

## Homœopathic Links Author Instructions

Thank you for contributing to *Homœopathic Links*. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

### SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:  
<https://www.manuscriptmanager.net/hpl>

**There are no submission charges to submit your manuscript to this journal.**

- AUTHOR INFORMATION**
  - All authors: full name, degrees, department, affiliation, e-mail address
  - Corresponding author: mailing address, telephone number
- MANUSCRIPT FILE**
  - Must be digital - hard copy submissions are not accepted
- ABSTRACT AND KEYWORDS**
  - See the section Article Types for word limits
- REFERENCES**
  - Cited sequentially in AMA style
- FIGURES AND TABLES**
  - Cited sequentially and included in the main document
- ART FILES**
  - Must be saved separately from the main document
- PERMISSIONS**
  - Required if you plan to reproduce content from a published source or include a photograph of a patient
  - Patient permission forms available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)

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## MANUSCRIPT FORMAT

### Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

| Article Type | Abstract Limit          | Keywords Limit  | Title Limit            | References Limit    |
|--------------|-------------------------|-----------------|------------------------|---------------------|
| Standard     | Approximately 250 words | 3 to 4 keywords | Up to 80-85 characters | Up to 20 references |

### General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in UK/British English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Names of people and unabbreviated homeopathic remedies should be written in italics upon first citation and thereafter in normal font style.
- Abbreviations of homeopathic remedies should be avoided unless in repertorisations. In those cases, abbreviations used in common repertories should be applied.
- Potencies should be indicated as follows: 6X, 30C, MK, 10 MK, Q1.

## MANUSCRIPT FORMAT *continued*

### Title Page

- This journal adheres to a single-blinded peer-review policy. The title page should be included in the main document.
- The title page should list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, and affiliation of every co-author.

### Abstract and Keywords

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article.

### Main Document

- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.
- Give all relevant data, including information of the patient's age, gender, relationships, occupation, follow-up, and duration of illness and treatment.
- Give all relevant data, including information of the patient's age, gender, relationships, occupation, follow-up, and duration of illness and treatment.
- Give a full description of the complaints, including modalities, etiology, etc., as well as the allopathic diagnosis and medical treatment.
- Give your observation of the patient, appearance, and behavior.
- State relevant symptoms with related rubrics, that made you choose the remedy and explain your choice.
- Explain differential diagnosis.
- The follow-up should include a detailed description and reason for arriving at remedy, potency, and repetition.
- When changing the remedy, give reasoning.
- Add rubrics and references to repertoria.
- Give contemplation and assessment of the case.
- The follow-up time should be a minimum of one, but preferably two years.

### Thieme Editing Services

Thieme offers a language editing service for manuscripts, abstracts and theses in partnership with Enago, a world-leading provider of author services to researchers around the world. Authors can choose from a range of editing services and get their manuscripts edited by Enago's professional medical editors. Authors that wish to use this service will receive a 20% discount on all editing services. To find out more information or get a quote, please visit <https://www.enago.com/thieme>

### Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments.

## **Conflict of Interest**

All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product. Should the article be accepted for publication, this information will be published with the paper.

Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

This journal follows the guidelines of the [International Committee of Medical Journal Editors](#) and an [ICMJE disclosure of potential conflicts of interest \(COI\) form](#) must be submitted for each author at the time of manuscript submission. Forms must be submitted even if there is no conflict of interest. It is the responsibility of the corresponding author to ensure that all authors adhere to this policy prior to submission.

A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict of Interest form. The disclosure information is important in article processing. If the provided forms are incomplete or missing, it can cause delays in publishing of article.

## MANUSCRIPT FORMAT *continued*

### References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: [www.nlm.nih.gov](http://www.nlm.nih.gov); Books in Print: [www.booksinprint.com](http://www.booksinprint.com); PubMed: [www.ncbi.nlm.nih.gov/PubMed/](http://www.ncbi.nlm.nih.gov/PubMed/); or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
  - References follow the article text. Insert a page break between the end of text and the start of references.
  - References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
  - By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
  - List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
  - References should be styled per the following examples:
1. Citing a journal article:  
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986;315:341–347
  2. Citing a chapter in a book:  
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47–62
  3. Citing a book:  
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559–596
  4. Citing a thesis:  
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
  5. Citing a government publication:  
Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
  6. Citing an online article:  
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457–460. Available at: [http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol\\_150/no\\_5/abstract/htm](http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm). Accessed November 10, 1996
  7. Citing a symposium article:  
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

## MANUSCRIPT FORMAT *continued*

### Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.)

### Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

## DIGITAL ARTWORK PREPARATION

### General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

**Note:** Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

## **DIGITAL ARTWORK PREPARATION *continued***

### **Black-and-White Art**

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

### **Color Art**

- Color illustrations are expensive to produce and usually cannot be accepted unless the author is willing to cover the additional production costs incurred. Please check with the Editor in Chief or Thieme for details. We will convert color illustrations to black-and-white unless we receive a letter from the author assuming responsibility for the cost of printing color. Upon request, we will provide you with a cost estimate for the color printing.
- All color artwork should be saved in CMYK, not RGB.

### **Art Labels**

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

## **PRODUCTION PROCEDURE**

### **Page Proofs**

Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final.

### **Article Offprints**

You will be able to order offprints of your article in advance of its publication. Details and prices will be sent to you along with the page proofs. Upon publication, the corresponding author will receive a complimentary PDF of their article.

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1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

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For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

### Patient Permission Policy and Thieme GDPR Policy

You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph.

The personal rights of people who are recognizable on images must be protected. Please provide a written consent form for publication signed by every recognizable person. For persons under 18 years of age / persons supervised, please provide the signature of both parents / the legal guardian / supervisor. A suitable declaration

of consent form can be obtained in our authors' lounge. Patient permission forms are available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)

We cannot accept or store illustrations in which personal data of third parties are included. Please submit images in completely anonymous form, free of personal data only! Such data may not only be directly visible in the image (e.g., a patient name or a date of birth in an X-ray image); they can also be included in the metadata of the image, which is accessible with the appropriate software. They may also be obscured by a cropping feature (such as PowerPoint or Word), but can be made visible underneath. If you have questions about data protection regulations, please contact us before submitting your manuscript.

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Please contact the Editors or Thieme Publishers with any questions.

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