

# TRADITIONAL & KAMPO MEDICINE

## INSTRUCTIONS TO AUTHORS

Thank you for your interest in *Traditional & Kampo Medicine*, the successor to the English section of *Kampo Medicine* published by the Japan Society for Oriental Medicine, and *Journal of Traditional Medicines* published by the Medical and Pharmaceutical Society for WAKAN-YAKU. Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We look forward to your submission.

### 1. AIMS AND SCOPE

*Traditional & Kampo Medicine* is an international, high-impact, peer-reviewed journal that seeks to increase understanding of traditional medicine, Kampo medicine and natural medicine, through the publication of original and innovative papers on traditional medicine, Kampo medicine and natural medicine from both members and non-members of the Japan Society for Oriental Medicine and the Medical and Pharmaceutical Society for WAKAN-YAKU.

One of the main focuses of this journal is the research on Kampo medicine, which is a Japanese traditional herbal medicine that originated in ancient China.

*Traditional & Kampo Medicine* is dedicated to providing accurate, timely, and significant information on traditional medicine, Kampo medicine and natural medicine for researchers and practitioners in these areas. Contributions may include clinical and basic research on traditional medicine, Kampo medicine and natural medicine, covering pharmacology, pharmacognosy, biochemistry and chemistry, as well as clinical applications.

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### 2. EDITORIAL REVIEW AND ACCEPTANCE

The acceptance criteria for all papers are the quality and originality of the research and its significance to our readership. Except where otherwise stated, manuscripts are double-blind peer reviewed by two anonymous reviewers and the Editor. Final acceptance or rejection rests with the Editorial Board, who reserve the right to refuse any material for publication.

Manuscripts should be written in a clear, concise, direct style. When contributions are judged as acceptable for publication on the basis of content, the Editor and the Publisher reserve the right to modify typescripts to eliminate ambiguity and repetition and to improve communication between author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

### 3. PRE-SUBMISSION RESOURCES

#### Author Services

Prior to submission, we encourage you to browse the Author Resources section of the Wiley Author Services website: <http://authorservices.wiley.com/bauthor/author.asp>.

This site includes useful information covering such topics as copyright matters, ethics, electronic artwork guidelines, and how to optimize articles for search engines.

#### Pre-acceptance English-language editing

Authors for whom English is a second language may choose to

have their manuscript professionally edited before submission to improve the English. Visit <http://wileyeditingservices.com/> to learn about the options. Japanese authors can also find a list of local English improvement services at <http://www.wiley.co.jp/journals/editcontribute.html>. All services are paid for and arranged by the author. Please note using the Wiley English Language Editing Service does not guarantee that your paper will be accepted by this journal.

### 4. MANUSCRIPT CATEGORY

The Journal publishes Original Articles, Short Communications, Case Reports, Reviews, Letters to the Editor and Special Reports. All manuscripts will be reviewed thoroughly by two or more experts, whose opinions will be the basis for the final decision.

#### (1) Original Articles:

Full-length reports of current research in either basic or clinical science are considered. New, significant, innovative, and original findings are suitable.

Word limit: 4000 words maximum including abstract and references.

Abstract: 250 words maximum and structured.

References: In general, up to 30.

Figures/Tables: Total of no more than 8 figures and tables.

Arrange text as follows: Introduction, Methods, Results, Discussion.

#### (2) Short Communications:

Papers containing new findings and important data that will substantially and immediately affect research or clinical practice but which are derived from incomplete or partial studies are considered. The words "Short Communication" must appear at the top left corner of the title page.

Word limit: 2000 words maximum including abstract and references.

Abstract: 250 words maximum and structured.

References: In general, up to 20.

Figures/Tables: Total of no more than 5 figures and tables.

Arrange text as follows: Introduction, Methods, Results, Discussion.

#### (3) Case Reports:

New observations, clinical findings or novel/unique treatment outcomes relevant to practitioners are considered. Only cases of exceptional interest and novelty are suitable. Arrange text as follows: Abstract, Introduction, Case Presentation, Discussion. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as Letters to the Editor.

Word limit: Up to 2000 words maximum including abstract but excluding references. The total should be within 2 typeset pages including tables and figures.

Abstract: 150 words maximum, structured.

References: Up to 10 in total.

Figures/tables: Up to 4 in total (1a, 1b, 1c are counted as 3 figures not 1 figure).

#### (4) Reviews: [by invitation from the Editors]

A review is submitted by invitation from the Editorial Board, and encompasses recent important scientific discoveries.

Authors wishing to submit unsolicited reviews are requested to consult with the Editors at the earliest possible stage, i.e. prior to commencement.

Word limit: 5000 words including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, unstructured.

References: No limit.

Figures/tables: Minimum 1 image or figure.

#### (5) Letters to the Editor:

Letters commenting on what has been published in the journal are welcome and must reach the journal within 3 months of publication of the original item.

Word limit: 500 words.

Authors: Maximum five authors.

Abstract: No abstract.

References: Up to 5 in total.

Figures/tables: Up to 1 (multi-panel figures allowed).

#### (6) Special Reports: [by invitation from the Editors]

Reports on biological screening data, field observations etc., which may contribute to the scientific knowledge of the readers, are considered. Special Reports should be submitted by invitation from the Editorial Board.

### 5. STYLE OF MANUSCRIPT

Manuscripts submitted as Original Article, Short Communication, Case Report, Review, Letter to the Editor or Special Report should be presented in the following order:

(i) title page; (ii) abstract and key words; (iii) text; (iv) acknowledgments; (v) conflict of interest; (vi) references; (vii) supporting information; (viii) figure legends; (ix) tables (each table complete with title and footnotes); and (x) figures.

Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised *Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication*, available at: <http://www.ICMJE.org/>.

All articles submitted to the Journal must comply with these instructions. Failure to comply may result in the return of the manuscript and a possible delay in publication. Spelling should follow US convention and must be consistent throughout the manuscript.

**Abbreviations:** In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

The following, however, need not be defined:

AIDS (acquired immunodeficiency syndrome), ATP (adenosine 5'-triphosphate), cAMP (adenosine 3',5'-cyclicmonophosphate), cDNA (complementary DNA), CoA (coenzyme A), DNA (deoxyribonucleic acid), ED50 (50% effective dose), ESR (electron spin resonance), FAB-MS (fast atom bombardment mass spectrometry), FAD (flavin adenine dinucleotide), GC-MS (gas chromatography-mass spectrometry), HPLC (high-pressure or high-performance liquid chromatography), IC50 (inhibitory concentration, 50%), IR (infrared), LD50 (50% lethal dose), mRNA (messenger RNA), MS (mass spectrum), NMR (nuclear magnetic resonance, as 13C-NMR, 1H-NMR), P450 (as in cytochrome P450), RNA (ribonucleic acid), rRNA (ribosomal RNA), TLC (thin-layer chromatography), tRNA (transfer RNA), or UV (ultraviolet).

**Units:** All measurements must be given in SI or SI-derived units. Please go to the Bureau International des Poids et Mesures (BIPM) website at <http://www.bipm.fr> for more information. The following units should be used: length (m, cm, mm,  $\mu$ m, nm, Å), mass (kg, g, mg,  $\mu$ g, ng, pg, mol, mmol), volume (L, mL,  $\mu$ L), time (s, min, h, days), temperature ( $^{\circ}$ C), radiation (Bq), and concentration (mol/L, mmol/L, mg/mL,  $\mu$ g/mL, %, % (v/v), % (w/v), p.p.m., p.p.b.).

**Trade names:** Chemical substances should be referred to by the generic name only. Trade names should not be used. Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and

the name and location of the manufacturer, in parentheses.

**Genetic nomenclature:** Standard genetic nomenclature should be used. For further information, including relevant websites, authors should refer to the genetic nomenclature guide in *Trends in Genetics* (Elsevier Science, 1998).

**Nucleotide sequence data:** Data can be submitted in electronic form to any of the three major collaborative databases: DDBJ, EMBL or GenBank. It is necessary to submit to only one database because data are exchanged between DDBJ, EMBL and GenBank on a daily basis. The suggested wording for referring to accession-number information is as follows: "These sequence data have been submitted to the DDBJ/EMBL/GenBank databases under accession number U12345." Addresses are as follows:

DNA Data Bank of Japan (DDBJ): <http://www.ddbj.nig.ac.jp>

EMBL Nucleotide Sequence Submissions:

<http://www.ebi.ac.uk>

GenBank: <http://www.ncbi.nlm.nih.gov>

**Spectral and Elemental Analysis data:** Report spectral and elemental analysis data in the following format:  $[\alpha]_{D23}^{25}$  74.5 (c 1.0, MeOH). UV $\lambda_{max}$  (H<sub>2</sub>O) nm (log $\epsilon$ ): 280 (3.25). IR (KBr) cm<sup>-1</sup>: 1720, 1050, 910. 1H-NMR (CDCl<sub>3</sub>)  $\delta$ : 1.25 (3H, d, J=7.0 Hz), 3.55 (1H, q, J=7.0 Hz), 6.70 (1H, m). 13C-NMR (CDCl<sub>3</sub>)  $\delta$ : 20.9 (q), 71.5 (d), 169.9 (s). MS m/z: 332 (M<sup>+</sup>), 180, 168. FAB-MS m/z : 332.12588 Calcd for C<sub>18</sub>H<sub>20</sub>O<sub>6</sub>: 332.1259. Anal. Calcd for C<sub>19</sub>H<sub>21</sub>NO<sub>3</sub>: C, 73.29; H, 6.80; N, 4.50. Found: C, 73.30; H, 6.88; N, 4.65.

**Nomenclature:** The nomenclature of chemical compounds shall be in accordance with the nomenclature rules formulated by IUPAC, but trivial names are also accepted. Alternatively, naming may conform to the nomenclature in the index of Chemical Abstracts or the Ring Index.

**Terminology:** Regarding terminology for traditional or Kampo medicine, please refer to *Introduction to KAMPO* (Elsevier 2005) and "WHO international standard terminologies on traditional medicine in the western pacific region" (WHO, 2007). Japanese authors should refer to "Recommended Terminology for Kampo Products, Conventional Crude Drug Products and Crude Drugs" available at: <http://www.nikkankyo.org/kampo/yougo.html>

### 6. STRUCTURE OF THE MANUSCRIPT

#### Abstract and key words

Original Articles and Short Communications must have a structured abstract of 250 words that states the purpose, basic procedures, main findings and principal conclusions of the study. Divide the abstract with the headings: Aim, Methods, Results, Conclusion. Review Articles should have an unstructured abstract of 250 words. For Case Report, abstract with headings: Case, Outcome, Conclusion. The abstract should not contain abbreviations or references. Two to six key words, for the purposes of indexing, should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>

#### Materials

In the Materials section of the text, authors are required to include: (i) scientific names of material plants and parts used; (ii) the w/w yield of prepared extracts in terms of starting crude materials in both self-prepared and commercially prepared mixtures; (iii) complete formulation details of all crude drug mixtures; (iv) the voucher specimen number of the plants or crude drugs studied indicating the name of the herbarium institution where they have been deposited; and (v) analytical data supporting the quality of extracts used such as HPLC and TLC.

#### Tables

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a

separate page with the legend above. Legends should be concise but comprehensive: the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and \*, \*\*, \*\*\* should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings. Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).

### Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Each figure should be supplied as a separate file, with the figure number incorporated in the file name.

Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

**Size:** Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

**Resolution:** Figures must be supplied as high resolution, and saved as .eps or .tif. Halftone figures must be at least 300 dpi (dots per inch), color figures at least 300 dpi saved as CMYK, figures containing text at least 400 dpi, and line figures at least 1000 dpi. Digital images supplied only as low-resolution files cannot be used for publication.

**Line figures:** Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

**Text sizing:** In figures the lettering must be included and should be sized to be no larger than the journal text or 8 points (should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

**Figure legends:** Type figure legends on a separate page. Legends should be concise but comprehensive: the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement. Assistance with the preparation of illustrations is available at: <http://authorservices.wiley.com/bauthor/illustration.asp>

### Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right, in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

### Acknowledgments

The source of financial grants and other funding must be acknowledged, including a frank declaration of the authors' industrial links and affiliations. The contribution of colleagues or institutions should also be acknowledged. Personal thanks and thanks to anonymous reviewers are not appropriate.

### References

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using superscript Arabic numerals in the order in which they appear. If cited in tables or figure legends, number according to the first citation of the table or figure in the text. Authors are responsible for the accuracy of the references. In the reference list, cite the names of all authors when there are six or fewer; when seven or more, list the first three, followed by *et al.* Do not use *ibid.* or *op cit.* References to unpublished data and personal communications should not appear in the list, but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in

Index Medicus.

### Journal article

Nishibe S, Yamaguchi S, Hasegawa M, Oba K, Fujikawa T. Anti-obesity effect of the mixture of herbal extracts containing a new material, Forsythia leaf extract. *J. Trad. Med.* 2013; **30**: 82–90.

Honda Y, Sunagawa M, Yoneyama S *et al.* Analgesic and anti-stress effects of yokukansan in rats with adjuvant arthritis. *Kampo Med.* 2013; **64**: 78–85.

### Book

Kaufmann HE, Baron BA, McDonald MB, Waltman SR (eds). *The Cornea*, 2nd edn. New York: Churchill Livingstone, 1998.

### Chapter in a book

McEwen WK, Goodner IK. Secretion of tears and blinking. In: Davidson H (ed). *The Eye*, Vol. 3, 2nd edn. New York: Academic Press, 1969; 34–78.

### Electronic material

Diabetes Australia. *Prevalence of Diabetes in the Australian Population*. [Cited 5 Jun 1996.] Available from URL: <http://www.diabetes.org.au>.

### Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

### Appendices

These should be placed at the end of the paper, numbered in Roman numerals and referred to in the text. If written by a person other than the author of the main text, the writer's name should be included below the title.

## 7. SUPPORTING INFORMATION

Supporting information (supplementary material) is provided by the authors to support the content of an article but it is not integral to that article. It is hosted under the heading "Supporting Information", together with the online article, but does not appear in the print version of the article. Supporting Information must be submitted together with the article for review; it should not be added at a later stage. Supporting Information can be in the form of video footage, tables, figures, and appendices. Reference to Supporting Information in the main body of the article is allowed, but it should be noted that excessive reference to a piece of supplementary material may indicate that it would be better suited as a proper reference or fully included figure/table. Supporting Information will be published as it is supplied and will not be checked or typeset in any way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5MB, although video files may be larger. Prior to submission, please check the guidelines at: <http://authorservices.wiley.com/bauthor/suppmat.asp>

## 8. SUBMISSION OF MANUSCRIPTS

Manuscripts should be submitted online at <http://scholarone.com/tkm>. Authors must supply an email address because all correspondence will be by email. Two files should be supplied: the covering letter and the manuscript (in MS Word-compatible format or rich text format (.rtf), not as a PDF). The covering letter should be uploaded as a file not for review, in keeping with the double-blind review process.

### General

All articles submitted to the Journal must comply with these instructions. Failure to comply will result in the return of the manuscript and a possible delay in publication.

- Submissions must be double-spaced.
- All margins should be at least 30 mm.
- All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.

- Do not use 'Enter' at the end of lines within a paragraph.
- Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
- Specify any special characters used to represent non-keyboard characters.
- Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for Greek beta.
- For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process.

#### Covering letter

Papers are accepted for publication in the Journal on the understanding that the content has not been published or submitted for publication elsewhere, except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter. The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified.

#### Title page

The title page should contain (i) the title of the paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) The full names of the authors; (iii) the addresses of the institutions at which the work was carried out; together with (iv) the full postal and email address, facsimile and telephone numbers of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. The title should be short, informative and contain the major key words so that readers and, in particular, online users will discover the article easily in an online search. Do not use abbreviations in the title. A short running title (fewer than 40 characters including spaces) should also be provided.

#### 9. DISCLOSURE

At the time of submission, the submitting author must include a disclosure statement in the body of the manuscript. The statement will describe all of the authors' relationships with companies that may have a financial interest in the information contained in the manuscript. This information should be provided under the heading titled Conflict Of Interest, which should appear after the Acknowledgments section and before the References section. The absence of any interest to disclose must also be stated. Click [here](#) to download Disclosure form.

Completion and inclusion of the Disclosure Form is obligatory with the submission of all categories of article. If the form is not included or complete, the manuscript will not be considered for peer review.

#### 10. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Seoul 2008), available at: <http://www.wma.net/en/30publications/10policies/b3/> The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or

an eye bar should be used).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

#### Guiding principles for the care and use of laboratory animals:

Any experiments involving animals must be demonstrated to be ethically acceptable and, where relevant, conform to national guidelines for animal use in research. For experimental animals, specify the species, strain number used, and other pertinent descriptive characteristics. When describing surgical procedures on animals, identify the pre-anesthetic and anesthetic agents used.

#### 11. CLINICAL TRIAL REGISTRY

We strongly recommend, as a condition of consideration for publication, registration in a public trials registry. Registration in a public trial registry is a condition of consideration for publication. Trials must be registered at or before the onset of patient enrollment. This policy applies to any clinical trial commencing enrollment after 1 January 2006. For trials that began enrollment before this date, we request registration by 1 April 2006, before considering the trial for publication. A clinical trial is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g. phase 1 trials) are exempt. We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (i) accessible to the public at no charge; (ii) searchable by standard, electronic (Internet-based) methods; (iii) open to all prospective registrants free of charge or at minimal cost; (iv) validates registered information; (v) identifies trials with a unique number; and (vi) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s). Registries that currently meet these criteria include: (i) the registry sponsored by the United States National Library of Medicine (<http://www.clinicaltrials.gov>); (ii) the International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>); (iii) the Chinese Clinical Trials Register (<http://www.chictr.org>); (iv) the Clinical Trials Registry - India (<http://www.ctri.in>); (v) University hospital Medical Information Network (UMIN) (<http://www.umin.ac.jp/ctr/>); and (vi) the Clinical Study Results Database (<http://clinicalstudyresults.org/>).

#### 12. RANDOMIZED CONTROLLED TRIALS

Reporting of randomized controlled trials should follow the guidelines of The CONSORT Statement: <http://www.consort-statement.org>

#### 13. COPYRIGHT

If your paper is accepted, the author identified as the formal corresponding author for the paper will receive an email prompting them to login into Author Services where, via the Wiley Author Licensing Service (WALS), they will be able to complete the license agreement on behalf of all authors on the paper.

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DOIs can be found at: <http://www.doi.org/faq.html>.

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<http://olabout.wiley.com/WileyCDA/Section/id-406241.html>

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**Editorial Office: *Traditional & Kampo Medicine***

c/o

Institute of Natural Medicine

University of Toyama

2630 Sugitani, Toyama 930-0194, Japan

Fax: +81 76 434 5062

Email: [info@wakan-iyaku.gr.jp](mailto:info@wakan-iyaku.gr.jp)