

## Instructions to the Authors

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A research paper typically should include the following in the order given below:

\* Title

\* Abstract

- \* Keywords
- \* Introduction
- \* Materials and Methods
- \* Results including Tables and/or Figures
- \* Discussion
- \* Conclusion
- \* Acknowledgements (If any)
- \* References
- \* Appendixes (if necessary)
- \* Abbreviations used (if necessary)

### **Title**

Should be in Title Case; the first character in each word in the title has to be capitalized. Authors' names and affiliations should not be given.

### **Abstract**

Should be structured and limited to 250 Words. A brief summary of the research should be given under the subheadings Introduction, Methods, Results, and Conclusions..

### **Key words**

No more than six keywords are needed. Words appearing in the title should not be given as keywords. It is desirable to include the alternative words, if any under keywords e.g. the word 'epinephrine'. They should be written left aligned, arranged alphabetically in 12pt Times Roman, and the line must begin with the words Keywords boldfaced. A 12pt space should separate the keywords from the affiliations.

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Description of the research area, pertinent background information, and the hypotheses tested in the study should be included under this section. The introduction should provide sufficient background information such that a scientifically literate reader can understand and appreciate the work to be described. A detailed review of literature is not at all required under this section. The specific aims of the project should be identified along with rationale for the specific experiments and other work performed. The introduction MUST include in-text citations including a few references pertinent to the background and justification for the study.

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Materials and/or subjects utilized in the study as well as the procedures undertaken to complete the work. The methods should be described in sufficient detail such that they could be repeated by a competent researcher. The sources of all major instruments and reagents used (kits, drugs, etc) must be given with parentheses. Illustrations and/or tables may be helpful in describing complex equipment or elaborate procedures. The statistical tool used to analyze the data should be mentioned. All procedures involving experimental animals or human subjects must accompany a statement on ethical approval from appropriate ethics committee.

### **Results**

Data acquired from the research with appropriate statistical analysis described in the methods section should be included in this section. The results section should highlight the important results obtained. Data should be organized into figures and tables. Qualitative as well as quantitative results should be included if applicable.

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This section should relate the results section to current understanding of the scientific problems being investigated in the field. Description of relevant references to other work/s in the field should be included here. This section also allows the author to discuss the significance of the results - i.e. does the data support the hypotheses you set out to test? This section should end with new answers/questions that arise as a result of the author's work.

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Tables should be numbered with Roman numerals according to their sequence in the text, and have a short self-explanatory heading. Use SI units. Tables should include vertical rules, but horizontal rules should separate column headings from the content. Authors should keep in mind the page layout of the journal when designing tables. Tables that fit onto one printed page are preferred. Detailed explanations of symbols, units, and abbreviations should be given below the table.

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### Acknowledgements

Those who have helped the authors carry out the study and/or prepare the manuscript but have not made significant intellectual contribution to deserve authorship must be acknowledged. Mention all applicable grants and other funding that supported the work.

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One of the main problems encountered in ophthalmic drug delivery is the rapid and extensive elimination of conventional eye drops from the eye. This process results in extensive drug loss. Consequently, only a small amount (1-6%) actually penetrates the cornea and reaches the intra ocular tissues.<sup>[1],[2]</sup> The reasons for this inefficient drug delivery includes rapid tear turnover, lachrymal drainage, and drug dilution by tears.<sup>[3]</sup> The higher drainage rate is due to tendency of the eye to maintain its residence volume at 7-10  $\mu$ l permanently, whereas volumes of topically instilled range from 20 to 50 $\mu$ l. It has been demonstrated *in vivo* that 90% of the dose was cleared within 2 min for an instilled volume of 50  $\mu$ l.<sup>[4]</sup> Consequently, the ocular residence time of conventional solution is limited to few minutes, and the overall absorption of a topically applied drug is limited to 1-10%.<sup>[5]</sup> Consequently, most drugs get systemically absorbed via the nose or gut after draining from eye. This excessive systemic absorption not only reduces the ocular bioavailability, but also may lead to unwanted side effects and toxicity.

Courtesy : J Young Pharm

## **Reference List: Author/Authors**

Journal References

### **1. Single/Multiple Authors**

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002 Jul 25;347(4): 284-7.

### **2. More than six authors**

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res*. 2002; 935(1-2): 40-6.

### **3. Organization as Author**

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension*. 2002; 40(5): 679-86.

### **4. Unknown Author**

21st century heart solution may have a sting in the tail. *BMJ*. 2002; 325(7357): 184-5.

### **5. Journal article on the Internet**

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12]; 102(6): [about 3 p.]. Available from:

<http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Note: Plant/Micro organisms, in-vivo, in-vitro should be in italics.

### **6. Personal author(s)**

Murray PR, Rosenthal KS, Kobayashi GS, Paller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

### **7. Editor(s), compiler(s) as author**

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. *Operative obstetrics*. 2nd ed. New York: McGraw-Hill; 2002.

### **8. Author(s) and editor(s)**

Breedlove GK, Schorfheide AM. *Adolescent pregnancy*. 2nd ed. Wiecezorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

### **9. Organization(s) as author**

Royal Adelaide Hospital; University of Adelaide, Department of Clinical Nursing. *Compendium of nursing research and practice development, 1999-2000*. Adelaide (Australia): Adelaide University; 2001.

### **10. Chapter in a book**

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

### **11. Conference proceedings**

Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumors V*. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

### **12. Thesis**

N. Khoshakhlagh. The compositions of volatile fractions of *Peganum harmala* seeds and its smoke. Pharm. D. Thesis, Faculty of Pharmacy, Tehran University of Medical Sciences, Tehran, Iran. (2002).

### 13. Website

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

#### Submission of Manuscripts



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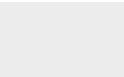
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