# ADVANCES IN INTEGRATIVE MEDICINE

Affiliated with the Australasian Integrative Medicine Association (AIMA)

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## 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**
Case reports are a valuable method of informing medical practice. Many original observations, novel diagnostic and therapeutic approaches, unusual, new or uncommon diseases and complications of medical treatment were first identified and published as case reports. This Article (http://www.sciencedirect.com/science/article/pii/S2212962614000753) describes practical and academic insights into writing a case report for publication.

**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.

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All necessary files have been uploaded:

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- All tables (including titles, description, footnotes)
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**Supplemental files** (where applicable)

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- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

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BEFORE YOU BEGIN

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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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Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors’ meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

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Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

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

CONSIDERATIONS SPECIFIC TO TYPES OF RESEARCH DESIGNS

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.

Clinical trials - registration. In the Methods section of your manuscript, provide the clinical trial registration number and registry name.

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:

Documentation required at Submission:

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.

Article structure
Subdivision - numbered sections
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:
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.

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

Material and methods
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.

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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.

Discussion
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.

Conclusions
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.

Appendices
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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Abstract
Must be structured. It should be less than 300 words, and use the sub-headings: Objectives, Design, Methods, Results, and Conclusions. Avoid abbreviations and acronyms.

Abstracts of Research papers should adopt the headings suggested by the relevant reporting guidelines (see below). In general they should include the following: Objectives; Methods; Results (reporting main outcome(s) / findings) and Conclusions (which should relate to study aims and hypotheses

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).

Keywords
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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Avoid abbreviations unless they are likely to be widely recognised. In particular you should avoid abbreviating key concepts in your paper where readers might not already be familiar with the abbreviation. Any abbreviations which the authors intend to use should be written out in full and followed by the letters in brackets the first time they appear, thereafter only the letters without brackets should be used.

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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.).

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

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A detailed guide on electronic artwork is available.

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TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

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