Journal of Complementary and Integrative Medicine
Information for Authors

1. Scope and general policies of the Journal

The Journal of Complementary and Integrative Medicine (JICIM) is a peer-reviewed journal which publishes research on evidence concerning the efficacy and safety of complementary and alternative medical (CAM) whole systems, practices, interventions and natural health products, including herbal medicines.

JICIM is an online only journal, which is published quarterly. JICIM publishes only English-language articles in the following categories:

- Research Articles — Reports of original research
- Reviews and Mini Reviews — Systematic, narrative, and focused reviews. Review articles are normally published by invitation, but suggestions to the Editors are welcome.
- Opinion Papers and Editorials
- Point/Counterpoint Papers
- Case Reports (see Appendix 1)
- Short Communications
- Short Communications on Medicinal Herbs and Complementary Therapies (see Appendix 2)
- Letters to the Editor and Replies
- Guidelines and Recommendations
- Congress Abstracts

Submissions in the following fields are welcomed:

- Quality, efficacy, and safety of natural health products, dietary supplements, traditional medicines and their synthetic duplicates
- Efficacy and safety of complementary therapies
- Evidence-based medicine and practice, including evidence of traditional use
- Curriculum development, educational system and competency of complementary health programs
- Methodologies on research and evaluation of traditional medicines and herbal products
- Integrative medicine: basic and clinical research and practice
- Innovation in CAM Curriculum
- Educational Material Design

Peer review JICIM is a single-blind journal. Manuscripts are reviewed anonymously by at least two independent reviewers selected by the Editors.

Turnaround times JICIM aspire to notify authors about the review decision within 6-8 weeks from submission date. Revised manuscripts should be returned within 6 weeks. Accepted articles are published online within 4 weeks after acceptance.

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to health insurance, politics or other stakeholders, personal relationships, academic competition, and intellectual passion.

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Acknowledgments: (If applicable).

Author contributions: All the authors have accepted responsibility for the entire content of this submitted manuscript and approved submission.

Research funding: Declaration or None declared.

Employment or leadership: Declaration or None declared.

Honorarium: Declaration or None declared.

Competing interests: The funding organization(s) played no role in the study design; in the collection, analysis, and interpretation of data; in the writing of the report; or in the decision to submit the report for publication.

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General format and length Type the manuscript (including table legends, figure legends and references) double-spaced using 12 pt font size and 1 inch margins. Number all pages. Do not use footnotes in the text, use parentheses instead.

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• All Figures and Tables have been uploaded and appear correctly at the end of the PDF.
• Abstract, Keywords, List of Abbreviations, Tables and Figures, and captions and legends are included.
• Manuscript is spell-checked and within the word limit for the type of article.
• References are in the correct format (Vancouver style) and cited sequentially in the text.
• References mentioned in the reference list are cited in the text and vice versa.
• Ethical approval is obtained and mentioned in the text.
• Numbers in the text, tables, or figures use decimal points, not commas.
• Supplier names, incl. city and country, are provided for reagents and apparatus reported in the manuscript.

General format and length of the types of articles accepted for submission

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*Background, Methods, Results, Conclusions; ** Background, Content, Summary and Outlook; *** Background, Case presentation, Conclusions.

Studies dealing with diagnostic accuracy: Please refer to the 2015 Standards for Reporting of Diagnostic Accuracy checklist ([STARD]).

Systematic Reviews and Meta-Analyses of randomized controlled trials: Please refer to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement ([PRISMA]). Authors must include a suitable PRISMA flow chart in their submission. The flow diagram depicts the flow of information through the different phases of a systematic review. A template of the PRISMA flow diagram is available [here] as a PDF and Word document.
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**Please contact the Editorial Office with any further questions:** Heike Jahnke, T: +49 30 26005-220, F: +49 30 26005-325, E-mail: JGIM.editorial@deGruyter.com
Appendix 1

Type of publication:

Standardized Case Reports for Novel Complementary or Integrative Medicine Interventions or Therapies

Purpose of a clinical case report is to document a unique observational study of a patient or patients (or subjects) which provides education, new understanding and knowledge of patient care that may stimulate further scientific inquiry.

Area of reporting (Category): efficacy, safety, and interactions with other therapies as pertained to herbal or traditional medicine and different complementary therapies.

Who should consider publishing: all recognized health care providers including CAM practitioners, pharmacists, physicians, and nurse practitioners.

Nature or scope of the report:

- Description of unusual outcomes or "Best Case" without established causality
- Case report with emphasis on educational objectives to inform about novel therapies or interventions, including N=1 studies.
- Innovative/unusual or rare cases, idiosyncratic reactions, including description of temporal relationship, identification and validation of Natural Health Products involved in the report
- Withdrawal and rechallenge outcomes
- Cases leading to hypothesis generation

1. Introduction/Background information

What is the case about?

- An unexpected association between diseases or symptoms.
- An unexpected event in the course of observing or treating a patient.
- Findings that shed new light on the possible cause of a disease or an adverse effect.
- Unique or rare features of a disease.
- Unique therapeutic approaches.
- Others

The characteristics of intervention to be reported. It must be well documented based on available evidence and references.

Importance of the case being presented and why it is being reported

2. Case presentation

- Chief complaint and present medical history
- Past medical, family and social histories
- Physical examination
- Laboratory findings
- Nature of Therapy or Intervention
- Description of how the intervention was administered, by whom, for how long etc
- For adverse event associated with exposure, identity and authentication of purported agent(s) involved, and possible contaminants
3. Results or outcome of intervention:

- All pertinent findings are clearly stated: relevant positive and pertinent negative results
- Information presented in chronological order: timelines for both administration of the intervention (therapy), duration of treatment and relationship results must be clearly stated

4. Discussion

- Possible causal relationship:
- Biological plausibility?
- Alternative explanations
- Relevant published reports

5. Conclusions/Learning points

- Implication
- New hypothesis
- Future study

6. References

7. Conflict of interest statement
Appendix 2

Type of publication:

Short Communication on Medicinal Herbs and Complementary Therapies

- Name of plant(s):
  - Botanical name
  - Botanical binomial name
  - Common name

- Primary biological activity examined
- Name of authors and affiliations

Picture of plant used if any

1. Background
   - Traditional use
   - Known pharmacological or biological activity
   - Rationale for the study

2. Materials used in the study
   - Raw herbs
   - Types of extract
   - Methodology for:
     - Authentication
     - Characterization
     - Extraction

3. Biological activity examined and name of analyses (basis of the choose if available)
   - Pharmacology
   - Toxicology
   - Statistical analysis

4. Research findings
   - Primary
   - Secondary
   - Unexpected

5. Conclusions

6. Significance, applications and implications

7. References

8. Supplemental data
   Supplemental data required (mandatory requirement, published as supplemental file)
   - Methodology used and data obtained including chemical profile of extract