DESCRIPTION

Advances in Integrative Medicine (AIMED) is an international peer-reviewed, evidence-based research and review journal that is multi-disciplinary within the fields of Integrative and Complementary Medicine.

The journal focuses on rigorous quantitative and qualitative research including systematic reviews, clinical trials and surveys, whilst also welcoming medical hypotheses and clinically-relevant articles and case studies disclosing practical learning tools for the consulting practitioner.

By promoting research and practice excellence in the field, and cross collaboration between relevant practitioner groups and associations, the journal aims to advance the practice of IM, identify areas for future research, and improve patient health outcomes.

International networking is encouraged through clinical innovation, the establishment of best practice and by providing opportunities for cooperation between organisations and communities.

AUDIENCE

Advances in Integrative Medicine aims to attract a wide expanse of professionals from both mainstream and complementary fields with the future potential for an ever expanding base of readership.

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GUIDE FOR AUTHORS

Introduction

Advances in Integrative Medicine (AIMED) provides a medium for the publication of articles on Integrative Medicine (IM) and related practice-oriented subject in the IM field. The scope of the journal is Integrative Medicine, its research and its clinical application. There will be sections inclusive of, but not restricted to - Integrative General Practice - Western Herbal Medicine - Clinical Nutrition - Naturopathy - Physical Therapies - Public Health - Law, Ethics and Policy - Clinical Pharmacy - Health Promotion and Preventative Medicine - and Environmental Medicine

Types Of Papers Considered For Publication

AIMED publishes Original Research, Reviews, Brief Reports, Long Reports, Medical Hypotheses, Case Reports, Book Reviews and a section devoted to Events, Conferences and Educational forums. In addition we publish Editorials and Commentaries on existing content with the journal.

Submissions should be accompanied by a short (up to three paragraphs) Cover letter explaining the suitability of your manuscript for publication in AIMED. All papers are subject to peer review.

1. Editorials - 500 to 1,000 words

Authors who have ideas for editorials which address issues of substantive concern to the discipline, particularly those of a controversial nature or linked directly to forthcoming content in the journal, should contact the Editors in Chief via the editorial office.

2. Original Research - up to 3,000 words excluding references, tables, figures and figure legends

Full papers reporting original research can be a maximum of 3000 words in length, although shorter papers are preferred.

3. REVIEWS - up to 3,000 words excluding references, tables, figures and figure legends

Systematic and Non-systematic reviews: Review Criteria and Message for the clinician. After your 300-word structured abstract please answer these questions: ‘How did you gather, select and analyze the info you considered in your review? (up to five bullet points) and ‘What is the take-home message for the clinician?’ (up to five bullet points).

Non-systematic/Narrative reviews will be considered only if they include a discrete Methods section that must explicitly describe the author's?? approach. Special priority will be given to Systematic reviews.

A Systematic review should include: Title, Structured Abstract (300 words), Introduction or Background, Methods (see Author Guidelines section on CONSIDERATIONS SPECIFIC TO TYPES OF RESEARCH DESIGNS for more information), Results, Discussion, Conclusion, Conflict of Interest statement, Acknowledgements (including funding acknowledgements), References.

A Non-systematic/Narrative review should include: Title, Structured Abstract (300 words), Introduction or Background, Methods (see Author Guidelines section on CONSIDERATIONS SPECIFIC TO TYPES OF RESEARCH DESIGNS for more information), Discussion, Conclusion, Conflict of Interest statement, Acknowledgements (including funding acknowledgements), References.

4. Brief reports - up to 1,500 words

Reports should provide expert opinion, discussion, exploration or description of issues of relevance or interest to the readership. These will include Conflict of Interest statement, Acknowledgements (including funding acknowledgements), References. Authors may submit a Case Report if they provide a cover letter to explain the relevance or importance of the report. These may be published at the discretion of the editorial board.

5. Long reports - up to 3,000 words

Reports should provide expert opinion, discussion, exploration or description of issues of relevance or interest to the readership. These will include Conflict of Interest statement, Acknowledgements (including funding acknowledgements), References.

6. Medical Hypotheses - up to 3,000 words
Submissions should provide new or novel information or explore new or emerging concepts that add to the current body of knowledge and are of relevance to integrative medicine practice, research, policy or academia.

7. Case Reports - up to 3,000 words
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8. Synopses - up to 1500 words
Digests of key trials or systematic reviews. The synopses should providing a succinct summary of the study, as well as a commentary to highlight clinical perspective on how the evidence should be put into practice. Limit number of tables to 2.

9. Comments and commentaries - 500 to 1,000 words
Designed to stimulate academic debate and discussion, the Editors in chief invite readers to submit commentaries (up to 1000 words) or short comments or letters (about 500 words) on papers published in AIMED. Contributions that are of general interest, stimulating and meet the standards of scholarship associated with the Journal may be selected for publication in a commentary section or as a standalone contribution. Contributions should be submitted as in the usual way.

10. Book/Resource Review - 300 words (invited submissions only)
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BEFORE YOU BEGIN

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or 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 submitted.

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Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Formatting - 11 point Arial or Times Roman font, double-spaced, 2.5cm margins all around, line numbered and pages numbered.

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The editors require that manuscripts adhere to recognised reporting guidelines relevant to the research design used. These identify matters that should be addressed in your paper. These are not quality assessment frameworks and your study need not meet all the criteria implied in the reporting guideline to be worthy of publication in the journal. The checklists do identify essential matters that should be considered and reported upon. For example, a controlled trial may or may not be blinded but it is important that the paper identifies whether or not participants, clinicians and outcome assessors were aware of treatment assignments.

Research ethics for clinical studies: In the Methods section of your manuscript, you must confirm that your study has been approved by relevant bodies (e.g. institutional review boards, research ethics committees) and that appropriate consent was obtained for studies involving human participants.

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Standards. Clinical trials should comply with appropriate reporting guidelines and checklists (e.g. CONSORT, http://www.consort-statement.org/extensions/interventions/) should be used when appropriate.

Reporting guidelines endorsed by the journal are listed below:


Qualitative researchers might wish to consult the guideline listed below:


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1. **Covering letter** (if applicable) - explaining the suitability of your manuscript for publication in AIMED, detailing the authorship contributions, and other matters you wish the editors to consider.

2. **Title page**

3. **Manuscript** (see Types of Papers Considered for Publication, and Article Structure sections). Depending on the paper type this should include the Title, Structured Abstract, Key Words, "what is already known about the topic", "what the paper adds", main text, References.

4. **Table and Figures** - There should be no more than five tables and figures in total. All tables and figures should be clearly labeled and submitted as separate files. If your manuscript includes more than five tables/figures in total, or for very large tables, these can be submitted as Supplementary Data and will be included as such in the online version of your article.

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Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

**Statements of:** (place prior to manuscript's Introduction or Background)

**What is already known about the topic**

**What this paper adds**

Required for all papers(with the exception of Commentaries and Editorials) is a clear summary of 'What is already known about the topic?' and 'What this paper adds' identifying existing research knowledge relating to the specific research question / topic and a summary of the new knowledge added by this study.

Under each of these headings, please provide clear OUTCOME statements in the form of up to five bullet points for each. *Do NOT* give process statements of what the paper does.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

**Theory/calculation**

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.
Results
Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s).

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Provide between four and ten keywords in alphabetical order, which accurately identify the paper's subject, purpose, method and focus. Use the Medical Subject Headings (MeSH). Avoid general and plural terms and multiple concepts (for example, 'and', 'of'). Only use abbreviations firmly established in the field. These keywords will be used for indexing purposes. Keywords should be separated by semi-colons, e.g. capillary electrophoresis; liquid chromatography.
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If an acronym is used, the term for which it stands should be given in full at its first mention in the text, for example, Generalised Anxiety Disorder (GAS).

Generic drug names should be used (drug brand names must not be used). Herbal medicines can be referred to by their common name but must also include a Latin binomial name to ensure accurate interpretation by readers e.g. Herbal CONSORT http://www.consort-statement.org/extensions/interventions/.

**Acknowledgements**  
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

**Formatting of funding sources**  
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzzz]; and the United States Institutes of Peace [grant number aaaa].

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Footnotes are not in the journal's style.

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• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
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