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Special Edition:
The African Hair-type

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INFORMATION TO CONTRIBUTORS AND READERS

Nigerian Journal of Dermatologists, NJD, is a forum for communication of research results and policy issues in the health sciences especially as related to dermatology and allied sciences, Plastic Surgery, Venereology, Pathology, Anatomy, Physiology and Biochemistry.

The journal is dedicated to serving primarily scientists in Africa and other developing countries outside the continent who seek a medium for publishing their research findings. Since science is global, articles would be welcome from every geographical location across the world.

There are pressing and specific problems related to Africa and to people of coloured skin. Ainhum, acne keloidalis are examples of two of a long list of cutaneous diseases peculiar to the sub region and waiting for research by the basic sciences; gratifying modalities of treatment are equally awaited.

The editorial board will therefore give priority to the development and promotion of such cutaneous health issues.

Frequency of publication: Quarterly.

Content format: Each issue will contain essentially the following sections, with variants where necessary:

- i. A short editorial statement on policy issues not more than two thousand words, placed not necessarily on the first page.
- ii. A short review (not more than five thousand words) titled “Perspective” on a current topical issue in Dermatology.
- iii. One or two review articles by invitation or on application.
- iv. Peer reviewed articles by invitation or on application.
- v. Letters to the editor.
- vi. News about, and on, African health and related matters.

Research papers should be composed of the following in that order, clearly typed in double space:

- i. Title, which should be short and specific.
- ii. Full names of all the authors, qualifications and affiliations of each, and full address of each author. (Qualifications of authors are only required for purposes of Editor's use and not for publication).
- iii. Name and address of the corresponding author and his/her phone/fax numbers (home & office).
- iv. Sources of financial support, if any.
- v. Summary of not more than 200 words as well as three to four key words.
- vi. Introduction.
- vii. Materials and methods.
- viii. Results.
- ix. Discussion
- x. Conclusion
- xi. Acknowledgments — placed immediately after the next, and before the references
- xii. Citations and references will be arranged according to the Vancouver Style:

A. Citation of Periodicals

Kofi-Tsekpo WM and Karekezi CW. Detectability and measurability of amoscinate in plasma by TLC and HPLC. *Drugs under Experimental and Clinical Research*. 1988; 14: 31-37.

Watkins WM, Howells RE, Brandling-Bennet AD and Koech DK. In vitro susceptibility of Plasmodium falciparum isolates from Jilore, Kenya to antimalarial drugs. *American Journal of Tropical Medicine and Hygiene*. 1987; 37: 445-451.

B. Citation of Books

Ole Fijerskov, Firoze Manji and Vibeke Baellum, eds. Dental fluorosis Handbook for health workers. Copenhagen: Munksgaard, 1988 p.

C. Citation of Chapters in books

Same as (B) above.

D. References

in the body of text should be in chronological order and identified by roman numerals in brackets: e.g. Specific point mutations in naturally resistant laboratory isolates of P. Falciparum [4, 5]

E. Figures, Charts & Pictures

Figure legends and tables should be professionally done. Tables/charts should be in black and white - 100 mm (minimum) and 175 mm (maximum). Coloured pictures may be submitted. Such pictures should be very clear and in size 5 x 7 inches. Where digital pictures are submitted, they should be in jpeg or bitmap format and not less than 300dpi resolution. Unclear and blurred pictures will be rejected. The publisher also reserves the right to convert coloured plates to grayscale where necessary.

F. Short Communications

This should possess all the elements of scientific communication as research papers, but without abstracts and subheadings and with not more than 500 words and 5 references.

G. Submission of paper to the Journal

Anyone who submits a paper for publication must provide the following:

- i. A letter of submission electronically.
- ii. Manuscript created using a word-processing program in PC format is encouraged. This is submitted electronically. Two hard copies of the peer reviewed, corrected manuscript will be sent over by the corresponding author to the editorial assistant, Regina Faleye MS, at the editorial office in the Department of Medicine, University College Hospital, Ibadan, Oyo State, Nigeria
- iii. Written permission from authors whose copyright material has been used in the manuscript.
- iv. Informed consent from authors whose photographs have been used.
- v. Copyright statement as follows:

I/We..... The undersigned, who is/are the author(s) of the manuscript titled.....transfer all copyright ownership of this manuscript to the Nigerian Journal of Dermatologists, in the event that the manuscript is published in the Journal. I/We give guarantee that the content of the manuscript is original, and is not currently being considered for publication by another Journal.

- vi. A letter of acceptance will be sent once the above stages have been complied with.



Special Edition: The African hair-type

Hair is part of the skin appendages and there are two main types: the terminal and the vellus hair. The terminal hair is found on the scalp, armpits, eyelashes, eyebrows, pubic hair, chest hair and belly hair. Functions of the hair include protection, heat retention, facial expression, sensory reception, visual identification, chemical signal dispersal, and cosmesis. It is thought to be protective against ultraviolet radiation of the tropical African sun. Types of hair on the scalp varies from fine straight hair found among the Caucasians to curly and kinky hair found predominantly among people of African descent; and several other variations between the two spectra.

The African-type hair is genetically kinky or curly and thick, ulotrichous. It is less dense, grows slower, and often not as long as the Caucasian hair. The African-type kinky hair undergoes shrinkage and appears shorter when naturally coiled than the actual length when stretched. The hairstyles and grooming practices for the African woman is a symbol of her social status (royal, soldiers and peasant), religion, fertility, and personality. The females in some tribes in Nigeria shave their hair at the loss of loved ones like the father, husband, and brother.

The hairstyles and grooming practices for the African-type hair have evolved over centuries and decades, from the pre-European era to the contemporary times. Natural herbs and oils like shea, coconut and kernel were used to groom the hair; and the predominant hairstyles include plaiting, matting, braids, dreadlocks, Afro and the use of cowries and beads for adornment. From the slave trade era, people of African descent changed hair practices and embraced the use of hair straighteners, hot combs, and chemical processing (relaxers and texturizers).

Certain hair and scalp disorders are associated with hair care practices in both males and females: traction alopecia, seborrheic dermatitis, chemical alopecia in females and acne keloidalis/folliculitis in males. The recent association of use of relaxers and dyes with breast cancers, is changing the narrative and those with African type hair are cutting back on chemical processing of the hair and embracing the natural kinky-

curly African hair. Grooming practices for natural kinky-curly African hair type are addressed in this edition.

Additionally, a review of trichoscopic features in hair and scalp disorders among Nigerians is featured in this edition. Trichoscopy (dermoscopy) is a quick, non-invasive, and affordable procedure, used as a clinical aid in the diagnoses of hair and scalp disorders. It is useful in settings such as ours, where many cannot afford a scalp biopsy and histology, or they simply do not want an invasive procedure. Trichoscopic features of scalp and hair disorders are well documented. Tinea capitis occurs in epidemic proportions in African pre-pubertal children, predominantly in primary school boys. We present a report on tinea capitis in primary school pupils in Southwest Nigeria.

On behalf of the editorial team, we wish you a fruitful academic and research year. We are fully online, and we continue to improve our services and our scientific and research output.

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