Annex 3

The *"rules of 5"* from Journal of Ethopharmacology

JEP Editorial Announcement

Globalization has resulted in a rapid increase in the interest in the various medical systems in the world, and consequently more detailed research of these fields. Over the last 25 years many studies focusing on local and traditional ethnopharmacological knowledge have appeared in the *Journal of Ethnopharmacology*. Today, a multitude of topics are covered under the general headline of 'ethnopharmacology'. Ideally we hope to attract truly multi- or transdisciplinary manuscripts with a strong basis both in socio-cultural and natural sciences.

Obviously the *Journal of Ethnopharmacology* is also affected by this increased interest in traditional medicines. We clearly notice a rapidly increasing number of manuscripts being sent to the Journal, and a steady increase of the impact factor; a very positive trend, but one which carries some problems. The major one is that the journal can only publish about 300 papers per year, whereas the number of submitted manuscripts is now up to about 2000 per year. We thus need to reject many more than we did in the past. The other problem is that it is difficult to find referees that can help us to maintain the high standards of the journal. As we all know, we are more and more under pressure for publishing more, and teaching more, without receiving more money for research. The time for reviewing manuscripts, which is always on voluntary basis, is thus receiving lower priority.

For this reason more and more journals will start a fast track rejection system in which the editors shortly after receiving a manuscript will make a decision whether the manuscript will enter the review system, or whether it is rejected immediately, based on certain criteria set by the Editorial Board. We recently adopted this approach, with the main two criteria: *outside scope* or *too preliminary*. Based on this about one out of three papers is now rejected shortly after it is received at the Editorial office. Of course we now receive many queries from the authors as to why their paper is rejected, as in the past such papers have been published. It means we need to explain this more extensively to all authors. This Editorial is only one step in the process of explaining the background of this new policy. It is important that everyone, i.e. authors and referees, know the criteria we will use for this rapid rejection procedure.

Therefore, the Editors and Editorial Board have developed the "Rules of 5" for publishing in *JEP*. We have produced five clear criteria that each author needs to think about before submitting a manuscript and setting the whole process of editing and reviewing at work. The rules should also be useful for the reviewing of papers. The rules are the following:

1. Out of scope

The paper should report on traditional use or present results on pharmacological or toxicological studies (positive or negative) that are directly related to the traditional use. These data should eventually contribute to evidence-based traditional medicines.

Immediate rejection criteria:

I. Papers that use ethnopharmacology as an excuse to study an activity which is not related to the traditional use are not accepted, e.g. antitumor effect of plant used against diabetes.
II. Testing of extracts or plant parts that have no relation to the traditional use, e.g. pharmacological and phytochemical, e.g. pharmacological and phytochemical studies on a series of plants of one genus, of which only a few are actually used traditionally, do not fit in the scope.
III. Papers on health effects of food are not in the scope of the journal.
IV. Studies on pure compounds are not accepted if not clearly related to a plant and its traditional use.
V. At random screening of plants for activity.

2. Too preliminary

A paper must be based on a thorough and extensive study, using proper controls.

Immediate rejection criteria:

I. Antimicrobial activity with single dose, or very high dose, measuring only inhibition zones and no MIC values, no information on type of activity (-cidal or growth inhibition), microorganisms not relevant for use.
II. Single dose studies with very few animals, no dose-response studies.
III. In-vitro assays with single dose or very high dose.
IV. No proper controls.
V. Repetition of a simple bioassay for yet another extract or plant.

3. In-vitro Antioxidant activity

Antioxidant activity is present in all plants. Screening with in-vitro assays thus has little meaning if no clear evidence is given for in-vivo activity.

Immediate rejection criteria:

I. Only chemical in-vitro assays
II. No direct connection with claimed traditional use
III. No positive controls
IV. Isolation of very common antioxidant compounds (e.g. flavonoids)
V. Not at a relevant dose in in-vivo situation

4. Ethnopharmacology and ethnobotanical surveys without quantitative data

To be able to make choices for further studies is important, to have information how frequently plants are cited in surveys, and to have, if at all possible, cross checks for the information.

Immediate rejection criteria:

I. Species are listed uncritically without giving information about the cultural importance of these species e.g. by giving the frequency of citation of use by informants, or no clear cross verification of information.
II. No information about the ethnographic background of the study or about the methods used.
III. No information about identification and documentation of the plants (voucher specimen).
IV. The ethnopharmacological frame of reference / theory that forms the basis of the study is not spelled out, e.g. no information about how disease diagnosis and practices related to specific plant medical uses were observed and verified.
V. No information on the protection of the biodiversity rights of indigenious people or local government.

5. Lack of novelty

The study must represent a novel approach to the study of the activity, i.e. not more or less repeating what has already been published with similar results, but e.g. only using an other extract of the same plant, or, in case of antimicrobial activity, some other microorganisms. Immediate rejection criteria:

I. Repetition of well known data
II. Use of non-specific pharmacological test methods or of phytochemical screening methods
III. Use of pharmacological assays or clinical trials which are not internationally recognised as valid and relevant
IV. Identification of only well known ubiquitous compounds with little or no relation to activity (e.g. vitamins, sitosterol)
V. List of use of plants in certain area that confirms already known regional practices