**Author Guidelines**

**The Editorial Process**

On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack rejected before proceeding for formal peer-review. Manuscripts that are found suitable for publication in **Journal of Pharmacology and drug development** are sent to two or more expert reviewers. The reviewers should not be affiliated with the same institutes as the contributor/these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, where in the reviewers and authors are unaware of each other’s identity. Every manuscript is also editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from the corresponding author. If required, the author is requested to provide a point by point response to reviewers’ comments and submit a revised version of the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return *three* days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed greater dissemination of knowledge and information, the journal publishes articles online as ‘Ahead of Print’ immediately on acceptance.

**Authorship Criteria**

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

1. Concept and design of study or acquisition of data or analysis and interpretation of data;

2. Drafting the manuscript or revising it critically for important intellectual content; and

3. Final approval of the version to be published.

Participation solely in the acquisition of funding or general supervision of the research group is not sufficient for authorship. Each contributor should have work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type number of institutions involved. The authors should provide a justification, if the number of authors exceeds these limits.

**Contribution Details**

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility work as a whole from inception to published article and should be designated as 'guarantor'.

**Conflicts of Interest/ Competing Interests**

All authors of 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 Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

**Submission of Manuscripts**

All manuscripts must be submitted on-line through the website (https:// ……… …..). First time users will have to register at this site. Registration is free but mandatory. Registered authors articles after logging into the site using their user name and password.

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

If you experience any problems, please contact the editorial office by e-mail on contact us.

The submitted manuscripts that are not as per the “Authors Guidelines” would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript form of two separate files:

**[1] Title Page File /covering letter/copyright form:**

This file should provide

1. The type of manuscript (original article, case report, review article, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors/ contributors (with their highest academic affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited, . All information which can reveal your identity should be here. Use text/rtf/doc files.

2.The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract).

3. Source(s) of support in the form of grants, equipment, drugs, or all of these;

4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article

5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, how to handle the matter.

6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)

7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself .

8. Criteria for inclusion in the authors’/ contributors’ list

9. A statement *that the manuscript has been read and approved by all the authors*, that the requirements for authorship as stated earlier in this document have been met, and that each author believes represents honest work, if that information is not provided in another form (see below); and

10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that on the manuscript itself.

11.The contributors' / copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

**Contributors’ form / copyright transfer** form can be submitted online.

**[2] Blinded Article file**:

The main text of the article, beginning from title, Abstract till References (including tables and figures) should be in this file. The file must not contain any mention of the authors' names or initials study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the rtf/doc files. Do not zip the files. Limit the file size to 1 MB. Do not incorporate images in the file. If file size is large, graphs (figures) can be submitted as images separately without incorporating them in the article file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] Images: Submit good quality color images. Each image should be less than 2 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 inches). Images can be submitted as jpeg files. Do not zip the files.

**Preparation of Manuscripts**

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to the Journals.

**Types of Manuscripts**

**Original articles:**

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Tables and Figure legends.

**Abstract:** The abstract should be in unstructured format including: **Objective** (purpose of the study or research question), **Methods** (study design, sample selection, setting, subjects, interventions(s) if any, and main outcome measure(s)), **Results** (main findings - giving their statistical significance, if possible), and Conclusion. It should range between 150-250 words with 3-5 keywords.

**Introduction**: State the purpose and summarize the rationale for the study or observation.

**Materials and Methods**: It should include and describe the following aspects:

***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 the Helsinki Declaration of 1975, as revised in 2000 (available at https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-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 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. 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 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 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 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 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 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 references to established methods, including statistical methods ; provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially 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 method of masking (blinding), based on the CONSORT Statement (http://www.consort-statement.org).

The authors are required to use the downloadable word document templates provided at the end of this page to prepare the manuscripts.

***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 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 'normal', 'significant', 'correlations', and 'sample'.Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics for all *P* values include the 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**: 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 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 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, methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

**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, 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 new 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 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 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 generally should not have more than six authors.

**Review Articles:**

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 (should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, methods should also be summarized in the abstract.

**Case reports:**

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

**Letter to the Editor:**

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

***References***

The reference style should be in concordance with Vancouver format using **square brackets** for examples [1]. References should b*e numbered c*onsecutively in the order in which they are first mentioned in the text (not in alphabetic order). Iden*tify references in text,* tables, and legends by Arabic numerals . *References cited onl*y 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. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. 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.

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\_*Articles in Journals*

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. Trans. R.Soc. Trop. Med. 2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.

Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al*., Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. J. Clin. 2022-2027.

1. 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 *Books and Other Monographs*

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.

2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.

3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In* Ascariasis and its prevention and control, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis,87–100.

***Electronic Sources as reference***

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the abscess .*BMC Microbiology* 2007, 7:41.doi:10.1186/1471-2180-7-41. http://www.biomedcentral.com/1471-2180/7/41

***Tables***

• Tables should be self-explanatory and should not duplicate textual material.

• 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)***

• Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.

• Figures should be numbered consecutively according to the order in which they have been first cited in the text.

• Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be 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.

• When graphs, scatter-grams or histograms are submitted 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.

• If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.

• Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. Each figure pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. figures, scratch, or mark them by using paper clips.

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

**Protection of Patients' Rights to Privacy**

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 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

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 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 manuscript.

**Sending a revised manuscript**

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the “First Page”

submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the ‘referees’ remarks along with point to point clarification at the beginning in the revised file expected to mark the changes as underlined or colored text in the article.

***Publication schedule***

The journal publishes articles on its website immediately on acceptance and follows a ‘continuous publication’ schedule. The journal does not charge for submission and processing of the manuscripts.

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