

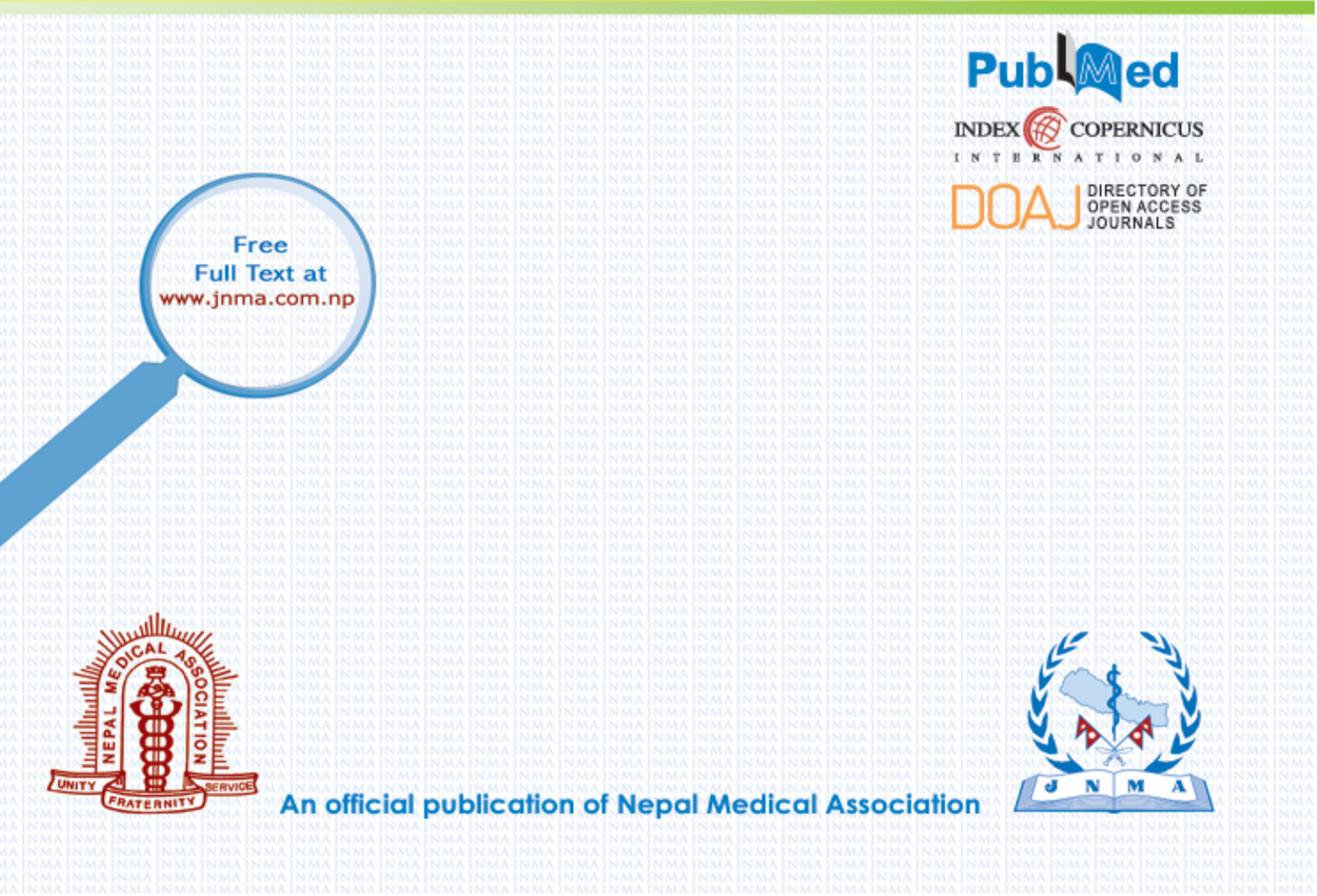


ISSN 0028-2715

Vol. 63 Issue 284 April 2025

# JNMA

Journal of Nepal Medical Association  
Estd. 1963, Published Monthly



PubMed

INDEX COPERNICUS  
INTERNATIONAL

DOAJ DIRECTORY OF  
OPEN ACCESS  
JOURNALS

Free  
Full Text at  
[www.jnma.com.np](http://www.jnma.com.np)



An official publication of Nepal Medical Association



## ORIGINAL ARTICLE

- Prevalence of Surgical Glove Perforation in Orthopedic Surgery at Tribhuvan University Teaching Hospital: An Observational Study** 212-216  
*Pravesh Singh Bhandari, Shirish Adhikari, Nitish Bikram Deo, Suresh Uprety, Priska Bastola*
- Assessment of Number of Cusps and Occlusal Groove Pattern in the Primary Mandibular Molars: An Observational Study** 217-221  
*Megha Pradhan, Preeti Singh, Anu Ranjan, Ujjwal Joshi, Prasamsa Chhetri*
- Utilization of Antimicrobial Agents in Intensive Care Units of Tertiary Care Hospital: An Observational Study** 222-228  
*Sushant Aryal, Mili Joshi, Mayuri Gupta, Bipashwi Nath Uprety, Ram Krishna Shrestha, Pranita Shah, Piyush Rajbhandari*
- Clinico Socio-Demographic Profile of Children with Autism Spectrum Disorder from a Mental Health Clinic in Nepal: An Observational Study** 229-233  
*Utkarsh Karki, Amit Jha, Samjhana Parajuli, Anil Sharma, Bhupendra Gurung, Dipesh Bhattarai*
- Clinical Profile and Complications Experienced by Chronic Kidney Disease Patients undergoing Hemodialysis in a Tertiary Hospital of Nepal: An Observational Study** 234-238  
*Bimala Kumari Sah, Imran Khan, Ashesh Dhungana*
- Prevalence and Perceptions of Dietary Supplement Use Among Nepalese Gym-Users: An Observational Study** 239-245  
*Yoveen Kumar Yadav, Niraj Sapkota, Rahul Jha, Amit Chand, Kunal Pathak, Garima Thakur, Sunil Kunwar*
- Reliability and Validity of a Nepali Language Version of the Caregiver Knowledge of Child Development Inventory: A mixed method study** 246-253  
*Janaki Giri, Neelam Pradhan, Bhawana Shrestha, Rita Shrestha*
- Coping Strategies among Patients with Dissociative Disorder: An Observational Study** 254-260  
*Sulochana Joshi, Anup Raj Bhandari, Rabi Shakya*

## CASE REPORTS

- Axenfeld Rieger Syndrome Presenting with Open Angle Glaucoma in an Adult Patient: A Case Report** 261-263  
*Madhu Thapa, Pragati Gautam, Sanjeeta Sitaula*
- Multiple Supernumerary Teeth with Concomitant Mandibular HypoHyperdontia: A Case Report** 264-266  
*Rabin Panthee, Manisha Upadhyay, Ankita Agrawal, Rachana Mishra, Priyanka Rana*
- Conservative Management of Late-Onset Legg-Calvé-Perthes Disease in a 10-Year-Old Child: A Case Report** 267-270  
*Rishi Ram Banjade, Sandesh Dhakal, Prithu Nepal, Neeraj Kumar Sharma*
- Uncommon Presentation of Osteochondroma in a Flat Bone of Left Iliac Blade Lesion: A Case Report** 271-274  
*Sushant Shah, Sujana Sharma, Bishal Panthi, Govinda Bhandari, Aron Shrestha, Lalita Poudel Chhetri, Abhishek Kumar Thakur*

---

## VIEW POINT

**Need for Urticaria Guidelines in Nepal: Addressing Growing Burden of Urticaria** 275-277

*Vikash Paudel, Madhu Gyawalee, Amit Amatya, Monique Kafle, Bhaskar Mohan Meher Kayastha*

**Community-Level Screening and Referral Guidelines for Major Non-Communicable Diseases** 278-283

**at Primary Healthcare Settings: From Development to Application at the Multi-site 'NCDs Mega-Campaign 2024' in Kathmandu Metropolitan City, Nepal**

*Milan Malla, Richa Nepal, Sushant Regmi, Deewash Neupane, Dhanendra Shrestha, Saugat Bhandari, Madhusudan Subedi*

## LETTER TO EDITOR

**Nepal Introduces Free thrombolytic drugs for Acute Ischemic Stroke: A Revolutionary Step** 284-285

**in Acute Stroke Care**

*Bibek Rajbhandari, Bikram P Gajurel, Bikash Devkota*

## REVIEW ARTICLE

**Prevalence and Associated Factors of Depression in Nepal: A Systematic Review and Meta-analysis** 286-297

*Pawan Sharma, Swarndeep Singh, Anima Parajuli, Omkar Dhungel, Pankaj Pathak*

# Journal of Nepal Medical Association (JNMA)

An official publication of Nepal Medical Association since 1963

## Advisors

Prof Dr Chop Lal Bhusal, NMA Past President (2006- 2008)  
Dr Kedar Narsingh KC, NMA Past President (2008- 2010)  
Prof. Dr Anjani Kumar Jha, NMA Past President (2012- 2016)  
Prof Dr MD Bhattarai, Founder, Madhur-Ramesh JNMA Trust

## Chief Editors Emeritus

### Year

Dr Mrigendra Raj Pandey	1963-1964
Dr Hemang Dixit	1965-1967
Dr BP Sharma	1968
Dr S Moin Shah	1969-1970
Dr YB Shrestha	1971-1972
Dr Santosh Man Shrestha	1973
Dr PR Satyal	1974-1976
Dr Shyam Bahadur Pandey	1977-1978
Dr Sanjib Dhungel	1979
Dr Shyam Bahadur Pandey	1980
Dr Tej S Malla	1981-1983
Dr Narayan Bahadur Thapa	1984-1985
Dr Sanjib Dhungel	1986
Dr Ramesh Kant Adhikari	1987-1988
Dr Mahendra Nepal	1989
Dr Rakesh Prasad	1990
Dr Mohan P Joshi	1991
Dr Neelam Adhikari	1992
Dr Nirakar Man Shrestha	1993
Dr Bhagavat P Nepal	1994
Dr Babu Ram Marasini	1995-1997
Dr Ugra Narayan Pathak	1997-1998
Dr Sudha Sharma	1999-2001
Dr Ramesh P Acharya	2002-2004
Dr Achala Vaidya	2005-2006
Dr Kusum Thapa	2007-2011
Dr Rabindra Pradhan	2011-2012
Dr Angel Magar	2012-2024

## International Editors

Asst Prof Dr Arghya Pal, MBBS, MD, Department of Psychiatry, AIIMS, West Bengal, India  
Assoc Prof. Dr Chandra Chataut, MBBS, MD, Internal Medicine, Rush Medical College, Chicago, IL  
Ms Rejina Shrestha, PhD (Doctoral student), Cell and Cancer Biology, USA  
Dr Swotandra Gautam, MBBS, MD, Internal Medicine, Advent Health, Orlando, USA  
Dr Rishab Gupta, MBBS, MD, Associate Psychiatrist, USA  
Dr Shaunak Gosh, MBBS, MD, MRCP, DNB, Rheumatologist, India  
Asst Prof Dr Swarndeep Singh, MBBS, MD, Department of Psychiatry, VMMC & Safdarjung Hospital, Delhi, India  
Dr John Shrestha, University of Rochester New York, USA  
Dr Ashlesha Chaudhary, MBBS, USA  
Dr Suzit Bhusal, MBBS, USA

## Statistician

Assoc Prof. Mr Shital Bhandary, MSc (Statistics), MPhil (Demography), FAIMER Fellowship (Medical Education), PhD (Health Professions Education Scholar)

## Section Editor

Ms Aakripa Rani Shrestha  
Ms Aastha Neupane  
Ms Akanshya Prasai  
Ms Aakriti Poudel  
Mr Amit Chand  
Dr Apurva Shrestha  
Ms Bhawana Ghimire  
Mr Bhoj Raj Kalauni  
Mr Inesh Khanal  
Mr Jebish Pradhan  
Mr Mandish Prasad Phuyal  
Ms Mili Koirala  
Ms Sabina KC  
Mr Shubham Shrestha  
Ms Sujata Pokharel  
Mr Suchit Thapa  
Dr Suyash Acharya  
Mr Sunil Kunwar

## Associate Editor

Dr Aashutosh Chaudhary  
Dr Dharendra Yadav  
Dr Jay Bhusan Jha  
Ms Lisasha Poudel  
Dr Reshika Shrestha  
Dr Shreya Baniya

## Editors

Prof Dr Ramesh Prasad Acharya; MBBS, MD, General Practice and Emergency Medicine, Tribhuvan University Teaching Hospital  
Prof Dr Ganesh Kumar Rai; MBBS, MD, M.CommH., Paediatrics, Kathmandu Model Hospital  
Prof Dr Ganesh Dangal; MBBS, MD, FICS, FRCOG, Obstetrics and Gynecology, Kathmandu Model Hospital  
Prof Dr Lochan Karki; MBBS, MD, Internal Medicine, National Academy of Medical Sciences  
Prof Dr Deependra Shrestha; MBBS, MS, Fellowship in Head and Neck Oncosurgery, ENT and Head and Neck Surgery, National Academy of Medical Sciences  
Prof Dr Rupesh Mukhiya; MBBS, MS, General Surgery, KIST Medical College  
Prof Dr Ankur Shah; MBBS, MD, Radiology, Madhesh Institute of Health Sciences  
Assoc Prof Dr Basanta Sharma; MBBS, MD, Obstetrics and Gynecology, Chitwan Medical College  
Assoc Prof Dr Jyotshna Sharma; MBBS, MD, Obstetrics and Gynecology, Kathmandu Medical College Teaching Hospital  
Assoc Prof Dr Sujay Gupta; BDS, MDS, Periodontology and Oral Implantology, Kathmandu Medical College Teaching Hospital  
Assoc Prof Dr Naveen Phuyal; MBBS, MD, Community Medicine, Nepalese Army Institute of Health Sciences  
Assoc Prof Dr Santosh Shah; MBBS, MS, MCh, Cardiothoracic Thoracic and Vascular Surgery, Universal College of Medical Science and Teaching Hospital  
Assoc Prof Dr Lava Shrestha; MBBS, MD, Physiology, Maharajgunj Medical Campus, Tribhuvan University Teaching Hospital, Institute of Medicine  
Assoc Prof Dr Krishna Agrawal; MBBS, MD, DM, Nephrology, Universal College of Medical Science and Teaching Hospital  
Asst Prof Dr Parth Guragain; MBBS, MD, Community Medicine, Birat Medical College  
Asst Prof Dr Ashim Bhattarai; MBBS, MD, Medical Biochemistry, Tribhuvan University Teaching Hospital  
Asst Prof Dr Pawan Sharma; MBBS, MD, Psychiatry, Patan Academy of Health Science  
Asst Prof Dr Navendra Raj Bista; MBBS, MD, Anaesthesia, Tribhuvan University Teaching Hospital  
Dr Sailendra Kumar Duwal Shrestha; MBBS, MS, Fellowship in Arthroscopy and Sports Injury, Orthopedic, Arm Police Force Hospital  
Dr Shivaji Poudel; MBBS, MD, Radiation Oncology, BP Koirala Memorial Cancer Hospital  
Dr Prajeeta Bhandari; MBBS, MD, Pathology, BP Koirala Memorial Cancer Hospital  
Dr Pragya Gautam; MBBS, MD, Pathology, Nepal Medical College Teaching Hospital  
Dr Ramji Yadav; MBBS, MD, Obstetrics and Gynecology, Chandrakala Hospital  
Dr Aishana Joshi; MBBS, MD, General Practice and Emergency Medicine, Medicit Hospital  
Dr Pradeep Mishra; MBBS, MD, MPH, Pediatrics, Seti Province Hospital  
Dr Prajwal Pyakurel; MBBS, MD, Community Medicine and Tropical Disease, BP Koirala Institute of Health Sciences

## Managing Editor

Dr Sushant Regmi

## Deputy Editor-in-Chief

Dr Bibek Rajbhandari  
Dr Pawan Kumar Hamal

## Editor-in-Chief

Dr Ashis Shrestha



# Nepal Medical Association (NMA)

UNITY- FRATERNITY- SERVICE  
Estd: 20th Falgun, 2007 BS (4th March, 1951)

## NMA Executive Members (2023-2026)

### *President*

Dr. Anil Bikram Karki

### *Immediate Past President*

Dr. Lochan Karki

### *Senior Vice President*

Dr. Badri Rijal

### *Vice President and Province Coordinator*

Dr. Bipesh Acharya (Koshi)  
Dr. Niraj Kumar Singh (Madhesh)  
Dr. Prakash Budhathoky (Bagmati)  
Dr. Rajan Sharma (Gandaki)  
Dr. Nanda Kumari Gurung (Lumbini)  
Dr. Keshar Bahadur Dhakal (Karnali)  
Dr. Prashant Bhatt (Sudurpaschim)

### *General Secretary*

Dr. Sanjeeb Tiwari

### *Treasurer*

Dr. Pramod Joshi

### *Joint Secretary*

Dr. Leison Maharjan

### *Joint Treasurer*

Dr. Bikrant Dhakal

### *Members*

Dr. Amit Ranjan Mishra  
Dr. Kishor Khatri  
Dr. Smriti Mahat  
Dr. Srijana Bista  
Dr. Tejsu Singh Malla  
Dr. Yoveen Kumar Yadav

### *Editor-In Chief*

Dr. Ashis Shrestha

### *NMA Central Office*

Nepal Medical Association  
NMA Building, Siddhi Sadan P.O. Box 189  
Exhibition Road, Kathmandu, Nepal.  
Tel: +977-1-4231825 / 4225860  
Fax: +977-1-4225300  
Email: info@nma.org.np  
Web: www.nma.org.np

### *Past NMA Presidents*

#### *Name of President*

#### *B. S. (A. D.)*

Dr. Siddhi Mani A. Dixit	2007-15 (1950-1958)
Dr. Jit Singh Malla	2016-17 (1959-1960)
Dr. Dineshananda Baidya	2017-18 (1960-1961)
Dr. Nageswar Prasad Singh	2018-19 (1961-1962)
Dr. Yagya Raj Joshi	2019-21 (1962-1964)
Dr. Awadh Narayan Lal	2021-23 (1964-1966)
Dr. Laxam Paudyal	2023-25 (1966-1968)
Dr. Lakshmi Narayan Prasad	2025-27 (1968-1970)
Dr. Shanker Bahadur Singh	2027-29 (1970-1972)
Dr. Ram Bhadra Adiga	2029-31 (1972-1974)
Dr. Anjani Kumar Sharma	2031-33 (1974-1976)
Dr. Bishnu Prasad Sharma	2033-35 (1976-1978)
Dr. Manindra Ranjan Baral	2035-38 (1978-1981)
Dr. Badri Bahadur Baidya	2039-41 (1982-1984)
Dr. Sudip K. Bhattacharya	2041-43 (1984-1986)
Dr. Yanta Mani Pradhan	2043-45 (1986-1988)
Dr. Sachey K. Pahari	2045-47 (1988-1990)
Dr. Hemang Dixit	2047-49 (1990-1992)
Dr. Bhoj Raj Joshi	2049-51 (1992-1994)
Dr. Ramesh Kant Adhikari	2051-53 (1994-1996)
Dr. Vijaya Kumar Sharma	2053-55 (1996-1998)
Dr. Anand Prasad Shrestha	2055-57 (1998-2000)
Dr. Kalyan Raj Pandey	2057-59 (2000-2002)
Dr. Manohar Prasad Gupta	2059-61 (2002-2004)
Dr. Sudha Sharma	2061-63 (2004-2006)
Dr. Chop Lal Bhusal	2063-65 (2006-2008)
Dr. Kedar Narsingh KC	2065-67 (2008-2010)
Dr. Kiran Prasad Shrestha	2066-69 (2010-2012)
Dr. Anjani Kumar Jha	2069-72 (2013-2016)
Dr. Mukti Ram Shrestha	2073-76 (2016-2019)
Dr. Lochan Karki	2076-79 (2019-2023)

## JOURNAL OF NEPAL MEDICAL ASSOCIATION

Journal of Nepal Medical Association is published monthly and distributed by Nepal Medical Association.

The statements or opinions expressed in the Journal are the personal views of authors and do not represent the official views of JNMA editorial board or Nepal Medical Association.

JNMA is published monthly; subscription rates are as follows:

	INSTITUTIONAL		PERSONAL	
	Annual	Per copy	Annual	Per copy
Nepal	NRs. 6000.00	NRs. 1000.00	NRs. 3000.00	NRs. 500.00
SAARC countries	\$ 300.00	\$ 50.00	\$ 100.00	\$ 27.00
Rest of the world	\$ 400.00	\$ 70.00	\$ 150.00	\$ 40.00

Above subscription rates are excluding postal charges.

Principal Contact:

Dr. Ashis Shrestha

Editor-in-Chief

Journal of Nepal Medical Association,

NMA Building, Siddhi Sadan, Exhibition Road

PO Box. 189 Kathmandu, Nepal.

Tel: +977-1-4226037, Fax: +977-1-4225300

Email: editor@jnma.com.np, Web: www.jnma.com.np

*Subscription payment should be sent in the form of Bank Draft in the name of Nepal Medical Association.*

### MOHP Support

Journal of Nepal Medical Association is supported by Ministry of Health and Population for its publication.

### Disclaimer

*Medical knowledge is constantly changing. As new information become available, changes in treatment, procedures, equipment and the use of drugs become necessary. The authors, editors and the publishers have, as far as it is possible, taken care to insure that the information given in this journal is accurate and up to date. However, readers are strongly advised to confirm that the information, especially with regard to drug usage, complies with current legislation and standards of practice. Under no circumstances shall JNMA or NMA be liable for any loss or harm due to the use of information given in this journal.*

### DESIGN AND LAYOUT

Jyoti Khatiwada

Phone : +977-9841612726

E-mail : jus.khusi@gmail.com

Opacreationjs@gmail.com

---

## AUTHORS GUIDELINE

Updated: July 2024

Introduction	I
Editorial process	I
Instructions to authors	II
Types of manuscript and word limit	III
Original article	III
Case report	VIII
Student JNMA	VIII
Review article	VIII
Medical education	IX
Short communication	IX
Letter to editor	IX
View point	IX
Copyright transfer and author agreement	IX
Authorship	IX
Dual publication	IX
Forwarding letter	X
Declaration letter	X
Sending revised manuscript	X
Manuscript submission	XI

---

---

## INTRODUCTION

In publication since 1963 A.D., the Journal of Nepal Medical Association (JNMA) is an internationally peer-reviewed, open-access, monthly, biomedical journal. It is the official journal of the Nepal Medical Association and the first and oldest medical journal from Nepal. JNMA is available in PubMed, PMC, DOAJ, OASPA, Scopus, Google Scholar, Index Copernicus, EBSCO, EMBASE, and other repositories. The JNMA abides by:

1. International Committee of Medical Journal Editors (ICMJE) for Uniform Requirements for Manuscripts Submitted to Biomedical Journals
2. World Association of Medical Editors (WAME) for best editorial practice
3. Council of Science Editors (CSE) for best editorial practice
4. Committee on Publication Ethics (COPE) for practicing good publication ethics

The JNMA operates on the principle that knowledge gained through scientific research and scientific advances should be shared and made universally accessible. Therefore, it grants readers permission to read, download, copy, distribute, print, search, and create links to the full-text articles that are available online on [www.jnma.com.np](http://www.jnma.com.np) without any charges, albeit with appropriate citations. Thereby, it also aims to increase the visibility and accessibility of open-access, scientific, and scholarly articles, thus promoting their wider use and impact.

It publishes research-based articles from the field of biomedical sciences, including basic sciences, clinical disciplines, public health, health care management, and ethical, and social issues on health care. Preference is given to clinically oriented applied research trials over animal studies.

Articles are published under the following categories: Original Article, Review Article, Case Report, Short Communication, Medical Education, View Point, Student JNMA. The Editorial, Guest Editorial, and Letter to the Editor are solicited by the JNMA Editorial Board.

Authors do not have to pay for the submission, processing, or publication of the articles in JNMA.

## EDITORIAL PROCESS

JNMA follows the principles of COPE, CSE, WAME, ICJME, DOAJ, OASPA guidelines. The submitted manuscripts in JNMA are duly acknowledged and initially reviewed for possible publication by the editors with the understanding that they are being

submitted only to the JNMA, and have not been published, simultaneously submitted, or accepted for publication elsewhere.

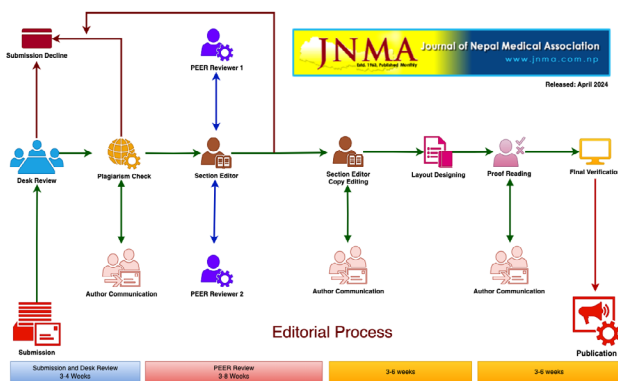
## Rejection

More than 95% of the submitted manuscript is rejected by the preliminary in-house review process, mostly due to lack of JNMA format [to avoid preliminary rejection, please go through submission guideline in detail, follow them strictly and prepare your manuscript accordingly]. On average, 40-60% of the manuscripts with insufficient originality or insignificant message, serious scientific and technical flaws are rejected after peer review. However, we do encourage the author to resubmit after the revision if the research was conducted scientifically. The preliminary rejection of the manuscript is related to; manuscript being out of scope, manuscript not formatted correctly, not following checklist and guidelines accurately, submission below publishable standards, incomplete submission (e.g. lack of ethical approval letter for research article). The rejection could also be due to lack of originality, flaws in the METHODS section, generalising and exaggerating the finding not supported by internal and external validity, peer reviewers' comment not adequately answered or unanswered, plagiarism, publication misconduct and more. While declining the submission, JNMA does not make comment on each aspect of the manuscript but give the reason for inadequate JNMA formatting, which means one or all of the above reasons.

## Publication and Decision Time

Time to first communication via email overall (average) within 4 weeks (with Desk Review); 8 weeks (with the review). Those articles which have been submitted a year ago undergo auto-pruning (automatic declining). It happens due to one of the following reasons i) to iii) or due to loss of contact with the authors. The editorial process is as follows





## PEER Review Process

The manuscripts are then sent to two expert peer reviewers blinded to the contributor's identity and vice versa for meticulous review, inputs and comments. The final decision on whether to accept or reject the article is taken by the Editor-in-Chief and peer reviewers. The contributors are informed about the rejection/acceptance of the manuscript with the peer reviewer's comments. Accepted articles have to be resubmitted after making the necessary changes or clarifying questions made during the peer-review process.

The accepted articles are edited for grammatical, punctuation, print style and format errors and page proofs and are sent to the corresponding author who should return them within three days. Non-response to galley proof may result in the delay of publication or even rejection of the article.

The Chief Editor, together with the editorial board will ensure the following peer review policy:

1. Double-blind: The manuscript will be blinded when sending out for review. The author is anonymous to the reviewer and the reviewer is anonymous to the author as well.
2. One-stage review: The reviewer is involved in the initial review of the manuscript only, i.e. not involved in evaluating the revisions made by the author based on the reviewer's comments. Rather, the Chief Editor carries the manuscript forward following the initial review.
3. In rare, controversial and special circumstances; Two-stage review: Those papers that require revision as suggested by the reviewer will be sent back to that same reviewer for him/her to evaluate the manuscript once again after revised re-submission from the author.

The author has to submit their manuscript according to JNMA section policy.

- All submitted article will undergo international peer review with blinding for two peer reviewers, simultaneously. If the decision conflicts between the two, it will be sent to a third peer reviewer.

- The typical review will take minimum 4-6 weeks which includes 2 weeks for peer review and remaining weeks for peer review handling process. However, this may take a little longer due to unseen workloads.

- When the article is received from peer reviewer there will be one of the following outcomes and the decision choices include:

**Accept Submission:** The submission will be accepted without revisions.

**Revisions Required:** The submission will be accepted after minor changes have been made according to the reviewer's comment.

**Resubmit for Review:** The submission needs to be reworked, but with significant changes, may be accepted. It will require a second round of review, however.

**Resubmit elsewhere:** When the submission does not meet the focus and scope of JNMA.

**Decline Submission:** The submission will not be published in the journal.

All comments received from the reviewers will be passed on to the authors within 4-6 weeks after getting back from the reviewers. Regardless of whether or not the submission is accepted for publication, it is essential that appropriate feedback is provided to the contributors.

JNMA respect the views, opinion, comments and decision of the reviewer. However, the right for acceptance and rejection of the manuscript is reserved with the Chief Editor, on the basis of maintaining the integrity of the science, following the guideline of ICJME, WAME, CSE, COPE.

The editors will be responsible for directing the manuscripts to the appropriate reviewers who have the knowledge and/or expertise in the requisite fields. Each manuscript will be accepted (sometimes on a conditional basis pending suggested changes) or declined based on the reviewers' comments, and other factors by Chief Editor's decisions. In the case of a controversial groundbreaking article that could have a far-reaching impact on the field, further reviews may be sought. The decision ultimately rests with the chief editor.

Peer Reviewers will be provided with Review Guidelines and a review form, once they agree to

review the submission. JNMA will provide a certificate of each review. The certificate can be used to obtain CPD points.

## INSTRUCTIONS TO AUTHORS

Manuscripts must be prepared following the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (ICMJE, January 2024). The uniform requirements and specific requirements of JNMA are summarized below. Before sending a manuscript authors are requested to check for the latest instructions available. Instructions are also available from the website of the journal ([www.jnma.com.np](http://www.jnma.com.np)).

## TYPES OF MANUSCRIPT AND WORD LIMITS

- **Original Article:** 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. The total word excluding abstract and reference must be 2000 words and not exceeding 2500 words. The abstract should be within 250 words and introduction within 150 words. The reference must be at least 15 and not exceeding 30.
  - **Review Article:** Systemic critical assessments of literature and data sources. The total word count must be at least 2000 words and not exceeding 3000 words. The abstract should be within 250 words and introduction within 150 words. The reference must be at least 30 and not exceeding 50.
  - **Case Report:** New/interesting/very rare cases with clinical significance or implications can be reported. Up to 1000 words, excluding references (at least 5 and up to 10) and abstract (up to 150 words), up to three photographs. The word limit for the introduction is 100 words.
  - **View Point:** These articles are personal views and allow you to express your point of view on any issues relevant to health. We encourage the exploration of controversial subjects within a word limit of 1500 words, excluding references (up to 10). The word limit for the introduction is 100 words.
  - **Letter to the Editor:** This should be a short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 400 words and five references.
- **Student JNMA:** From healthcare students sharing their perspectives, voices, experiences, plans, and related topics to communicate with policymakers, health planners, and academicians in no more than 1000 words and five references.

Limit for number of images and tables: for all the above-mentioned categories, the number of images and tables should not be more than one per 500 words.

## ORIGINAL ARTICLE

JNMA accept researches conducted in the field of basic and clinical medical sciences, medical education, public health, hospital and healthcare management, allied health sciences and research and publication ethics. It undergoes a rigorous peer-review process. Please expect lots of communication from the JNMA.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using appropriate reporting guideline), 5. A copy of the ethical approval letter, 6. Checklist of a reporting guideline, 7. Blinded copy of manuscript

## Required Guidelines and Checklist

JNMA requires the use of an appropriate reporting guideline when writing any health research manuscript. Authors must check the EQUATOR Network, CONSORT and STROBE sites for any reporting guidelines that apply to study design and ensure they include any required supporting information recommended by the relevant guidelines. Documentation (checklist) for specific studies should be uploaded as supporting information during manuscript submission.

## Guidelines for Specific Study Types

Some common study types and the appropriate guidelines are listed below. If you cannot find an appropriate guideline here, search the full EQUATOR database and talk to our editor.

Use of more than one guideline, depending on the research may be required. For example, if the study is randomly assigning human participants to one of two interventions, then conducted unstructured interviews with each participant, in this case CONSORT, COREQ, and TIDIER together needs to be applied.

If you are reporting a protocol

- Use the SPIRIT guideline for the protocol of a clinical trial
- Use the PRISMA-P guideline for the protocol of a systematic review

If you are reporting a review of a section of the existing literature

- Use the ENTREQ guideline for a review of studies that use descriptive data, such as unstructured interviews (qualitative data)
- Use the MOOSE guideline for a review of observational studies
- Use the PRISMA guideline for any other kind of systematic review or meta-analysis

If you are reporting on animal research

- Use the ARRIVE guideline for research on animals in a lab
- Use the REFLECT guideline for research on livestock

If you are reporting descriptive data (either alone or alongside quantitative data)

- Use the COREQ guideline for reporting unstructured interviews and focus groups
- Use the CARE guideline for reporting one case study or a series of case studies, (SCARE for surgical case report)
- Use the SRQR guideline for any other descriptive data (qualitative research)

If you are reporting research into diagnosis

- Use the STARD guideline if you compared the accuracy of a diagnostic test with an established reference standard test
- Use the REMARK guideline if you evaluated the prognostic value of a biomarker
- Use the TRIPOD guideline if you developed, validated, or updated a prognostic or diagnostic prediction modelling tool.

If you are reporting research into an intervention or treatment on people

- Use the TIDIER guideline to fully describe your intervention
- Use the CHEERS guideline for an economic evaluation of the interventions

If you are reporting research into an intervention, treatment, exposure, or protective factor on people

- Use the CARE guideline for reporting one case study or a series of case studies, (SCARE for surgical case report)

- Use the CONSORT guideline or one of its extensions:

If you selected your participants before they received the intervention/exposure/etc. under study, AND

You controlled which intervention/exposure/etc. they each received, AND

You used a random allocation method to decide which intervention/exposure/etc. they each received. ie: a randomised controlled trial

Use the STROBE guideline or one of its extensions:

- If you selected your participants after they received the intervention/exposure/etc. under study, OR

- You selected your participants before they received the intervention/exposure/etc. under study AND you did not control which intervention/exposure/etc. they received (they decided/their doctor decided/life just happened) ie: an observational study (cross-sectional, case-control, cohort)

Use the TREND guideline:

- If you selected your participants before they received the intervention/exposure/etc. under study, AND

- If CARE, CONSORT, and STROBE are not applicable 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. ie: a non-randomised trial

### Clinical Trials

JNMA follows the World Health Organization's (WHO) definition of a clinical trial:

"a clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Clinical trials may also be referred to as interventional trials. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioural treatments, process-of-care changes, preventive care, etc."

### Registering Clinical Trials

All clinical trials submitted to JNMA must be entered in a publicly accessible registry approved by the WHO or ICMJE. See the list of approved registries.

JNMA consider prospective trial registration (that is,

registration before participant enrollment has begun) to be best publication practice, as recommended by the ICMJE. Clinical trials that began to enrol participants before ICMJE recommendations took effect on July 1, 2005. We follow ICMJE that the trial submitted to JNMA has to be registered in a public trials registry at or before the time of first patient enrollment and must contain a data sharing statement.

## Manuscript Preparation

### INTRODUCTION

Provide a context or background for the study, and consider the international, national, and regional context (inverted pyramid). Provide rationale by describing gaps in the evidence. State the specific purpose or research objective of, or hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be clear, and any prespecified subgroup analyses should be described. Provide only directly pertinent references, and do not include data or conclusions from the work being reported.

### METHODS

The Methods section should contain the study design, duration and place of study, ethical approval, patient consent, study population (inclusion and exclusion criteria), sample size and sampling technique, statistical analysis, and software used.

This section should only include information that was available at the time the study was planned or protocol written; all information obtained during the conduct of the study belongs to the results section.

#### 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. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should be clear about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

**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 the 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.

**Note:** Authors submitting review articles should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract

#### Ethics

When reporting studies on humans, indicate whether the procedures followed were under the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Declaration of Helsinki (DoH), as revised in 2013 (available at Declaration of Helsinki 2013 – WMA – The World Medical Association). It will soon be updated with the 2024 version. Do not use patients' 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 and 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. Any research with an impact on the health and health sector must be in agreement with the National Ethical Guidelines for Health Research in Nepal 2022 developed by the Nepal Health Research Council (NHRC). Besides the ethical principles stated in DoH and NHRC guidelines, the ethical standards of experiments must also be under the guidelines provided by the Committee for Control and Supervision of Experiments on Animals (CPCSEA) for animal studies and the Indian Council of Medical Research (ICMR) for studies in humans. The journal will not consider any ethically unacceptable paper. A

statement on ethics committee permission and ethical practices must be included in all research articles under the 'Methods' section.

The study must be conducted within the time frame of ethical approval. Changes in the principal author, title of the study, time frame of the study, and/or recruitment of additional participants must be approved by the ethical board. If there are such amendments, the approval letter of amendment must be submitted. Such a change must be mentioned in the manuscript. Change in author should be communicated by corresponding author to email address of JNMA with a copy of mail to all authors.

Any section of the manuscript that is written using artificial intelligence (AI) must be declared.

### Statistics

Describe statistical methods with enough details to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). References for the design of the study and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify the computer software used.

### RESULTS

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat all the data in the tables or illustrations in the text; emphasize or summarize only the most important observations. Extra or supplementary materials and technical details can be placed in an appendix where they will be accessible but will not interrupt the flow of the text, or they can be published solely 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 to analyze them. Throughout the manuscript, use the format n (%) to represent data. When presenting the result in percentages, Use two decimal points. For eg: use the format x (ab.cd) instead of x (ab.c.)

Restrict tables and figures to those needed to explain the argument of the paper and to assess supporting

data. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample."

Where scientifically appropriate, analyses of the data by such variables as age and sex should be included. Do not use words of approximation like; "nearly half", "most common", "about one quarter", "maximum", "one-third" etc.

### DISCUSSION

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail the data or other information given in the Introduction or the Results section. For experimental studies, it is useful to begin the discussion by summarizing the main findings, then explore possible mechanisms or explanations for these findings, and compare and contrast the results with other relevant studies. While comparing with other studies, consider the comparison of the following variables: study, type, population, sample size, inclusion and exclusion criteria, place of study, duration of study, intervention, and outcome. Discuss each finding of the study in the following format: statement, argument, counterargument conclusion). State the limitations of the study and explore the implications of the findings for future research and clinical practice.

### CONCLUSIONS

Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not adequately supported by the data. In particular, avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted, but label them clearly as such.

### ACKNOWLEDGMENT

Please specifically state the contributions made by the acknowledged individuals, including details on "who" contributed and "what".

### DECLARE

1. Conflict of interest
2. Authors' contribution
3. Ethical considerations: including plagiarism, data fabrication, and double publication
4. Funding or grant



## REFERENCES

References should be in Citing Medicine Style. The Citing Medicine is the current version of Vancouver style.

The references should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetical order). Identify the references by numerals in superscript, after comma or full stop and there should be no space after a comma or full stop.

While citing a reference, If more than six authors are present, list the names of only the first three, followed by "et al." (last name; initials of the first and middle names; comma, next two authors similarly; then comma, and "et al."). Journal names should be abbreviated. Always conclude the journal name with a full stop. The titles of cited references should be in sentence case, where only the first letter of the sentence is capitalized. Write the Index name of the journals. Avoid italicizing the journal name. Omit any space after the year. Page numbers such as 202-213 should be written as 202-13, omitting the common numeral.

Rules of punctuation should be strictly followed: index name of journals, the use of full stop, space, semicolons, and colons according to Citing Medicine referencing style.

E.g., Thapa P, Kc S, Hamal AB, et al. Prevalence of acute kidney injury in patients with liver cirrhosis. *J Nepal Med Assoc.* 2020 Aug 31;58(228):554-9. [PubMed | Full Text | DOI]

The JNMA requests to hyperlink all the three links of cited articles PubMed, Full text (the link to PDF in the journal site or wherever available), and DOI in the following order: [PubMed | Full Text | DOI] at the end of each reference. When you hyperlink (Ctrl+K or Cmd+K) the respective words with their web addresses, please do not hyperlink the bracket arms or the separation bars. If all three links are not available, at least provide a Full Text link.

The Full Text should be preferably from the Journal website and not PMC, ResearchGate, SciHub.

For example:

3. Everhart JE, Byrd-Holt D, Sonnenberg A. Incidence and risk factors for self-reported peptic ulcer disease in the United States. *Am J Epidemiol.* 1998 Mar 15;147(6):529-36. [PubMed | Full Text | DOI]

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. Avoid citing a "personal 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. Include the last names and initials of the authors, title of article, name of publications, year published, volume number, and inclusive pages.

## 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 the Hindu-Arabic numeral system, consecutively in the order of their first citation in the text and supply a brief title for each. Type or print each table with double spacing on a separate sheet of paper. Do not use internal horizontal or vertical lines. Give each column a short or abbreviated heading.

Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use the following symbols, in sequence:

\*, †, ‡, §, ||, ¶, \*\*, ††

Identify statistical measures of variations, such as standard deviation and standard error of the mean.

Be sure that each table is cited in the text within brackets.

If you use data from another published or unpublished source, obtain permission and acknowledge that source fully. Submit such tables for consideration with the paper so that they will be available to the peer reviewers.

## FIGURES (ILLUSTRATIONS)

JNMA accepts electronic versions of illustrations, which should have a resolution of 300 dpi, and the dimension of 640 x 480 to 800 x 600 pixels and picture format should be JPEG (\*.jpg, \*.jpeg) or TIFF (\*.tif, \*.tiff). Letters, numbers, and symbols on figures should therefore be clear and consistent throughout and large enough to remain legible when the figure is reduced for publication. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

Photographs of potentially identifiable people must be accompanied by written permission to use the photograph.

Figures should be numbered consecutively according

to the order in which they have been cited in the text. If a figure has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce the figure. Permission is required irrespective of authorship or publisher except for documents in the public domain.

#### LEGENDS FOR FIGURES (ILLUSTRATIONS)

Type or print out legends for illustrations using double spacing, starting on a separate page, with Hindu-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 clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

#### UNITS OF MEASUREMENT

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples.

Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, unless other units are specifically required by the journal.

Authors must report laboratory information in both local and International System of Units (SI). Editors may request that authors add alternative or non-SI units, since SI units are not universally used. Drug concentrations may be reported in either SI or mass units, but the alternative should be provided in parentheses where appropriate.

#### ABBREVIATIONS AND SYMBOLS

Use only standard abbreviations; use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parentheses should be used on first mention unless the abbreviation is a standard unit of measurement.

#### CASE REPORTS

This section includes report of a case with literature review that includes, an unexpected association between diseases or symptoms, an unexpected event in the course of observing or treating a patient, findings that shed new light on the possible pathogenesis of a disease or an adverse effect, unique or rare feature of a disease, unique therapeutic approaches, approaches to a case report, a patient whose diagnosis was difficult to make, describe changes in one or more patients with chronic conditions over an extended time period, report on two or more patients with similar characteristics who received different interventions

and had different outcomes, atypical management of patients with common problems, atypical patient presentations, apply theory to patient or client management, report on an administrative or academic experience. Please use the CARE Case Report Checklist while preparing your case report taking an account of CARE Flow Diagram.

Case report provides an opportunity for the scientist to work further therefore, we are interested in advance medical science and spawn research; describe rare, perplexing, or novel diagnostic features of a disease state; report therapeutic challenges, controversies, or dilemmas; describe a new approach to treatment and patient care, teach humanistic lessons to the health care professionals; review a unique job description of a health care professional that improves patient care; report new medical errors or medication errors; discover a device malfunction that results in patient harm; describe drug adverse effects and patient toxicity; life-threatening adverse events; dangerous and predictable adverse effects that are poorly appreciated and rarely recognized; a therapeutic failure or a lack of therapeutic efficacy; use of life-saving techniques not previously documented; uncover barriers to patient adherence; discover an interaction between a drug and a laboratory test that yields a false-positive or false-negative result; effect of drugs in pregnancy and lactation; use of technology to improve patient outcomes. It undergoes a peer-review process. Please download the Case Report Consent Form, get written consent and put the original on the patient chart and provide a copy of it during your submission.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using CARE or SCARE reporting guideline), 5. A copy case report consent form, 6. CARE Checklist.

#### STUDENT JNMA

This section focuses on the articles written by medical, dental and health students. Students are welcomed to submit their perspectives, voice and experiences related to communicate with policymakers, health planners and academicians.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

#### REVIEW ARTICLE

Review article summarises the current state of understanding on a topic and analyses or discusses research previously published by others on the subject matter, rather than reporting new experimental results

and which does not fit into the category of a systematic review. They are thorough literature reviews that identify historical and current trends in the topic, gaps in the research (areas for further exploration), and current debates or controversies. It has to be about 3000 words without counting abstract (200 words) and references (>50 and usually <100). It undergoes a rigorous peer-review process.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

## MEDICAL EDUCATION

JNMA accept perspective on undergraduate, postgraduate and continuing medical education. All issues of current interest, including teaching methods, curriculum reform, the training of medical teachers, the selection of entrants and assessment techniques, curriculum development, evaluations of performance, assessment of training needs and evidence-based medicine are accepted, with word limit up to 1500 words excluding abstract of 150 words. It undergoes the peer review process.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

## SHORT COMMUNICATION

These are research article which doesn't fit exactly into a research article but findings are interesting, e.g. pilot study. It undergoes the peer review process.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

## LETTER TO THE EDITOR

The section includes a reaction and issue relating to JNMA, be it a comment relating a recent article, an elaboration of an important discovery, or simply a thought-provoking commentary of fewer than 1000 words without an abstract.

Required Submission Documents: 1. Forwarding Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

## VIEWPOINT

The article in this section is based on issues related to health sciences to raise the voice, awareness, new ideas, thought to provoke concepts, and personal expert opinion to improve the health.

Required Submission Documents: 1. Forwarding

Letter, 2. Authorship, 3. Declaration, 4. Manuscript (in JNMA template using authors' guideline)

## COPYRIGHT TRANSFER AND AUTHOR AGREEMENT

Submission of the manuscript means that the authors agree to assign exclusive copyright to JNMA. All authors must sign a Copyright Transfer and Author Agreement form upon submission of the manuscript to the Journal. The work shall not be published elsewhere in any language without the written consent of JNMA. The articles published in this journal are protected by copyright which covers translation rights and the exclusive rights to reproduce and distribute all of the articles printed in the journal. The copyright is automatically transferred back to the author if JNMA fails to respond within six months of submission.

## AUTHORSHIP

All persons designated as authors should qualify for authorship. Authorship credit should be based only on significant contributions. The corresponding author must accept the responsibility for ensuring that both versions of the paper submitted and the corrected proofs have the approval of all co-authors. Submission of a manuscript will also be taken to imply that all authors have obtained permission from their employers or institution to publish, if they are obliged to do so and that relevant ethical approval has been obtained for clinical studies. However, authorship credit should be based only on significant contribution to (a) conception and design, or analysis and interpretation of data, to (b) drafting the article or revising it critically for important intellectual content, on (c) final approval of the version to be published, and on (d) agreement to be accountable for all aspects of work. Authors may include explanations of each author's contribution separately.

## DUAL PUBLICATION

If material in a submitted article has been published previously or is to appear in part or whole in another publication, the Editor-in-Chief must be informed. If the same paper appears simultaneously elsewhere or has previously been published or appears in a future publication, then the author will be black-listed for the JNMA and future articles of the author will be rejected automatically.

## FORWARDING LETTER

The cover letter accompanying the article should contain the name and complete postal address of one author as a correspondent and must be signed by all authors. The corresponding author should notify the

change of address, if any, on time.

## DECLARATION LETTER

A declaration letter should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere, that the authorship of this article will not be contested by anyone whose name(s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript.

## SENDING REVISED MANUSCRIPT

While revising a manuscript, please do not delete any comment box or turn off the track change mode. Please address each comment in track change mode and submit the file as it is. The submission should be made in the JNMA OJS system through the same account from which the manuscript was submitted. The submission should be made in the same manuscript ID as of first submission (please do not make a new submission). The new submission (duplicate) for the same manuscript will be deleted as it will not have gone through all editorial processes.

## CHECKLIST

While submitting your manuscript to JNMA please make sure you have submitted the following documents:

- Forwarding letter
- Authorship
- Declaration
- Manuscript
- Checklist
- Blinded document
- Ethical approval letter (When Applicable)
- Consent Form (For Case Reports)

### Forwarding Letter

- Signed by all contributors
- Previous publications/presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

### Authors

- Complete author information (name, designation, department, institute, address: place, district, and country)
- Author for correspondence, with e-mail and

telephone numbers

## Presentation and Format

- Manuscript with 1.15 interline spacing
- Text alignment justified on both sides
- Margins 2.5 cm from all four sides
- Title page contains all the desired information (vide supra)
- Total word count of the article, abstract, introduction along with total number of reference as per guideline.
- Main title in Title Case (not ALL CAPITALS, not underlined)
- Running title (not more than 50 characters)
- Other main headings in UPPER CASE (e.g., ABSTRACT, INTRODUCTION, etc.)
- Abstract page contains the full title of the manuscript
- Structured abstract provided for an original article (Introduction, Methods, Results, Conclusions)
- Keywords provided should be three to six, alphabetically arranged, all lower case (small letters), separated by semi-colons, preferably MeSH terms, and ending in full stop
- References cited serially, in superscript in the text without brackets after full stop or comma
- References according to the journal's instructions.

## Grammar

- Use correct grammar, punctuation, and word synthesis
- Abbreviations spelled out in full for the first time
- Spell out-single-digit numbers (0-9 as zero to nine) except when beginning a sentence and use numerals for all others
- Numerals at the beginning of the sentence should be spelled out
- For decimal values in findings, please mention up to one or two decimal values except for the p-values where up to three decimal values are allowed but please be uniform throughout one submission or document.
- Use US English (e.g. hemoglobin NOT haemoglobin)

## Table and Figures

- Number within specified limits.
- No repetition of data in tables/graphs and in text
- Actual numbers from which graphs were drawn, provided
- Figures are necessary and of good quality (color)

- 
- Table and figure numbers in Hindu-Arabic letters (not Roman)
  - Labels pasted on the back of the photographs (no names written )
  - Figure legends provided (not more than 40 words)
  - Patients' privacy is maintained (if not, written permission is enclosed)
  - A credit note for borrowed figures/tables provided

### MANUSCRIPT SUBMISSION

Manuscripts must be submitted in clear, concise English. The submission must be made electronically at submit JNMA along with a Forwarding letter, Authorship, Blinded manuscript, Declaration letter, Appropriate checklist, Ethical approval (for original

article), and Consent form (for case report) as per JNMA template. The document must be signed electronically and submitted via the JNMA open journal systems (OJS) account of the corresponding author. A sample of the submission document is available on the JNMA website.

If there are any queries, the journal team can be contacted at the following address:

The Editor-in-Chief,

Journal of Nepal Medical Association, NMA Building, Siddhi Sadan, P.O. Box 189 Exhibition Road, Kathmandu, Nepal.

Email: [editor@jnma.com.np](mailto:editor@jnma.com.np), Web: [www.jnma.com.np](http://www.jnma.com.np)



# Nepal Medical Association

expresses its sincere gratitude to

## “Madhur Ramesh JNMA Trust”

(Founded by Dr. Madhur Dev Bhattarai

and Dr. Ramesh Prasad Acharya)

and

## “Mathura Ratna Trust”

(Founded by Late Dr. Raghubar Baidya and later  
augmented by Late Dr. Bharat Raj Baidya in memory of their  
mother Mathura Devi and father Dr. Ratna Das Baidya)

**for their contribution to publish this journal.**