Study Design: Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Technical information: Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give 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. Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines For Specific Designs

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>.

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics ($P < 0.048$). For all P values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

* **Results:** Describes the primary results. Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal. 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

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors to analyze them. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

* **Conclusions:** Reports what authors have concluded from these results, and notes their clinical implications.

Text. Introduction The Introduction contains a concise review of the subject area and the rationale for the study. More detailed comparisons to previous work and conclusions of the study should appear in the Discussion section. Materials and Methods This section lists the methods used in the study in sufficient detail so that other investigators would be able to reproduce the research. When established methods are used, the author need only refer to previously published reports; however, the authors should provide brief descriptions of methods that are not well known or that have been modified. Identify all drugs and chemicals used, including both generic and, if necessary, proprietary names and doses. The populations for research involving humans should be clearly defined and enrolment dates provided. Results Results should be presented in a logical sequence with reference to tables, figures, and illustrations as appropriate. Discussion New and possible important findings of the study should be emphasised, as well as any conclusions that can be drawn. The Discussion should compare the present data to previous findings. Limitations of the experimental methods should be indicated, as should implications for future research. New hypotheses and clinical recommendations are appropriate and should be clearly identified. Recommendations, particularly clinical ones, may be included when appropriate.

Acknowledgements and Conflicts of Interest

Acknowledgments: At the end of the Discussion, acknowledgments may be made to individuals who contributed to the research or the manuscript preparation at a level that did not qualify for authorship. This may include technical help or participation in a clinical study. Authors are responsible for obtaining written permission from persons listed by name. Acknowledgments must also include a statement that includes the source of any funding for the study, and defines the commercial relationships of each author.

Conflicts of interest: In the interest of transparency and to allow readers to form their own assessment of potential biases that may have influenced the results of research studies, the Journal of the International Clinical Dental Research Organisation requires that all authors declare potential competing interests relating to papers accepted for publication. Conflicts of interest are defined as those influences that may potentially undermine the objectivity or integrity of the research, or create a perceived conflict of interest. Authors are required to submit:

1. A statement in the manuscript, following Acknowledgments, that includes the source of any funding for the study, and defines the commercial relationships of each author. If an author has no commercial relationships to declare, a statement to that effect should be included. This statement should include financial relationships that may pose a conflict of interest or potential conflict of interest. These may include financial support for research (salaries, equipment, supplies, travel reimbursement); employment or anticipated employment by any Organization that may gain or lose financially through publication of the paper; and personal financial interests such as shares in or ownership of companies affected by publication of the research, patents or patent applications whose value may be affected by this publication, and consulting fees or royalties from organisations which may profit or lose as a result of publication.
2. A conflict of interest and financial disclosure form for each author. Conflict of interest information will not be used as a basis for suitability of the manuscript for publication.

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References: References should be numbered consecutively in the order in which they appear in the text. A journal, magazine, or newspaper article should be given only one number; a book should be given a different number each time it is mentioned, if different page numbers are cited. All references are identified, whether they appear in the text, tables, or legends, by Arabic numbers in superscript. The use of abstracts as references is strongly discouraged. Manuscripts accepted for publication may be cited. Material submitted, but not yet accepted, should be cited in text as “unpublished observations.” Written and oral personal communications may be referred to in text, but not cited as references. Please provide the date of the communication and indicate whether it was in a written or oral form. In addition, please identify the individual and his/her affiliation. Authors should obtain written permission and confirmation of accuracy from the source of a personal communication. Presented papers, unless they are subsequently published in a proceedings or peer-reviewed journal, may not be cited as references. In addition, Wikipedia.org may not be cited as a reference. For most manuscripts, authors should limit references to materials published in peer-reviewed professional journals. In addition, authors should verify all references against the original documents. References should be typed double-spaced. 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).

Tables: should be numbered consecutively in Arabic numbers in the order of their appearance in the text. A brief descriptive title should be supplied for each. Explanations, including abbreviations, should be listed as footnotes, not in the heading. Every column should have a heading. Statistical measures of variations such as standard deviation or standard error of the mean should be included as appropriate in the footnotes. Do not use internal horizontal or

Figure legends: Legends should be typed double-spaced with Arabic numbers corresponding to the figure. When arrows, symbols, numbers, or letters are used, explain each clearly in the legend; also explain internal scale, original magnification, and method of staining as appropriate. Panel labels should be in capital letters. Legends should not appear on the same page as the actual figures.

Figures: While submitting the manuscript, you clearly need to mention for each figure used in the manuscript if belonging to your original research or have been taken from any other source. If the figure(s) has/have been taken from any other source with permission taken from the original author, then it should be followed by a proper reference both in the figure legend as well as in the reference. The figure legend in such a case should read as for example: Fig.1 courtesy - Natl J Maxillofac Surg. 2013 Jan-Jun; 4(1): 19–24 The corresponding reference for this figure legend should then read as: Payal Saxena, Saurabh K. Gupta, Vilas Newaskar and Anil Chandra, Advances in dental local anesthesia techniques and devices: An update, Natl J Maxillofac Surg. 2013 Jan-Jun; 4(1): 19–24.

Digital files must be submitted for all figures. Submit one file per figure. Multiple panels should be labeled and combined in a single file. Photomicrographs should have internal scale markings. Human subjects must not be identifiable in photographs, unless written permission is obtained and accompanies the photograph. Lettering, arrows, or other identifying symbols should be large enough to permit reduction and must be embedded in the figure file. Figure file names must include the figure number. Clinical colour photographs are encouraged. There is no charge to the author for publication of any figure. Authors are asked to use shades of green, blue, or purple in colour graphs. Yellow, red, and orange should be avoided unless scientifically necessary (e.g., to depict species of the orange complex, red complex, etc.). Authors are strongly encouraged to prepare basic, simple designs that can be clearly understood when reproduced; use of “3-dimensional” graphics is not recommended. Unnecessarily complex designs may be returned for simplification before publication. Details of programs used to prepare digital images must be given to facilitate use of the electronic image. Use solid or shaded tones for graphs and charts. Patterns other than diagonal lines may not reproduce well.

Units of Measurement: Measurements of length, height, weight, and volume should be reported in metric units or their decimal multiples. Temperatures should be given in degrees Celsius and blood pressure in millimetres of mercury. All hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI). Description of teeth should use the ISO – 3950 International notation developed by the Fédération Dentaire Internationale (FDI), World Dental Federation notation.

Statistic: Statistical methods should be described such that a knowledgeable reader with access to the original data could verify the results. Wherever possible, results should be quantified and appropriate indicators of measurement error or uncertainty given. Sole reliance on statistical hypothesis testing or normalization of data should be avoided. Data in as close to the original form as reasonable should be presented. Details about eligibility criteria for subjects, randomization, methods for blinding of observations, treatment complications, and numbers of observations should be included. Losses to observations, such as dropouts from a clinical trial, should be indicated. General-use computer programs should be listed. Statistical terms, abbreviations, and symbols should be defined. Detailed statistical, analytical procedures can be included as an appendix to the paper if appropriate.

Animal and human Trials: All manuscripts reporting the use of human subjects must include a statement that the protocol was approved by the author’s institutional review committee for human subjects or that the study was conducted in accordance with the Helsinki Declaration of 1975, as revised in 2000. Do not use any designation in tables, figures, or photographs that would identify a patient, unless express written consent from the patient is submitted. For research involving the use of animals, it is necessary to indicate that the protocol was approved by the author’s institutional experimentation committee

Footnotes: Footnotes should be used only to identify author affiliation; to explain symbols in tables and illustrations; and to identify manufacturers of equipment, medications, materials, and devices.

Identification of products: Use of brand names within the title or text is not acceptable, unless essential when the paper is comparing two or more products. When identification of a product is needed or helpful to explain the procedure or trial being discussed, a generic term should be used and the brand name, manufacturer, and location (city/state/country) cited as a footnote.



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.

📌 Editorial Process



We are committed to prompt evaluation and publication of scientific papers in Journal of the International Clinical Dental Research Organisation. To maintain a high-quality publication, all submissions undergo a meticulous review process. Simultaneous/duplicate submissions of the same manuscript to different journals are not accepted. Manuscripts with contents outside the scope are not considered for review process.

Peer Review Policy:

All manuscripts submitted to Journal of the International Clinical Dental Research Organisation (JICDRO) undergo double-blind, external peer review, unless they are either out of scope or below threshold for the journal, or the presentation or written English is of an unacceptably low standard. The key characteristics of peer review are listed below:

All submitted manuscripts are reviewed by at least two suitably qualified reviewers. Editors and reviewers involved in the review process are asked to disclose conflicts of interest resulting from direct competitive, collaborative, or other relationships with any of the authors, and remove oneself from cases in which such conflicts preclude an objective evaluation. Privileged information or ideas that are obtained through peer review must not be used for competitive gain.

All publication decisions are made by the journals' editors-in-chief on the basis of the reviews received from the reviewers. Members of the editorial board lend insight, advice and guidance to the editors-in-chief generally and to assist decision making on specific submissions. In addition, editors will have the option of seeking additional reviews when needed. Authors will be informed when editors decide further review is required. Authors of papers that are not accepted are notified promptly.

Journal editorial team provides the administrative support that allows JICDRO to maintain the integrity of peer review while delivering rapid turnaround and maximum efficiency to authors, reviewers and editor alike.

Our peer review process is confidential and identities of reviewers cannot be revealed. Reviewers are requested not to discuss any manuscript received for review from JICDRO, with anyone not directly involved in the review process.

In order to accomplish a fair review and avoid bias, the name of the department/institute of the author wherever appearing in the manuscript and the name of the ethical committee of their institutes are masked in the manuscript when submitting for peer review process. Once the peer review process is complete and the manuscript is given acceptance by editorial office for publishing, the above masked details (institutions and departments) are represented back in the manuscripts prior to publication.

Clinical Trial Registry:

Journal of the International Clinical Dental Research Organisation favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Journal of the International Clinical Dental Research Organisation would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public.

Registration in the following trial registers is acceptable: <http://www.ctri.nic.in/>; <http://www.anzctr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>;

and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in Journal of the International Clinical Dental Research Organisation only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

📌 Publication Fee



A publication fee of Rs 5000/- would be charged after acceptance of the manuscript.

Mode of payment : **Online / Cheque**.

Cheques to be drawn in favour of International Clinical Dental Research Organisation.

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