My strategic vision for the IJO of tomorrow

Dear Dr.

It gives me great pleasure to be writing in this space as the Editor in charge! As an Editor of a medical journal I understand that I have an important and responsible duty providing the latest scientific developments in the world through the articles that are published in Indian Journal of Ophthalmology (IJO). Today IJO can well be considered as one of the leading journals when it comes to ophthalmology journals. In an earlier issue, it was also commented that IJO is challenging the established international ophthalmic journals.

The previous Editorial team has done a fantastic job in bringing up new ideas and keeping us well informed as well as raising the standard of IJO. Perching on the tall shoulders of previous giant luminaries, we have the advantage of being able to see far ahead. We have the advantage of their foresight and committed work to guide us, in our future endeavor. Our first priority is to deliver the mandatory six, quality issues of the journal and ensure that only articles of substance find their way in our journal, and the journal reaches the members in a pristine condition on time. We have already been issued the tall order of bringing out IJO monthly, instead of bimonthly. Though this exercise tremendously escalates our burden, we shall be more than happy to fulfill the wishes of our predecessors in due course.

We at IJO are committed to carry on disbursing these coins to all our members through the research methodology workshops. The workshop will be conducted in smaller places as well for the benefit of our members serving the community in far flung places in India. We request the interested members to write to us well in advance. Our first research methodology workshop will be held in the month of May, 2011, at Regional Institute of Ophthalmology, Trivandrum, for a day and a half. Keep watching the advertisement space in IJO for the details.

My goals as an editor now are to make IJO a successful monthly journal and thus increase the opportunity of publications and also introduce i-pad access [Fig. 1]. I would like to encourage ophthalmologists to access IJO via mobile phones through software like e-book and e-pub [Fig. 2].

I would also like to request all fellow ophthalmologists to make IJO their prime choice when it comes to publishing their research work and articles. We are also toying with the idea of "ahead of print" by uploading certain articles on the website before they are printed in the journal.

For those who wish to contribute to IJO, remember, everything is easy when you know how! The skill of scientific writing is no exception. Once you can write what you mean, put your content in the correct order; and make your document clear and pleasurable for others to read, then can consider yourself an expert writer.

If you can produce a document that is well written, the review process automatically becomes a fulfilling contribution of academic ideas and thoughts rather than a desperate rescue attempt for bad grammar and disorganization. This type of peer review is invaluable for improving the quality of your writing.

Scientific writing is about correctly using words and finding a precise way to explain what you did, what you found, and why it matters.



Figure 1: IJO on I-pad

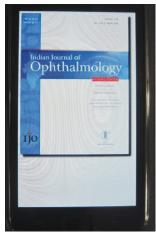


Figure 2: IJO on mobile

Ethical considerations have taken center stage in the protection of the rights of patients and healthy volunteers in clinical research and in considering the welfare of animals used in biomedical research. When it comes to publication ethics, it is vital that scientists engaged in biomedical research should be fully informed of the ethical framework in which they should be operating.

A poorly designed study unable to answer the research question posed should be regarded as unethical.

An approval from an appropriately constituted research ethics committee is mandatory for all studies involving people, medical records, and anonymized human tissues.

Plagiarism, redundant publication, etc. are also considered unethical.

I would also take an opportunity here while writing my first editorial to highlight diabetic retinopathy (DR) and its increasing prevalence both in rural and urban India. [1-3] India currently has the highest number of diabetic cases estimated to be 18 million in 1995 which is likely to increase by 195% to 54 million by the year 2025. The number of adults with diabetes in the world is also estimated to increase by 122% (135 million in 1995 to 300 in 2025). This increase is expected to be 42% in the developed world and 170% in the developing countries. [4] Indian studies have shown a threefold increase in our rural population with diabetes in last 15 years from 2.2% in 1989 to 6.3% in 2003. [2] In a cross-sectional study of a self-reported population attending DR screening camps, it was found that the rural prevalence of diabetes was 20%. [3] Diabetes has been the foremost cause of blindness affecting our working class and is the sixth leading cause of blindness. [5]

Recently, a study which has been published in this issue of IJO has shown that microalbuminuria and low hemoglobin are strong predictors for DR, CSME, and hard exudate formation in type 2 diabetics even after correcting for the duration of diabetes and other systemic risk factors. Although not directly involved in the pathogenesis, microalbuminuria can help in identifying patients at risk for more severe diabetic eye disease. Microalbuminuria warrants intensive monitoring of both retinal and renal functions. The hemoglobin levels should be monitored regularly in diabetic patients to detect and treat anemia, thereby reducing one risk factor for DR.

As I close my very first editorial in IJO here, I want to reiterate that we are indeed excited at the prospect of hard work, which would ensure that IJO scales greater peaks and shines globally.

As quoted by James Cash Penney: "Change is vital, improvement the logical form of change." I am looking forward to bringing constructive changes in IJO academically.

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