



Journal of Ethnopharmacology

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Dear all,

The **impact factor** of the journal has again gone up: **2.26!** So congratulations, and many thanks for all your help in keeping this positive trend to continue, you all made an important contribution to making JEP the leading journal in this field. The fact that we have reached the more than 1 million full text downloads per year as one of the very few Elsevier journals also confirms that the journal plays an important role in the field!

Quality

It all comes down to quality, quality that is first of all controlled by the **reviewer**, they are the gatekeepers of a journal. They also have an important educational role, as they are experienced scientist with recognized expertise in the field, they are able to give in a positive way feedback to authors so that they can improve their papers and their research. This is the benefit of the peer review system, improvement of the field by honest and open criticism, based on

scientific arguments. That means also that reviewing is a time consuming task and with the ever increasing press at universities for doing more with less money this voluntary task comes more and more under pressure as it is not yet really recognized by administrators as being important, there is no numerical value that can be attached to it, like an impact factor, or a number of papers. I find that we should really make reviewing into an important scientific merit as well, and one should always mention in a CV that is doing regular reviews for certain journals. At least for me that is a positive thing in a CV!

Quality of a journal is not only determined by the content, but also by the printing, by the submission system, by the response to questions from authors, etc. In that sense we can help to improve the quality even further by improving the speed of the process from submission to publication. There are certain technical constraints, but in fact the most variable and unpredictable

step is the reviewing process. **How to get a paper to the right reviewer** is the first weak point, as mentioned before **we should like to come to a classification system** (see details below) based on the British National Formulary that would help to automatically select the group of most suited reviewers, and with the aid of further obligatory **keywords** identify individuals that have the best match. The introduction has been delayed because of the **changes in the Editorial Office, where Anneke Poels after many years of excellent work has left**, due to a major reorganization in our institute, but fortunately **we have found an excellent replacement in Dr. Marianne Verberne**, she has now taken over Anneke's tasks (see for her CV below).

As I wrote before, when you receive an invitation to review a manuscript, try to answer as prompt as possible. I rather have a direct no, so we can search for another reviewer than having to remind you to answer. The same applies after you accept, better say no if you do not see that you can do the review within the coming two weeks, if we have to remind you all the time, and at a certain point even may need to look for another reviewer, is one of the awkward tasks of being editor, it only results in unhappy people. So a full yes or otherwise better decline!

Time lines reviewing process

The reviewing process is the most time consuming of the whole path from submission to publication. To shorten and

streamline this procedure in the future all the reminders for invitations and for delivering the review will be done by the editorial office (Marianne Verberne). **The following deadlines will be used:**

Invitation to reviewer: 1st reminder 5 days after invitation, uninvite 12 days after invitation, alternate reviewer will be promoted. In case of revised paper, a second reminder will be send to the reviewer as it is essential that the original reviewers see the revision.

Reviewer accepted, no response: 1st reminder after 14 days, uninvite after 21 days, alternate reviewer will be promoted, in case of revised manuscript a second reminder.

Revision by author: within 3 weeks, then 1st reminder, without plausible explanation author after reminder submission will be deleted. When too late, authors may submit, but it will be considered as a new submission.

Email addresses

One of the problems we face is that the reviewer's email addresses are sometimes changed, without notifying the journal, results long delays in the review process.

Please let us know if your address changes!!!

Classification system

In previous newsletters I already mentioned that we want to improve the system of finding the right reviewers for each paper by making a classification system. The British National Formulary (BNF.org) organizes the information on drugs. This information is organized into 15 classes (see below) based on clinical conditions. Besides these we have added some further classes (see below). The authors of a paper should mention in which class (or in some cases maybe even classes) it belongs. Moreover a list with obligatory keywords has been made from which the authors should choose the relevant ones, and to which they may add further free keywords (e.g. name of plant species). The latest upgrade of the EES submission system enables this classification which then can be matched with the classification of the reviewers. **That means that you all in the near future will be asked to upgrade your profile in the system. We will do this stepwise, first the editors, then the editorial board members and finally all reviewers. Eventually this should lead to the most appropriate reviewers being invited for a paper.**

The classes are the following →

- **Editorial**
- **Commentary**
- **Review**
- **Anthropological and historical studies in ethnopharmacology**
- **Ethnopharmacological field studies**
- **Toxicology and safety**
- **Quality traditional medicines**
- **Systems biology and omics**
- **Clinical studies**

Traditional medicines studied in relation to (BNF classification):

1. **Gastro-intestinal system**
 2. **Cardiovascular system**
 3. **Respiratory system**
 4. **Central nervous system**
 5. **Infections**
 6. **Endocrine system**
 7. **Obstetrics, gynaecology, and urinary-tract disorders**
 8. **Malignant disease and immunosuppression**
 9. **Nutrition and blood**
 10. **Musculoskeletal and joint diseases**
 11. **Eye**
 12. **Ear, nose, and oropharynx**
 13. **Skin**
 14. **Immunological products and vaccines**
 15. **Anaesthesia**
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CV of Marianne Verberne

Marianne was born in 1969 in the Netherlands. She started her study in plant sciences at the International Agricultural College Larenstein, Laboratorium techniques in Wageningen in the orientation of Botany. After her graduation in 1991 she started to study Plant Diseases in the orientation of Biotechnology and Physiology at Wageningen University. In 1995 she started as a PhD student at Leiden University at the Institute of Biology, section of Pharmacognosy (Prof. Rob Verpoorte) in collaboration with the section of Plant Virology (Prof. John Bol). Her work focused on the increase of the resistance of tobacco against pathogens by genetic modification of the salicylic acid biosynthesis pathway. She graduated in 2000 and obtained a Post-doc position at Leiden University. Later on she continued her Post-doc work in the group of Plant Metabolomics of Prof. Rob Verpoorte in combination with the care of her two children. At this moment her research is focussed on the increase of the indole alkaloid content in cell suspension cultures of *Catharanthus roseus*. Since Anneke Poels had to leave the section of Plant Metabolomics, she took over the task of the editorial office of JEP. In her spare moments of leisure, she is working in her garden to grow vegetables and fruits.

References to traditional use

In the past months there has been some discussion about the claims made for certain plants being used traditionally. Some papers only mention that a plant is used traditionally but without any reference. The least **we should request of an author is to give a verifiable reference, a personal communication is not sufficient.** Of course in an ethnopharmacological survey paper there will be a clear “Materials and methods” part of the paper explaining how the information has been collected. Obviously for certain regions where little ethnopharmacological data have been documented, it is not always possible to refer to a publication. In that case the author should at least describe how the information is obtained and verified, this could be part of the materials and methods. It should follow the international rules for dealing with traditional knowledge as described in the instructions to authors. But in any case you as reviewer should be keen on checking how solid the claims for traditional use are, and if you are not satisfied, please ask in a revision for detailed information and if possible a reference(s) supporting the claims.

“Personal communication”

Recently there was a complaint of a reader that in a paper he was mentioned as the source of certain information, without being informed about this. I think it is “Good Writing Practice” to **ask the source of “personal information” permission to use this**

in a paper with the addition “personal communication”. When a “personal communication” is mentioned in a paper, please, as a reviewer, remind the author of this. A paper should not depend for a considerable degree on information that cannot be verified (see also above).

“Data not shown” Supplemental data

Sometimes authors write “data not shown”, in my opinion with present day possibilities of supplemental data one should add these data as a supplement. Data are the most important part of experiments and should be documented for future reference.

Missconduct

More and more we are confronted with author’s misconduct, ranging from selfplagiarism, plagiarism to fabrication of data. Therefore check always authors in Scopus function in EES to see if very similar papers have already been published by the authors (selfplagiarism) or that similar results have already been reported. When you suspect misconduct, please send me, or the associate editor involved, a separate email so we can take action.

Ethnopharmacological surveys

We receive quite a few papers describing ethnopharmacological surveys. The problem I have seen in many of these papers is that they did not give any indication about the incidence of mentioning of an activity for a plant, and/or no clear validation of the claims. Most have been rejected, many

already directly at the level of the editorial office. The reviewers rejected also many for similar reasons, and often for lack of a critical evaluation of the data, e.g. no comparison with previous studies in the same or neighboring regions. Recently Heinrich et al. published a “setting standards” paper in JEP in which a number of these points are discussed. This paper is like all papers in the series “setting standards” freely accessible (see below).

There is one point to consider. In doing ethnopharmacological surveys, some researchers also register other uses, e.g. as food, or insecticides. With other words the study has a wider scope including ethnobotany. Some reviewers advised to reject these papers because they should be considered as ethnobotany and not ethnopharmacology. However, in my view these papers also fit JEP, as long as health and medicines are the major issues. To leave out the ethnobotany is almost like an invitation to write two papers on one study, which unfortunately is already happening far too often.

Here some of my points for further discussion and which one may consider in judging the value of the information in such papers:

- Archiving traditional knowledge is very important. JEP should be a/the source for this. This could for example be as supplementary data and in a preferably in a well defined format, facilitating future use.

- It should be clear how reliable the information is, is it only from one single informant, or from many? Confirmation of a claim should be another way to deal with that, but what is the best method for that, and how should it be quantified in a paper.
- All kind or percentages of plant genera and families that are presented are meaningless without knowing the total available diversity of species and how frequent plants are found in the habitat of the people using them. Cultivated plants versus wild growing plants is also an issue in this.
- Important is not only which plants are used, but also any information about harvesting such as: time of the year, time of the day, special characteristics that are used to select the plant, treatment of the plant material, fresh or dry, method of formulation, extract or plant material itself is administered. Is the plant part of a combination with other plants or additives, and if so is there any rationale behind this.
- Is any negative information known, this could particularly also be part of the confirmation procedure.
- How do the informants make a diagnosis, as for example diabetes is not known as such, maybe certain symptoms are recognized. Particularly I have a problem with many papers where the introduction says that this plant has been used traditionally to treat cancer, often even without a reference, how is cancer diagnosed traditionally?
- Is the knowledge common for all people, or only for persons specialized in the field

(medicine man, etc), i.e. distinguish self medication from medical treatment.

- Are local names connected with use?
- How does the results of a local study fit into a larger context of a region, of a known traditional medicine system (e.g. Ayurveda, TCM), now too often the observation are just confirmation of general available knowledge, with only a few plant uses being really new.
- Voucher specimens are a must, it is some form of eternalizing the results of a survey, for example it allows future data-mining on the level of plant species (DNA profiling) and metabolomic analysis. Preparations bought on markets are a problem in such studies as only a part of the plant is available, also in that case a voucher specimen should be made or otherwise a chemical and/or DNA fingerprint should be made for possible future verification of the identity. The function of the voucher is to be able to verify the identity and possibly do later any molecular, biochemical or chemical tests to confirm identity.

Anyway to me the quantitation of the results of a survey is one of the essential things to give value to data collection. The points above should serve for further discussion to come to some sort of consensus making that results from different studies can be compared and are suited for future datamining from a repository. So I challenge you to write a commentary or "setting standards paper" on the above mentioned points.

Setting standards

Further papers on “setting standards” are needed! So if you have any proposal for writing such a paper contact us. In the meantime the following papers have now been published, all are freely accesible (open access!) through the journal homepage:

www.elsevier.com/locate/jethpharm

Cos P, Vlietinck AJ, Berghe DV, et al. *Anti-infective potential of natural products: how to develop a stronger in vitro 'proof-of-concept'*. J Ethnopharmacol 2006, 106: 290-302.

Matteucci, E., Giampietro, O. *Proposal open for discussion: defining agreed diagnostic procedures in experimental diabetes research*. J Ethnopharmacol 2008,115: 163-172.

Froede TSA and Medeiros YS *Animal models to test drugs with potential antidiabetic activity*. J Ethnopharmacol 2008, 115: 173-183.

Gertsch J, *How scientific is the science in ethnopharmacology? Historical perspectives and epistemological problems*. J. Ethnopharmacology, 2009, 122: 177-183

Heinrich M, Edwards S., Moerman DE and Leonti M, *Ethnopharmacological field studies: a critical assessment of their conceptual basis and methods*. J. Ethnopharmacol, 2009, 124: 1-17.

Musts in the EES reviewer report

Some people suggested to have some fixed questions in the report part, including asking if the paper fulfills the demands as summarized in the rules of 5. Indeed that should be very helpful, but unfortunately it seems that there is a technical problem so this cannot be implemented. **Therefore I ask all reviewers to at least start every report to deal with the two most common technical problems: the format of the abstract and the format of the references. Please also check the title of the paper: is this informative and grammatically sound; is it not too long; does it fit the content.**

What is active?

In a recent issue **Gertsch (J. Ethnopharmacol, 122(2009) 261)** made a contribution to the “setting standards” series in which he particularly challenged the definition of “activity”. Reading the introductions of many papers, I see that due to this lack of definition of what is active, probably sitosterol should now be considered as the most promising panacea, with “activity claims” for almost any disease. We must be objective in reporting our results, if one measures an activity in the mM range for a pure compound or mg/ml range for an extract that is a finding, a number, but that does not make that we can say that a compound or an extract is active, or has an activity. That can only be discussed by comparing the results with proper controls and also taking into account the assays used. For example antioxidant

activity measured by chemicals methods is nothing else than a chemical characteristic and not an activity in terms of pharmacology. It seems that authors want to justify their study by calling a compound or an extract active.

For me the ultimate goal is to come from ethnopharmacological survey to evidence-based traditional medicine and JEP should be the medium for communication for that approach. Proper pharmacological studies, including molecular and cellular assays, should contribute to this goal. If such experiments show results at dose levels that are not relevant it also an important finding! It means that either the activity is due to other mechanisms (novel?) not measured, or the medicine is not active. The first option is interesting for finding novel drugs. The second is important to avoid that we spend our scarce funds on studying plants with no activity, and patients to use inactive medicines (placebos?). With other words I do not mind that papers are published in JEP that conclude that the plant studied did not show any activity if compared with controls in a well designed experiment!
Negative results do not exist; results are neither positive nor negative; results should only be used to determine priorities and directions for further research and potential applications.

