

**From the Desk of Editor In-Chief  
Professor Dr. Aizaz Mand Ahmad**



We observe the start of a new decade “2020”. It’s a number that has become an easy slogan for target setting by different organizations. This year also marks as the change of PJKD into a quarterly affair. It was a decision that was made after a realistic discussion about the number of submissions for publications over the last 2 years. It has been a difficult time for the editorial team with many times few articles could reach the target for publication. We however continued our efforts and kept the journal published each month even though we had only review articles or case reports. It was costing a significant amount of money and time for a small output. We, however, saw the publication of supplements with guidelines for pediatric nephrologists and another for Kidney biopsy series on FSGS. Our issue of PJKD in October at the time of Pakistan Society of Nephrology conference had interesting articles and was greeted well by the nephrology community.

Here I would like to acknowledge the services of our Managing Editor Mr. Ijaz Haider Butt who had tirelessly ensured the designing and printing of the journal over the last two and a half year. He also was able to work through the governmental policies and procedures to convert the journal from monthly to quarterly publication. This was an extremely difficult job that was ultimately well done. We intend to submit our application to PMDC for recognition since we have been regularly publishing the journal over the last 2 and a half years. I hope this will be a great boost to our efforts and help us strengthen our review process.

The current issue includes article of varied interest and we hope that publications from different centers will ultimately raise the bar of the journal and its standing. Three articles from different centers highlight the fact that high turnover bone disease is quite common among patients on maintenance hemodialysis. Of interest is the novel idea by Dr. Naila et al. of treating with high doses of vitamin D3 and showing improvement in the bone mineral disease parameters without causing hyperphosphatemia or hypercalciuria. This further highlights the importance of evaluating therapies and protocols in our patients since we do not follow the same dietary habits such as vitamin D supplementation in dairy products and increasing sedentary lifestyle.