**DESCRIPTION**

*Phytomedicine* is primarily a therapy-oriented Journal. *Phytomedicine* publishes innovative studies on efficacy, safety, quality and mechanisms of action of specified plant extracts, phytopharmaceuticals and their isolated constituents. This includes *clinical, pharmacological, pharmacokinetic, and toxicological studies* of specified herbal medicinal products, herbal preparations and purified compounds which have a defined and consistent quality assuring reproducible pharmacological activity.

*Phytomedicine* was founded in 1994 to focus and stimulate research in this particular field and to set internationally accepted scientific standards for pharmacological studies, proof of clinical efficacy and safety of phytomedicines.

The main aims of *Phytomedicine* are associated with the integration of phytopreparations into conventional/official medicine.

The journal covers the following sections:
- Clinical pharmacology and toxicology (randomized, placebo controlled, double blind, and observational open label studies)
- Behavioural, mental, affective, and stress-associated disorders
- Age-associated disorders
- Neuropharmacology
- Endocrine pharmacology
- Metabolic syndrome and obesity
- Cancer
- Immunopharmacology, inflammation
- Infectious diseases
- Pulmonary, gastrointestinal, cardiovascular and urogenital diseases
- Systems biology
- Safety assessment, pre-clinical toxicology, interaction with drugs and adverse events of herbal preparations
- Pharmacokinetic of natural compounds
- Standardization of herbal preparations
- Legislation of botanicals
- Invited reviews

The directions of *Phytomedicine* are known to provide profound scientific background in Herbal Medicinal Products, their reproducible Quality and evidence based therapeutic efficacy. Since then quality criteria and standardization methods were defined and the European Medical Agency has elaborated numerous guidelines for the conduction of clinical studies and preparation of Herbal Medicinal Products. In total 107 ESCOP monographs have been produced and submitted to EMA. Many new analytical methods and instruments were implemented both for analysis and standardization of herbal Substances, herbal preparations and their bioassays and tremendous work has been carried out to remain aligned with these intentions during the last 18 years.

Nowadays important topics remain to be approached, such as harmonization of the regulatory frameworks in Europe, America, Asia and Australia or the legislation of various "botanicals",
where strict differentiation of requirements for health claims of herbal medicinal product, dietary supplements and nutraceuticals are required.

*Phytomedicine* is the companion title to the open access journal *Phytomedicine Plus.*

**AUDIENCE**

Pharmacologists, toxicologists, pharmacists, pharmacognosists, phytotherapists (clinicians), biochemists, botanists, general practitioners

**IMPACT FACTOR**

2022: 7.900 © Clarivate Analytics Journal Citation Reports 2023

**ABSTRACTING AND INDEXING**

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BIOSIS Citation Index  
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GUIDE FOR AUTHORS

INTRODUCTION

PHYTOMEDICINE

International Journal of Phytotherapy and Phytopharmacology

Scope

Phytomedicine is primarily a therapy-oriented Journal, which publishes innovative studies on efficacy, safety, quality and mechanisms of action of specified plant extracts, phytopharmaceuticals and their purified constituents. This includes clinical and preclinical studies of properly standardized herbal medicinal products, herbal preparations and isolated compounds, which have reproducible pharmacological activity.

The journal covers the following sections: Trends in Phytopharmacology: innovative technologies and emerging concepts - Reviews Clinical pharmacology and toxicology Pre-clinical pharmacology and toxicology Mechanisms of action of herbal medicines and their active constituents Neuropharmacology Endocrine pharmacology Cancer Inflammation Infectious diseases Cardiovascular diseases Ageing associated disorders Quality of Herbal preparations/botanicals: adulteration, standardization, analysis Legislation of Herbal preparations/botanicals Current issues in Phytomedicine research (various topics which are not covered in all other volumes).

BEFORE YOU BEGIN

Article requirements

Please note the following requirements for consideration of an article, upon submitting your manuscript:

1. Is your article within the scope of Phytomedicine?
   Your article must meet the scope of Phytomedicine (please see above). Articles that are not in the scope, will be rejected immediately! Articles on the isolation and structure elucidation of novel bioactive compounds or the development of new analytical methods do not fall into the scope of Phytomedicine. However, pharmacological and clinical studies of novel natural products, where new compounds or methods of analysis of active of pharmaceutical ingredients in herbal preparations and biological fluids and tissues are reported (e.g. in pharmacokinetic studies), are welcome. Dietary Supplements, "Botanicals" or "Functional Food" are not within the scope of Phytomedicine unless they are specified/standardized and pharmacologically investigated analogues to herbal drugs and if the evidence presented is comparable to the therapeutic outcomes with a positive control. Studies on pure compounds are not accepted if their origin is not clearly related to the plant kingdom. Pharmacological studies of isolated compounds in various forms (salts, ethers, etc.), which do not exist in nature are out of scope of Phytomedicine. Screening results of a large number of plant extracts or plant constituents for pharmacological activities will not be considered unless they are focused on those plants or constituents which show superior activities in comparison with generally accepted positive (reference) compounds.

2. Does your article comply with the standard requirements of Phytomedicine?
   Your article must meet the criteria assuring reproducible quality and efficacy of herbal preparations. Latin binomial name and the author, local name and English name and plant part(s) used must be specified for all plants used in the study. It should be stated that the plant name has been checked with http://www.theplantlist.org. The authentication of fresh plants or dried herbal drugs, including those of formulas, must be carried out by means of macroscopic and/or microscopic, molecular biological, chemical, chromatographic and/or other suitable pharmacognostic methods. Voucher specimens of plant materials used for all studies must be deposited and identified with a voucher number, the date and location of collection. The plant material may derive from natural origin, from cultivated plants, or from an herbal drug market. In case of commercially procured material the source, batch number, and quality control data should be specified. All scientific names of the plants must be written in italics through the whole manuscript! Herbal medicinal products and herbal extracts Herbal medicinal products or herbal preparations must be declared in accordance to EMA guidelines. In particular, herbal extracts must be clearly and comprehensively described with respect to the plant part used, the drug extract ratio, type and concentration of extraction solvent, extraction
conditions etc. They must be sufficiently characterized (e.g. by HPLC fingerprints) and specified for the content of marker compounds to ensure a consistent quality and reproducible pharmacological activity. The choice of marker must be justified. The analytical methods have to be validated for selectivity, accuracy and precision and briefly described, providing the most important information necessary to obtain reproducible results. Traditional and commercial names of herbal preparations should be mentioned in the Introduction of the manuscript, but not in the title. Phytomedicine accepts only international standard terminology – binomial Latin names of the plants and their combinations.

Herbal combinations

Studies with herbal drug combinations (e.g. 2-5 plants) will be accepted only if each herbal drug undergo the same authentication and standardization process as described above, each single herbal extracts is HPLC fingerprinted and relevant marker constituents are quantified before and after the extracts are mixed. A 3-D-HPLC-profile of the multiherbal drug combination must be provided. Authors must clearly demonstrate which analytical marker specifically indicates on the presence each of herbal ingredients in the combination. Additionally, we encourage the use other relevant and validated physiological, biological, or biochemical methods, which ensure reproducible pharmacological activity of multi-herbal drug combinations.

Chemicals, phytochemicals and other purified compounds For purified compounds, please provide chemical names using relevant information from the NCBI PubChem which can be found on the website http://www.ncbi.nlm.nih.gov/pccompound. In studies with purified compounds the evidences of their purity (13C NMR or HPLC peak purity test) are required.

Gene nomenclature Authors should use approved nomenclature for gene symbols. Please consult the appropriate nomenclature data bases for correct gene names and symbols. "Entrez Gene" is a useful resource. Approved human gene symbols are provided by HUGO Gene Nomenclature committee (HGNC): http://www.gene.ucl.ac.uk/nomenclature Approved Mouse symbols are provided by The Jackson Laboratory: http://www.informatics.jax.org/mgihome/nomen

Approved C. elegans symbols are provided by Caenorhabditis Genetics Center: http://www.cbs.unm.edu/GCG/Nomenclature/no menguid.htm For approved S. cerevisiae and S. pombe symbols see http://yeastgenome.org/help/yeastGeneNomenclature.shtml and http://www.sanger.ac.uk/Projects/S_pombe/SP_Name_FAQ.shtml, respectively Statistical analysis Statistical hypothesis and methods should be described in detail. Actual P values should be used unless less than 0.001. Reporting of 95% confidence intervals is encouraged. The choice of appropriate parametric or nonparametric tools has to be justified. Refer to B.S. Everett. Statistical Methods for Medical Investigations, Oxford University Press, New York, 1989.

3. Is your article approaching new findings?
Scientific novelty of your study must be clearly demonstrated. The articles limited with a repetition of well-known data or identification of only well-known ubiquitous compounds with little or no relation to activity are not acceptable.

4. Is your article relevant to clinical medicine?
Your article must be based on a thorough study, using proper controls and convincing evidences of therapeutic significance and observations.

Not acceptable are: In vitro studies with concentrations of active compounds, which could not be implemented in-vivo and that are not appropriate for further pharmaceutical development. In vitro studies without results on organs, tissues, fluids or cells. In vitro studies without positive control. In vivo single dose studies or studies with one set of experiments and few animals. Studies on antimicrobial activity with only single dose, very high concentration, measuring only inhibition zones without MIC values, without information on type of activity (or growth inhibition) or microorganisms investigation. Pharmacological studies of pure compounds, which are not supported by evidences on pharmacological activity of plant extract where it was identified.

5. Does your article meet the requirements to clinical and pharmacological studies?
Your article must comply with the basic criteria for conducting and reporting clinical and pharmacological studies.

Reporting Trials Statement for Herbal Medicinal Interventions (CONSORT), particularly when it comes to description of study medication, which is a strict requirement of acceptance for Phytomedicine. For guidelines and necessary information, please use the following internet addresses: https://www.equator-network.org/reporting-guidelines/consort/, https://www.equator-network.org/reporting-guidelines/consort-herbal/, http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2009/09/WC500003370.pdf. Use of a CONSORT checklist and flow diagram is recommended for illustration of grouping and flow of patients in all clinical studies, randomized clinical trials as well as other trials. Clinical studies must be approved by an Institutional Ethics Committee or its equivalent. The Methods section must state that the study followed the guidelines of the Declaration of Helsinki and Tokyo for humans!

Requirements for pharmacological studies (in vitro, ex vivo or in vivo): Investigations with animals must state in the Methods section that the research was conducted in accordance with internationally accepted principles for laboratory animal use and care (e.g. European community guidelines/ EEC Directive of 1986 or the US guidelines/ NIH publication). The route of drug administration, different of oral, must be justified. Appropriate and justified statistical methods must be used. Positive controls (reference standards must be included in study design). Many natural compounds are known for their polyvalent (pleiotropic) activities and are only of interest if one or two pharmacological activities are dominant and somehow superior in comparison with generally accepted reference standards/compounds. Their potential therapeutic application must be justified for specified indication. Antimicrobial evaluation of plants are of scientific value only if these plant extracts show superior biological activities in comparison with a synthetic or natural antimicrobial agent standard. It is preferred that in vitro activity (MIC) of an extract in not higher than 100 ìg/ml. For the correct determination of MIC values, standardized methodologies such as those of CLSI or EUCAST are preferred. All articles that are reporting gene expression profiling data (microarray experiments) should comply with the Minimum Information about Microarray Experiments (MIAME, http://www.mged.org/Workgroups/MIAME/miame.html). At least two microarrays should be provided for each experimental condition. Results of selected genes should be validated by a second method (e.g. RT-PCR) or protein data should be provided. In addition functional test (animal experiments/clinical data) undertaken simultaneously are desirable to allow an appraisement of the biological/clinical relevance of the data. Alternatively, results of in vivo experiments with comparable dosages can be discussed. The presentation of a sole data collection is not acceptable. Biologically relevant information should be presented. We recommend do not overuse specific names, notions and terms from various theories of traditional medical systems (e.g. TCM, Ayurveda, etc.). That makes articles difficult for perceptions and understanding. The essence of these theories should be translated into internationally accepted scientific theories, while traditional names and terms should be converted to English. Final interpretation of the results of the study must adhere to conventional scientific theories.

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Please see our information on Ethics in publishing.

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to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Reporting sex- and gender-based analyses**

**Reporting guidance**

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**Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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**PREPARATION**

**Types of manuscript**

**Original papers**

Articles should not exceed **12-15 typewritten pages** or up to **5,000 words**, including references, tables and figures. Previously reported methods should be referenced only. The number of references should not exceed 30 (except for review articles or reports on microarray data).

**Short communications**

Short communications should be condensed to **4-8 typewritten pages** or not more than **2,500 words** including references and a maximum of two illustrations.

**Review articles**

Review articles will only be by invitation. Review articles can provide concise and critical updates on a subject of current interest. Herbal drug-monographs are only acceptable if they contain the newest pharmacological and toxicological issues and an outlook on future directions.

**Prof. Hildebert Wagner Award**

The "Prof. Hildebert Wagner Award" was created to honor the outstanding efforts of Prof. Wagner for the journal Phytomedicine. This award will be granted to a graduate student or young post-doctoral researcher who is the first author of a paper reviewed by the Editors of Phytomedicine to be the best one in the Journal during the previous calendar year. The prize will be sponsored by Elsevier with EUR 500 for the awardee and a certificate for every Co-Author. Additionally an official notice will be published on the journal homepage of Phytomedicine (https://www.elsevier.com/locate/phymed), on which the article will be available free of charge for one year. The reviewing editors for the first contribution to be awarded in Phytomedicine will be Prof. Hildebert Wagner himself, Prof. Alexander Panossian, and Prof. Susana Zacchino. To qualify, nominees must be younger than 35 years and an outstanding contribution to the field must be provided. Nominations can be made by first authors (resp. corresponding authors).

Nominations for the first "Prof. Hildebert Wagner Award" in 2016 can be done until June 30, 2016. The announcement of the winner will be by end of October 2016. Please choose Award-Article from the drop-down menu below, if you want your article to be considered for the Award.

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