

## ***Alternative Therapies in Health and Medicine***

### **INFO FOR AUTHORS**

*Alternative Therapies in Health and Medicine (ATHM)* is an international scientific forum for the dissemination of peer-reviewed information indexed in the National Library of Medicine to healthcare professionals regarding the use of complementary and alternative therapies in promoting health and healing.

Topics on this page include the following. Click on a link below to scroll to that section.

Writing for *Alternative Therapies in Health and Medicine*

Types of Manuscripts to Submit

Manuscript Formatting and Other Details

Submitting Manuscripts/Manuscript Processing

*ATHM* Contact Information

Checklist for Authors

---

### **WRITING FOR ALTERNATIVE THERAPIES IN HEALTH AND MEDICINE**

The editors of *Alternative Therapies in Health and Medicine* invite authors to submit original papers for consideration. Papers most likely to be published are those that present authoritative information and important new ideas on emerging therapies in health and medicine and their integration into the healthcare system for the promotion of health and wellness as well as the prevention and treatment of illness. Our readers are primarily physicians and other licensed healthcare practitioners. When submitting a manuscript to *ATHM*, please consider this audience. One way to determine if your paper is likely to be published is to show a draft of your manuscript to members of the medical community whose area of expertise is discussed in your paper. If they have difficulty understanding your paper, so, in all probability, will our editors and our readers. Emerging therapies in health and medicine include topics such as the following:

- Acupressure
- Anthroposophy
- Ayurveda
- Bioelectromagnetic therapy
- Biofeedback
- Chiropractic
- Craniosacral therapies
- Creative therapies
- Diet and nutrition
- Environmental medicine
- Health promotion
- Herbal medicine/phytotherapy
- Homeopathy
- Hypnotherapy
- Imagery
- Indigenous medical practices
- Massage/manual therapies
- Meditation
- Medical acupuncture
- Mind-body therapies
- Naturopathy
- Oriental medicine
- Osteopathic medicine
- Psychoneuroimmunology
- Psychotherapy
- Reflexology
- Reiki
- Relaxation/stress reduction
- Spiritual healing
- Tibetan medicine
- Traditional Chinese medicine
- Unani
- Yoga

---

### **TYPES OF MANUSCRIPTS TO SUBMIT**

Following is an overview of the types of articles *ATHM* publishes.

#### ***PEER-REVIEWED SUBMISSIONS***

#### **ORIGINAL RESEARCH MANUSCRIPTS**

**Original Research**—Original research is often but not always a randomized clinical trial (RCT).

Intervention studies, cohort studies, case-control studies, epidemiologic assessments, observational studies reported according to the STROBE guidelines ([www.strobe-statement.org](http://www.strobe-statement.org)), and surveys are other examples of original research. A clinical trial is a study that prospectively (and often randomly)

assigns human participants to intervention or comparison groups to evaluate the cause-and-effect relationship between an intervention and an outcome. All clinical trials must be registered before submission of a manuscript based on the trial, and the registration information should be included along with the submission. Trial registries include but are not limited to the following: <http://www.actr.org.au/>; <http://www.clinicaltrials.gov>; <http://isrctn.org/>; and <http://www.trialregister.nl/trialreg/index.asp>. All randomized clinical trials should include a CONSORT flow diagram and checklist (available at <http://www.consort-statement.org/index.aspx?o=1030>). Original research manuscripts should include an abstract that states one or more study objectives; the study setting, participant information with inclusion and exclusion criteria; the key features of any intervention(s); the primary outcome measures; the study results; discussion (including limitations) placing the results in context with the published literature; and conclusions. Data included in research reports must be original and should be as timely as possible. A structured abstract is required. See instructions for preparing structured abstracts below. Recommended length: 3000 to 5000 words (not including abstract, tables, figures, and references).

**Brief Reports and Pilot Studies**—These are short reports of original studies or evaluations or unique reports of case series. A structured abstract is required. Recommended length is between 750 and 2000 words (not including abstract, tables, figures, and references). They should include approximately 10 to 20 references and no more than 4 tables/figures. Authors should follow all requirements for original research manuscripts (see above) when submitting brief reports or pilot studies, including the understanding that they have not been published or submitted elsewhere.

## REVIEW MANUSCRIPTS

**Narrative Reviews**—Narrative reviews usually address broad topic areas rather than a few tightly formulated questions. Narrative reviews often do not have a Methods section to describe the process of selecting the studies that the author discusses in the text. Narrative reviews tend to lecture about a topic and may suggest future research.

**Systematic Review (Including Meta-analysis)**—Systematic reviews educate by describing evidence to the reader. They are critical assessments of research literature pertaining to clinical topics, emphasizing factors such as cause, diagnosis, treatment, and therapy. Articles or data sources should be systematically reviewed according to clear criteria, preferably with a protocol written in advance. The data sources should be current and a structured abstract is required. If a meta-analysis is done it should follow QUORUM ([www.consort-statement.org/mod\\_product/uploads/QUORUM%20checklist%20and%20flow%20diagram%201999.pdf](http://www.consort-statement.org/mod_product/uploads/QUORUM%20checklist%20and%20flow%20diagram%201999.pdf)) or MOOSE ([www.consort-statement.org/mod\\_product/uploads/MOOSE%20Statement%202000.pdf](http://www.consort-statement.org/mod_product/uploads/MOOSE%20Statement%202000.pdf)) guidelines.

## CASE REPORTS

Case reports generally use one (or more) specific case(s) to illustrate an interesting outcome, most commonly with a unique or innovative treatment. Case reports are designed to inform and offer innovative therapeutic approaches. Practitioners should present a clear diagnostic situation whenever possible and then explain the treatment. The case report should include the history, examination, investigations, case management, and outcome. The discussion section that follows should educate the reader about the treatment that was used. Case reports usually range from 600 to 1500 words and contain between 5 and 10 references. Pictures or graphs may be helpful. Consent for publication must be obtained from the patient.

## RESEARCH LETTERS

Research letters reporting original research should not exceed 900 words of text and 10 references and may include a table or figure. They are not required to include an abstract but should follow the guidelines listed above for clinical trials. These research letters are peer reviewed.

## **HYPOTHESES**

Critical assessments of emerging therapies discussing potential mechanisms of action and implications for the practice of medicine and the integration of emerging therapies into the healthcare delivery system are encouraged. Manuscripts usually contain between 3000 and 6000 words and are accepted for consideration with the understanding that they have not been published or submitted elsewhere. These manuscripts are peer reviewed.

## **NON-PEER REVIEWED SUBMISSIONS**

### **LETTERS TO THE EDITOR**

Letters discussing a recent article will be considered if they are received within 6 weeks of the article's publication. Letters may have no more than 5 authors and should not exceed 500 words of text and 7 references unless approved by the editor in advance. The letter should include the names and academic degrees (if any) for all authors, as well as the e-mail address for the corresponding author. Letters will be published at the discretion of the editors and shortened or edited for style and content.

### **AUTHOR REPLY LETTERS**

Replies by authors should not exceed 600 words of text and 8 references and should be submitted by one of the original authors of the manuscript.

### **BOOK REVIEWS**

Book reviews are written by request, are generally from 300 to 400 words, and follow the structured format outlined below.

1. **Audience:** In a phrase or two, describe the field of medicine to which the book applies (eg, clinical research, oncology, cardiology) and the types of health professionals who would most benefit from reading the book.
2. **Purpose:** A brief overview indicating the author's goal in writing the book.
3. **Overview/Highlights:** A general summary of the contents of the book, focusing on where the book succeeds in relating new and valuable information to readers.
4. **Limitations:** A brief summary of the book's weaknesses, such as information that should have been covered, unsubstantiated claims, cumbersome writing style.
5. **Commentary:** Final thoughts on the book, perhaps including other books of interest on the same topic and a discussion of how this book compares to those. Information already addressed in the book review should not be repeated here.

---

## **MANUSCRIPT FORMATTING AND OTHER DETAILS**

### **Manuscript Content**

Your manuscript should be formatted according to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals ([www.icmje.org](http://www.icmje.org)). You may also find the Consolidated Standards of Reporting Trials (CONSORT) statement helpful for describing a randomized, controlled trial ([www.consort-statement.org](http://www.consort-statement.org)).

### **Authorship**

Disputes over authorship, and multiauthorship in particular, are better resolved early on, preferably before a study begins. The author who is designated as "corresponding author" when the manuscript is submitted will be asked to approve editorial changes to the article on behalf of all authors prior to publication of the article.

## **Ethics**

When human experimentation is being reported, include a statement to confirm that the work was done in accordance with the appropriate institutional review body and carried out with the ethical standards set forth in the Helsinki Declaration of 1975. When laboratory animals are used, there should be a statement that the work was carried out according to the National Research Council's protocol for, or any national law on, the care and use of laboratory animals.

## **Abstracts**

Abstracts should be approximately 250 to 300 words for original research and reviews and are used to summarize the paper. Abstracts are not required for hypotheses, research letters, case reports, editorials, columns or commentaries, book reviews, or other intermittent special publications. Abstracts for original research and reviews should include the following headings whenever possible: Background/Context, Objective, Methods/Design, Setting, Participants, Interventions, Primary Outcome Measures, Results, Conclusions, and Trial Registry information. The structure for abstracts is as follows:

- **Background:** One or two sentences explaining why this study is necessary and important.
- **Primary Study Objective:** What are the primary study objectives?
- **Methods/Design:** Outline the key elements of the study design, including a sample size calculation.
- **Setting:** Where the study was done (how many sites, what kind of sites, etc).
- **Participants:** Who participated in the study as well as their key demographic characteristics, the dropout rate, adverse events, etc.
- **Intervention:** The key features of the intervention must be described. Trademarked product names should not be used.
- **Primary Outcome Measures:** What outcome measures were used to measure the primary study objectives. These should be specified in advance (in the trial registry, for example).
- **Results:** The results of the primary outcomes of the study, such as risk, confidence intervals, numbers needed to treat, or *P*-values, should be quantified and reported.
- **Conclusion:** Conclusions supported by the results should be discussed as well as the clinical implications.

## **References**

Start references on a separate page following the text, and number them consecutively in the text by order of appearance. In the text, designate reference numbers either as superscript or on the line in parentheses. (Do not use the footnote or endnote function in Word.) Abbreviate journal titles according to Index Medicus. If in doubt, cite complete journal name. Follow the format and punctuation set forth in the *AMA Manual of Style*, 10th ed, as illustrated in the following examples. Do not use periods in abbreviations of journal titles. List all authors, but if the number exceeds 6, list the first 3 names followed by "et al."

### **Journal article**

Pert CB, Dreher HE, Ruff MR. The psychosomatic network: foundations of mind-body medicine. *Altern Ther Health Med*. 1998;4(4):30-41.

### **Book chapter**

Schiffman JD. Immunology of influenza. In: Cane MB, ed. *Viruses and Influenza*. Orlando, FL: Academic Press; 1990:191-196.

### **Book**

Avery GB. *Neonatology: Pathophysiology and Management of the Neonate*. 3rd ed. Philadelphia, PA: JB Lippincott; 1987.

**Tables**

Number and title tables consecutively in the order in which they are mentioned in the text. Each column within a table should have a heading. Define abbreviations in the legend.

**Figures**

If you are unable to submit figures electronically, submit 1 copy by post. On the back of the copy note the figure number, last name of the primary author, and orientation (top/left/right). Include the name of the photographer or illustrator, if applicable. In clinical photographs in which the patient can be recognized, include a release signed by the patient or guardian granting permission to publish the photograph. If permission is not obtained, the photograph will be edited to ensure anonymity.

**Permissions**

If any material in the manuscript is from a prior copyrighted publication, a letter of permission from the copyright holder to reproduce the material should be included. If a photo or illustration does not belong to the author, it must be accompanied by a letter of permission from the copyright holder to reproduce it. Those cited in personal communications (verbal or written) also must grant the author written permission for the use of their names and/or material.

**Proprietary Interest**

Authors with financial or proprietary interest in the subject matter or materials discussed (eg, employment, stock ownership, honoraria, etc) will be asked to submit a statement for publication on the first page of the article.

**Drug Names**

Use full generic names only, including inactive moiety. The trade name of a drug may be cited in parentheses the first time the generic name appears.

**Abbreviations and Symbols**

With the exception of standard units of measurements, avoid abbreviations. Do not use abbreviations in the title or abstract. When using a large number of abbreviations, list them in a table.

**Reprints**

Upon publication, authors will receive 2 complimentary copies of the issue in which their article appears. If you wish to purchase additional copies or reprints, notify the managing editor when you grant final approval of your edited article.

---

**SUBMITTING MANUSCRIPTS/MANUSCRIPT PROCESSING**

All manuscripts must be submitted electronically to [athmsubmissions@innovisionhm.com](mailto:athmsubmissions@innovisionhm.com). They are usually acknowledged and assigned a manuscript number within a week of receipt in our office. The manuscript number should be used in all future communications with InnoVision Health Media.

Include your mailing address, phone number, and fax number in your e-mail message as well as an electronic version (Microsoft Word preferred) of each item listed in the checklist below. Tables and figures should be included as attachments if possible. If they cannot be sent as attachments, please send a high-quality hard copy by post.

Manuscripts should be submitted as a series of files including a cover letter, the manuscript (including title page, the abstract, manuscript text, and references), and all tables, figures, and legends. Please submit a signed copy of the [copyright transfer form](#). Most submissions are subject to peer review (see details below). Presentation of data at scientific meetings does not preclude submission.

## **Peer Review**

The majority of manuscripts submitted to us are put through peer review. The time from receipt of initial submission to final editorial decision takes an average of 3 to 6 months. Manuscripts that our editors believe warrant rapid publication (most commonly original research) will be peer-reviewed as quickly as possible, with a goal of publication of within 2 months after receipt of the manuscript. We follow the International Committee for Medical Journal Editors ([www.icmje.org](http://www.icmje.org)) on publication guidelines and encourage authors to follow their recommendations if possible.

One of the journal's editorial staff will read your paper to assess the validity, originality, and significance of the work presented. Our acceptance rate is low; an important feature of our selection process is that many papers are turned away on the basis of in-house evaluation alone. That decision will be communicated quickly. Positive in-house reviews by the editorial staff are followed by peer review. If the manuscript is sent out for peer review, you will be informed by the editorial coordinator. Reviews are blinded; that is, authors and reviewers are not identified by name during the review process. After the manuscript has been reviewed, you will be informed whether it has been accepted for publication, rejected, or requires revision.

## **Revisions**

Revisions may be requested for submissions that pass the initial review stages. This does not constitute acceptance for publication but is an invitation to strengthen your paper for further scrutiny. After revision, your paper may again be subjected to a full peer review, usually by the same reviewers. The reviewers' comments must be answered or rebutted in the text of the manuscript (where applicable) and in a separate, accompanying letter to facilitate the review of your revised manuscript. Some of the comments will be technical and some substantive; all should be addressed.

## **Decision**

You will be notified via e-mail of the final decision about your submission.

## **Accepted Manuscripts**

At the time your paper is accepted for publication, you may refer to it as being "in press." No publication date will be set at this time; an edited version of your manuscript will be sent to you for approval, and you will be notified when a publication date has been established. We increasingly publish articles online ahead of print publication. You will be informed at least a week in advance of the online publication dates. The online article is identical to the print version and is citable by the digital object identifier (DOI).

## **Rejected Manuscripts**

Sometimes we make mistakes in rejecting a manuscript, and if you think we have, we would like to hear an appeal from you for us to reconsider our decision. In your appeal, please tell us why you think our decision to reject your manuscript was mistaken and set out your specific responses to comments you feel are the main reason for your manuscript being rejected.

---

## **OUR CONTACT INFORMATION**

*Alternative Therapies in Health and Medicine*

Attention: Submissions

2995 Wilderness Place, Suite 205

Boulder, CO 80301

Phone: (303) 565-2014

Fax: (303) 440-7446

E-mail: [athmsubmissions@innovisionhm.com](mailto:athmsubmissions@innovisionhm.com)

---

## CHECKLIST FOR AUTHORS

### Cover Letter

With each manuscript submitted, include a cover letter that explains why you think this journal in particular should publish your paper. The paper may be longer than requested; please take this opportunity to say what concessions you might be prepared to make (eg, omission of a table or shortening of the methods).

### Copyright Transfer

- All authors are required to sign a transfer of copyright agreement. To download a copy of this form, [click here](#). If you have trouble printing this document on a Mac, click on and hold the link. When a menu displays, select the option to save the link to disk. On a PC, right click on the link, then select the option to save the link to disk.
- We accept that certain authors (eg, government employees in some countries) are unable to transfer copyright. However, such open-access policies do not give anyone other than *Alternative Therapies in Health and Medicine* the right to make in any form facsimile copies of the version printed.

### Manuscript

Please send an electronic version of your manuscript, including the following:

- Title page, to include
  - Title of manuscript
  - Running title
  - Authors' full names in publishing order, with degrees, ranks, credentials, and affiliations
  - Corresponding author's name, address, and telephone numbers, fax numbers, and e-mail address
  - Institution(s) in which the work was performed
  - Grants or other financial support used for the study
- Abstract, on a separate page, including title, structured abstracts up to 250 words, unstructured up to 150 words
- Text, starting on a new page, printed on one side of each page only
- References, starting on a new page, numbered consecutively as they appear in the text, and following the format of the most recent edition of the *AMA Manual of Style*—currently the 10th edition
- Tables, including title and legend, if applicable
- Figures (if submitting a hard copy, 1 copy of each, labeled on the back with primary author's last name, figure number, and orientation, eg, top/left/right), including figure title and legend
- Permissions (eg, for personal communications or reproduced figures)
- Acknowledgments (obtain written permission from each person listed in this section)