

Journal of the American Holistic Veterinary Medical Association Instructions for Authors

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The *Journal of the American Holistic Veterinary Medical Association* is a quarterly peer-reviewed holistic veterinary medical journal owned by the American Holistic Veterinary Medical Association (AHVMA).

MISSION OF JAHVMA

The mission of the Journal of the American Holistic Veterinary Medical Association (JAHVMA) is to publish accurate, timely, scientific, and technical information pertaining to the practice of complementary, alternative, holistic, and/or integrative holistic veterinary medicine. JAHVMA is a peer-reviewed publication with a target audience of veterinarians in clinical practice and their practice team members.

Manuscripts submitted should be of value to the veterinary practitioner and their practice team, related to clinical practice, or both. Preference is given to scientific reports of original studies, retrospective studies (case series, cross-sectional, case-control, cohort studies), and well-documented case reports.

EDITORIAL POLICIES

Authorship

Individuals should be listed as authors only if they (1) made a substantial contribution to the conception and design of the study, the acquisition of the data used in the study, or the analysis and interpretation of that data; (2) were involved in drafting or revising the manuscript critically for important intellectual content; and (3) approved the submitted version of the manuscript and will have an opportunity to approve subsequent revisions of the manuscript, including the version to be published. All 3 conditions must be met. Each individual listed as an author must have participated sufficiently to take public responsibility for the work. Acquisition of funding, collection of data, or general supervision of the research team does not, alone, justify authorship.

Prior publication

A manuscript is received with the understanding that the information has not been published or submitted for publication in any compiled printed (eg, journals, symposia, proceedings, newsletters, or books) or electronic (eg, websites, CD-ROMs, DVDs, or blogs) format in English or any other language and will not be published or submitted for publication elsewhere while the manuscript is under consideration by the *JAHVMA*. Any exceptions must be clearly described at the time of manuscript submission.

A manuscript containing previously published information may be rejected on the grounds of prior publication. Publication of abstracts containing less than 250 words will not be considered to constitute prior publication, but publication of longer abstracts may be. In general, figures, tables, endnotes, and references should not be included in abstracts. At the time of manuscript submission, the corresponding author must include copies of any abstracts of the manuscript that have been published or submitted for publication or that are expected to be submitted for publication, along with copies of any closely related manuscripts or manuscripts with substantially similar content.

Copyright

The *JAHVMA* is covered by international copyright. All authors will be required to transfer copyright to the AHVMA prior to publication of any manuscript or letter. Requests to copy, reprint, or use portions of published material (including information in figures and tables) should be addressed to the Editor-in-Chief.

Authors must obtain and submit a statement of permission from the copyright holder (most often, the author or publisher) if they wish to include items such as figures, tables, or appendices that appeared or will have appeared in other published reports prior to publication of the manuscript, regardless of the originating source.

Original artwork (eg, drawings or photographs) that was created specifically for use in the manuscript must be accompanied by a letter explaining the conditions under which the work was created. The letter must be signed by the artist and specify the rights given to the authors for use of the artwork and the rights retained by the artist (if any). If rights are retained by the artist, the letter must include a statement that allows the journal to use the material for publication in print and online.

Commercial availability of products used

A manuscript reporting results of a study that involved evaluation of the efficacy or safety of a pharmaceutical, biologic, or other product or in which such products were relevant to the diagnosis, treatment, or outcome will be considered only if the product is commercially available in the U.S. and can legally be used in the species of interest. For all studies, but particularly for studies involving food animals, any extra label drug use must comply with the provisions of the Animal Medicinal Drug Use Clarification Act (<https://www.fda.gov/AnimalVeterinary/GuidanceComplianceEnforcement/ActsRulesRegulations/ucm085377.htm>).

Editorial independence

The AHVMA has adopted the following policy on editorial independence of the *JAHVMA*:

The AHVMA recognizes and fully accepts the need for editorial independence of the AHVMA journals and grants the Editor-in-Chief full authority over the editorial content of the journals, including the selection of content for publication and the timing of publication of that content. For these purposes, editorial content is understood to include research articles, other types of scientific reports, opinion articles, news, and advertising. Opinions and statements expressed in the AHVMA journals are those of the contributors and do not represent the official policy of the AHVMA, unless so stated. AHVMA management does not interfere in the evaluation, selection, or editing of individual articles published in the AHVMA journals, either directly or by creating an environment that strongly influences decisions of the Editor-in-Chief.

Funding and support

All funding, other financial support (eg, grant support), and material support (eg, provision of equipment or supplies) received directly or indirectly (via an author's institution) from any third party (eg, any government agency, foundation, or commercial enterprise) in connection with the study or writing of the manuscript must be clearly and completely described in the Acknowledgments section of the manuscript. If no third-party funding or support was received, the following statement or an equivalent may be included: *No third-party funding or support was received in connection with this study or the writing or publication of the manuscript.*

The authors must also include a relevant statement in the Acknowledgments section if any funding organization or sponsor had any role in the design or conduct of the study; collection, analysis, or interpretation of the data; writing or approval of the manuscript; or decision to submit the manuscript for publication. Alternatively, the following statement or an equivalent may be included: *Funding sources did not have any involvement in the study design, data analysis and interpretation, or writing and publication of the manuscript.*

Failure to fully disclose sources of financial and other support may be grounds for rejection or retraction of the manuscript.

NIH Public Access Policy

The *JAHVMA* is in compliance with the National Institutes of Health Public Access Policy (<https://publicaccess.nih.gov/>) and with the open access policies of other research funders. To assist authors of manuscripts subject to the NIH Public Access Policy (<https://publicaccess.nih.gov/determine-applicability.htm>), the AHVMA plans in the future to submit articles to PubMed Central on behalf of the authors at the time of publication. Authors should not submit the accepted or any other version of their manuscript to PubMed Central, as this will preclude submission of the published version.

Conflicts of interest and financial disclosures

A conflict of interest exists whenever an individual has financial interests or personal relationships that might consciously or unconsciously influence his or her decisions. Conflicts of interest are ubiquitous and cannot be completely eliminated; they do not, by themselves, indicate improper behavior, wrongdoing, or scientific misconduct.

Financial relationships are the most easily identifiable conflicts of interest and include, among other things, ownership, employment, consultancies, honoraria, paid expert testimony, grants, patents, stock ownership or options, and service as an officer or board member. Other types of conflicts of interest include personal relationships, academic competition, and intellectual beliefs.

All authors must disclose in the Acknowledgments section of the manuscript any financial or personal relationships that could be perceived to influence or could give the appearance of influencing information in the submitted manuscript. This includes detailed information about all relevant financial interests, activities, relationships, and affiliations (other than affiliations listed on the title page of the manuscript) occurring at the present time or within the 3 years prior to manuscript submission. In this context, *relevant financial interests, activities, relationships, and affiliations* should be interpreted broadly. For example, authors should disclose relationships they have not only with companies that manufacture products that are the subject of research described in the manuscript but also with companies that manufacture competing products. If no such conflicts of interest existed, the following statement or an equivalent may be included: *The authors declare that there were no conflicts of interest.*

The editors reserve the right to reject any manuscript because of conflicts of interest. Failure to fully disclose conflicts of interest may be grounds for rejection or retraction of the manuscript.

Humane animal care and use

To be considered for publication in the *JAHVMA*, all research studies involving animals must have been performed in compliance with guidelines outlined in the Animal Welfare Act

(<http://awic.nal.usda.gov/government-and-professional-resources/federal-laws/animalwelfare-act>), US Public Health Service Policy on the Humane Care and Use of Laboratory Animals (<http://grants.nih.gov/grants/olaw/references/phspol.htm>), National Research Council's Guide for the Care and Use of Laboratory Animals (<http://www.nap.edu/read/5140/chapter/1>), or Guide for the Care and Use of Agricultural Animals in Research and Teaching (<http://adsa.org/Publications/FASS2010AgGuide.aspx>) or in compliance with equivalent guidelines. If animals were euthanized, the method of euthanasia must be indicated in the manuscript. Methods of euthanasia must comply with the AVMA Guidelines for the Euthanasia of Animals (<https://www.avma.org/KB/Policies/Documents/euthanasia.pdf>). If a method not recommended by the AVMA Guidelines on Euthanasia was used, a justification for use of this method must be provided.

A manuscript containing information that suggests animals were subjected to adverse, stressful, or harsh conditions or treatments will not be considered for publication.

Institutional oversight and owner consent

With the exception of reports of retrospective studies based solely on reviews of medical records, manuscripts describing studies that involved the use of animals, including studies that involved the use of privately owned animals (eg, animals owned by clients, staff members, students, or private entities), must include a statement that the study protocol was reviewed and approved by an appropriate oversight entity (eg, an animal care and use committee or institutional review board) or was performed in compliance with institutional or other (eg, governmental or international) guidelines for research on animals.

Manuscripts describing prospective studies that involved privately owned animals must also include a statement indicating that informed owner consent was obtained.

Patient confidentiality and the right to privacy

Authors have an obligation to protect the personal privacy of patients and clients and to maintain the confidentiality of patient-client information. For any manuscript containing patient information (eg, patient descriptions, photographs, or pedigrees) that would allow specific animals or their owners to be identified, the authors must obtain a signed statement of informed consent to publish the information (in print and online) from the owners. Generally, such consent should include an opportunity for the owner to read the manuscript to be submitted for publication. If necessary, nonessential identifying data can be removed, unless clinically or epidemiologically important. However, identifying data may not be altered or falsified. Cropping or altering photographs to remove nonessential identifying information is acceptable, so long as the photographs are not otherwise altered. Patient identifiers may not appear in photographs. Authors must also obtain informed consent to publish from any identifiable person appearing in photographs. Importantly, these guidelines also apply to any materials (eg, text, photographs, or videos) submitted for posting as supplemental materials.

Publication fees

Authors are not charged a fee for publication of manuscripts in the *JAHVMA*.

Dual-use research of concern

Openness is recognized as a priority when making decisions regarding scientific publishing. Advances in molecular and cellular biology, genetics, microbiology, and other life sciences have made it increasingly possible to manipulate aspects of biological systems to better understand healthy states and mechanisms of disease. However, these advances have also increased the potential that information, products, or technologies resulting from life sciences research may be misused for harmful purposes. The US National Science Advisory Board for Biosecurity (<http://osp.od.nih.gov/office-biotechnology-activities/biosecurity/nsabb>) has proposed the following definition for dual-use research:

Dual-use research of concern is research that, based on current understanding, can be reasonably anticipated to provide knowledge, products, or technologies that could be directly misapplied by others to pose a threat to public health, safety, agricultural crops and other plants, animals, the environment, or material.

Accordingly, the *JAHVMA* has adopted the following policy regarding assessment of submitted manuscripts with potential dual-use content:

- Any manuscript submitted for publication that raises concerns regarding dual-use potential will be subject to editorial review to determine the risks and benefits to the scientific community and to the public at large that may result from publication. The AHVMA scientific editors maintain a strong commitment against withholding scientific or other information unless there are compelling reasons to do so.
- The scientific editors reserve the right to seek special external review of these manuscripts from individuals with technical and biosecurity expertise to assist their decision.
- Authors and reviewers are expected to alert the AHVMA scientific editors when submitting or reviewing manuscripts with dual-use potential.
- The final decision for publication as well as the means of communicating manuscripts with dual-use potential will be made by the Editor-in-Chief. An accompanying editorial may be published.

MANUSCRIPT PREPARATION GUIDELINES AND SUBMISSION REQUIREMENTS

Authors should carefully review the instructions below when preparing a manuscript. If the Manuscript preparation guidelines and submission requirements are not followed, manuscripts will be returned to authors without review. Strict compliance with these instructions will expedite processing of the manuscript. A checklist is provided at the end to assist authors in manuscript compliance.

Manuscripts are received with the understanding that they have not been published in, or submitted to, other publications. It is acceptable, however, if data were presented in abstract form at a conference which should then be mentioned in the acknowledgement section. All authors listed on the manuscript should have contributed significantly to the work described or should have generated part of the reported results. All authors should have reviewed and approved the contents of the manuscript prior to submission. Any author playing a minor role in the work reported should be removed from the author list and acknowledged for his or her contributions in the Acknowledgments section. The number of authors per paper should be no more than 10.

Categories of Manuscripts

Authors may submit manuscripts for publication in the *Letters to JAHVMA*, *Perspective*, *From The Literature*, *Scientific Review*, and *Scientific and Case Reports* sections of the journal.

Letters to JAHVMA

Opinion letters referencing papers or letter published in the previous journal issue may be submitted. These should be limited to 500 words and 6 references. Not all letters received are published; and all letters that are accepted are subject to editing.

Perspective

This is a viewpoint or opinion-based commentary of interest and/or importance to practitioners of complementary, alternative, holistic, and/or integrative holistic veterinary medicine. Maximum length is 5000 words, tables and figures included where needed, and 50 references. Statements of fact should be well-referenced, and papers may be sent for peer review. This type of manuscript does not have to offer a balanced opinion, but authors should clearly state when they are offering an opinion versus an established (and referenced) fact. In determining if a manuscript submitted in this category is acceptable for publication, the editorial board will also determine if the author has justified the position in a clear and sufficient manner.

From the Literature

These are often brief (2-5 paragraph) reviews that cite recent publications in other journals. These must be of interest to *JAHVMA*'s readership and preferably contain further information to enforce this relevance. In some instances, 2 or more recent papers based on a

similar topic may be included in 1 review article. In addition to citing the original paper, other references may be included.

Scientific Review

Review articles are generally solicited articles that summarize, critically evaluate, and interpret existing literature regarding important topics in complementary, alternative, holistic, and/or integrative holistic veterinary medicine. They should include the most recent information available and be of clinical relevance. Maximum length is 5,000 words of text (excluding abstract, tables, figures, and references), 50 references, and 6 tables and/or figures.

Scientific and Case Reports

Original studies: This broad category includes descriptions of new techniques or procedures, prospective clinical trials, case series, and hypothesis-driven research of any nature that adds to the knowledge base in complementary, alternative, holistic and/or integrative veterinary medicine. Data must be original and should be as timely as possible. Maximum length is 4,000 words of text (excluding abstract, tables, figures, and references), 30 references, and 5 tables and/or figures. For clinical trials the appropriate control group(s) needs to be included in the study and presented in the manuscript.

Retrospective studies: Any study based on patient records accumulated over time. These include case series, cross-sectional, case-control, and cohort studies.

Case reports: These reports focus on a specific disease or syndrome, describe unique or rarely reported clinical entities, unusual presentations or established clinical entities, new clinical diagnostic methods, or novel treatments and outcomes. Case reports may contain multiple cases; *but unlike case series*, they do not involve consecutive and complete inclusion of all cases seen over a specified period (1). Case reports are limited to 4,000 words (excluding abstract, tables, figures, and references), 30 references, and 5 tables and/or figures.

Authors who have ideas for review articles or contributions that do not fit easily into one of the above categories but, in their opinion, are appropriate for publication in JAHVMA, are encouraged to contact the Editor in Chief editor-jahvma@gmail.com.

Preparation of Manuscripts

Formatting

The following criteria must be used:

1. page size: 8.5 x 11-inch (or A4)
2. double-space typed
3. Times New Roman font, 12-point
4. 1-inch margins top, bottom, left, and right
5. Left justification
6. Sequential line numbering

Manuscripts must be prepared in accordance with the International Committee of Medical Journal Editors (www.icmje.org). For questions of style, refer to the American Medical Association Manual of Style: A Guide to Authors and Editors (AMA) by Cheryl Iverson (www.amamanualofstyle.com). Refer to the latest edition of Dorland's Medical Dictionary for proper spelling and medical terminology (<https://www.dorlandsonline.com/dorland/home>). For anatomic terms, use Anglicized versions of the official terms listed in the Nomina Anatomica Veterinaria (download at: <http://www.wava-amav.org>). For proper spelling of drugs and names, refer to the latest editions of the American Drug Index and USP Dictionary of USAN and International Drug Names.

Writing should conform to acceptable English usage and syntax, and to *JAHVMA*'s style preference. In addition, do not include any specific client or animal names in the articles. Failure to use proper grammar and punctuation may result in failure or delay in processing the manuscript. Authors are encouraged to seek editorial assistance prior to submitting manuscripts.

The term *symptom* is used in human medical literature but not veterinary medical literature. For all manuscripts please refer to the presenting complaint or other clinical descriptions as "signs" or "clinical signs."

Abbreviations: Abbreviations should be used sparingly and not appear in the title or at the beginning of a sentence at first use.

There are 2 categories of abbreviations. *Standard* abbreviations are commonly accepted abbreviations like "CBC" and "ELISA" may be used in place of the full word or words, starting the first time it is used in the text. A list of standard abbreviations is provided at the end of this document.

All other abbreviations are used at the author's or editor's discretion when a word or words will be used *3 or more times* in the combined *abstract and text*. The first time such an abbreviation appears in the abstract, text, figure legends, and table legends, the word(s) being abbreviated should be written out in its entirety and should immediately precede the abbreviation. Even if the abbreviation first appears in the abstract but will be used 3 or more times in the text, the word(s)

should always be written out in the text the first time, with the abbreviation following immediately after in parentheses.

When non-standard abbreviations are used, an abbreviations list should be created and placed at the beginning of the paper. This list should provide the acronym and definition (eg, ACT, activated clotting time; CHF, congestive heart failure). Abbreviations in this list should be placed in alphabetical order.

Acupuncture points: These should be identified by their meridian and number (eg, BL11) except in those cases where they do not lie on a meridian. Meridian abbreviations that are acceptable for JAHVMA are as follows:

LU	Lung
LI	Large Intestine
ST	Stomach
SP	Spleen
HT	Heart
SI	Small Intestine
BL	Bladder
KI	Kidney
PC	Pericardium
TH	Triple Heater
GB	Gall Bladder
LV	Liver
CV	Conception Vessel
GV	Governing Vessel

Homeopathic medicines: Manuscripts that include the use of homeopathic medicines should adhere to the following guidelines:

1. The term homeopathic "medicine" should be used in place of homeopathic "remedy."
2. Names of the homeopathic medicines should be placed in italics. The first part of the name is capitalized but the second (and third if applicable) portions of the name are not. For example: *Natrum muriaticum* or *Mercurius iodatus flavus*. After its first appearance, the common 3-4 letter abbreviation should be used, with italics and capitalization of the first letter. For example: *Nat-m* or *Merc-i-f*.
3. For the centesimal and decimal potency scales, leave a space after the name (or abbreviation) of the homeopathic medicine, then write the degree of potency first, followed by the system of potentization (ie, C or X) in capital letters immediately after, without an intervening space, in normal font, not italicized. For example: *Natrum muriaticum* 6X or *Mercurius iodatus flavus* 200C or *Nat-m* 6X.
4. For the 50 millesimal potency scale, place the potency degree after "LM." For example: *Natrum muriaticum* LM2 or *Nat-m* LM2.

Units of Measure: Body weights, temperatures, and herb and drug dosages must be written in metric form. Herb and drug dosages should be given on the basis mg/kg of body weight. Smaller increments may be used as needed (eg, ng/kg, pg/kg) Where appropriate, mg/m² may also be used. The frequency of administration should be delineated using the format *q* hr (eg, *q* 4 hr, *q* 8 hr). Reference ranges should be included for all laboratory values.

When typing numbers within the text, *all* numbers should be written in numerical form (except when it is the first word of a sentence). These include units of measurement (including time and dosages) (eg, 5 d, 6 kg, 3 yr) as well as other quantities (eg, 5 dogs, 6 owners, 2 times).

Manuscript Components

Regardless of the manuscript category, each part of the paper should begin on a new page using the page break function. Parts of the paper must appear in the following order:

- Title page
- Unstructured abstract
- Abbreviations (see above)
- Body
- Acknowledgments
- Endnotes
- References

Figure legends
Tables

1. Title page: The title should be concise and no more than 15 words. Below the title provide author names (first name, middle initial, last name for each) with the author's professional degree (DVM, VMD, MRCVS, etc.) and highest earned academic degree (MS, PhD, etc.-BA or BS may be used if it is the author's *only* degree), professional affiliations at the time of the study (clinic or institutional affiliation), address, phone, and email. If an author's affiliation has changed since the time the study was performed, the author's new affiliation should be listed as well. If there are multiple authors, indicate by an asterisk which author is the corresponding author.
2. Unstructured abstract: The unstructured abstract is located on the first page following the title. It should include a 1- to 2-sentence synopsis of each relevant major component of the manuscript (eg, Objective/Introduction, Materials and Methods, Results, Discussion, and Conclusion with Clinical Relevance. These headings should be omitted in the unstructured abstract format. Abstracts are required for **scientific reviews, scientific reports, and case reports**. Abstracts should be no more than 200 words.
3. Body
 - a. For **Perspective** and **scientific review** submissions, headings and subsections are optional. For **original** and **retrospective** studies, such headings include Introduction, Materials and Methods, Results, and Discussion.
 - The *Introduction* should explain the rationale for the study and provide enough pertinent historical (referenced) information on the topic to allow the reader to understand the significance of the study. Conclude the Introduction with a statement of purpose for the paper and the investigators' hypothesis.
 - The *Materials and Methods* section should describe the experimental design of any original studies or the source of material and parameters reviewed in retrospective studies. Detail should be sufficient to allow others to replicate the study. In a subsection, statistical methods used to evaluate data should be clearly defined, and a statement regarding levels of significance used in hypothesis testing should be provided. Subheadings to guide the reader must be used in the text.
 - The *Results* section should factually relay all results and outcomes without any interpretation. Every parameter described in the Materials and Methods should be reported in the Results in the same order as introduced in the Materials and Methods. Do not duplicate information included in tables or figures. Tables and figures should be cited parenthetically.
 - The *Discussion* contains information on the interpretation and significance of the findings. It should be concise, pertinent to the current state of

veterinary practice, and presented in the same order as the Results. When possible, emphasis should be placed on what is known in animals as opposed to humans, unless information is lacking for animals. This section should include a critical discussion of any shortcomings of the report. Exhaustive literature reviews should be avoided. This section should contain the conclusion, providing the reader with a clear summary of the major findings, outcomes, or lessons learned from the study.

- Note that the *Title* for *case series* should contain the number of cases and the interval during which cases were treated. For example: Acupuncture for treatment of coxofemoral osteoarthritis in dogs: 15 cases (2008-2012).

b. Format for **case reports** consists of a title and unstructured abstract, the Introduction, the Case Report(s), and Discussion.

- The *Introduction* should explain the rationale for the report and provide enough pertinent historical (referenced) information on the topic to allow the reader to understand the significance of the report. Conclude the Introduction with a statement of purpose for the paper
- The *Case Report(s)* should begin with the signalment of each patient (age, body weight, gender, and breed) and reason for presentation. For example: “A 6.5-year-old 22 kg intact male Bull Terrier mix dog presented with a fast growing 2 cm diameter cutaneous mass in the area of the left popliteal fossa.”

This should be followed by a brief, objective chronological description of the relevant (usually conventional but occasionally CAVM) diagnostics, treatments, and outcomes prior to presentation for the author’s treatment. Next, the author can include any client descriptions, objective and subjective assessments, and diagnostics relevant to the CAVM modality that is the focus of the case. For example, this part may include TCVM diagnosis and homeopathic repertorization results (with corresponding graphs cited parenthetically), Finally, a brief description of the treatment(s) using the CAVM modality that is the focus in the case should be stated. This might include further chronological descriptions, including additional diagnostics and outcomes, as well as changes in prescriptions or details of the therapy.

Rationale for selecting the therapy and other information relevant to the therapy should be saved for the Discussion section.

- The *Discussion* section provides the opportunity for the author(s) to explain in detail any of the elements of the case report(s). This might

include more information on the disease/condition as well as the current conventional treatment, adverse effects and any other negative concerns with the conventional treatment, why the patient(s) did not respond to it, and expected outcome with the conventional treatment. This section can also include a brief description of the CAVM modality used in the case. For modalities that were the previous focus in *JAHVMA* publications, a shortened explanation can be given while referencing a previous paper that included a more detailed explanation.

In the *Discussion* section, the author(s) should also provide detailed explanations of the specifics of their therapy, including how/why a related diagnosis was made, how/why the treatment was selected, and the details of the evaluation of the case including why changes might have been made in the course of the treatment. The patient's response should also be evaluated and discussed, especially in comparison to the expected outcome without treatment or with conventional treatment.

4. Acknowledgments: Acknowledgments must be submitted as a separate file and should not be included in the manuscript.

This section includes:

- c. Sources of funding and support
- d. Conflicts of interest
- e. Disclaimers
- f. Any previous presentation of findings at scientific meetings or previous publication of the paper in whole or part
- g. A statement including where the work was done, if applicable, for studies involving multiple institutions
- h. Acknowledgments of individuals who had an important role or made important contributions to the study but did not meet the criteria for authorship. These contributions may include intellectual, technical, or statistical analysis assistance. Acknowledgments should not be given to individuals whose only contribution involved the routine performance of their normal job duties.

5. Endnotes: Endnotes should be used to reference the following:

- i. Products, drugs, equipment, and other materials if they were essential to the outcome of the report or study, but not if they are commonly used materials in veterinary medicine
- j. Abstracts not published in peer reviewed journals
- k. Conference presentation/proceedings not published in peer review journals
- l. Online databases
- m. Personal communications

- n. Statistical and computer software
- o. Theses and dissertations not published

Endnotes must be cited by lowercased letters in parentheses arranged alphabetically in line with the text. The endnote citation should be placed immediately after the generic drug or product name the first time it appears within the text. Allow one space between the drug/product name and the endnote. Endnotes should include the trade name or brand name and the manufacturer's name and location (ie, city, state, and country [if other than the U.S.]). *Software programs that create automatic endnotes should not be used.* All endnotes appear in a list near the end of the manuscript before the references.

All drugs, herbs, products, software, and equipment should be identified within the body of the text by their generic or chemical names, unless the specific drug, herb, product, or equipment was essential for the outcome. Otherwise, the use of brand names should be confined to the endnotes. Generic names of drugs are in small letters and brand names have the first letter capitalized. Combination products should be mentioned in the body of the paper as “a combination homeopathic product containing [list up to 3 ingredients]” or “a combination herbal product containing [list up to 3 ingredients].” If the product contains more than 3 ingredients, no more than 3 should be listed within the text; and the complete list of ingredients should be presented in a separate chart.

Examples:

- a. NutriScan®, Division of Hemolife Diagnostics, Garden Grove, CA 92843
- b. Steadfast® Equine Joint Supplement, Novus International Inc., St. Charles, Missouri, 63304
- c. https://www.aahanet.org/Library/Raw_Food_Diet.aspx

6. References: Responsibility for accuracy and completeness of all references is assumed by the author(s). References should be limited to those that are necessary to delineate the source of specific information presented in the text. Likewise, all factual assertions not produced by the current original work should be supported by references.

In the text, citations must be given in parentheses, as a number. All citations should appear at the end of the appropriate sentence(s) before the period and in line with the text.

They should not be embedded within the sentence.

The following examples demonstrate formatting of the references at the end of the sentence:

Porcine epidemic diarrhea virus, first detected in May 2013, results in poorer performance of growing pigs, an increase in mortality of 11%, an increase in feed conversion ratio of 0.5, and a decrease in average daily gain of 0.16 lb/day (6). The majority of antibiotic use world-wide is in food-producing animals; however antimicrobial resistance in pets may serve as a source of resistant bacteria in human contacts (11–14).

Poor immune responsiveness may be the reason behind the commonly seen low to equivocal Lyme antibody titers (10, 11).

There have been cases reported in the literature of post-vaccinal encephalitis following immunizations with canine distemper virus, and these give some cause for concern, particularly in dogs undergoing surgery, in shelter situations, and with other stressors (1, 24–28).

He declared that chronic sickness in humans arose from 3 sources: unhealthy lifestyle, “persistent, aggressive and ruinous [medical and surgical] treatments (often even for minor diseases), or 1 of 3 infectious diseases” (49).

For **Perspective papers, scientific reviews, scientific reports, and case reports**, the use of websites should be limited to no more than 3 per paper exclusive of those citing an on-line journal report.

In the References section, references should be listed in the order of appearance with the number in the list corresponding to the appropriate numbered in-text citation. References with more than 6 authors should list only the first 3 authors, followed by et al. References with up to 6 authors should list all authors. Punctuation and syntax must agree precisely with the samples provided below. The first and last page number for each reference should be provided. Journal name abbreviations as found in the Index Medicus (<http://www2.bg.am.poznan.pl/czasopisma/medicus.php?lang=eng>) and the National Library of Medicine Catalog of Journals used in the NCBI Databases (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) should be used. Personal communications or unpublished data are cited as endnotes (see Endnotes section above).

Style of References

Journal articles

Weed LL. Medical records that guide and teach. *N Engl J Med*. 1968;278:593-600.

Journal article with up to 6 authors—list all.

Giuffrida MA, Brown DC, Ellenberg SS, Farrar JT. Development and psychometric testing of the canine owner-reported quality of life questionnaire, an instrument designed to measure quality of life in dogs with cancer. *J Am Vet Med Assoc*. 2018;252(9):1073–1083.

Journal article with 7 or more authors—list first 3 then use “et al.”

Steer PL, Marks MI, Klite PD, et al. Fluorocytosine: an oral antifungal compound. *Ann Intern Med.* 1972;76:15-22.

Journal articles published online ahead of print (Use the date the article was published and the doi)

Martell-Moran NK, Solano M, Townsend HGG. Pain and adverse behavior in declawed cats [published online ahead of print May 1, 2017]. *J Feline Med Surg.* doi: 10.1177/1098612X17705044.

Journal articles published in online-only journals (Use the journal's identifier for the article rather than the page numbers:

Torres de la Riva G, Hary BL, Farver TB, et al. Neutering dogs: effect on joint disorders and cancers in Golden Retrievers. *PLoS ONE.* 2013;8:e55937.

Journal articles available only on a website (Provide the URL and the date the article was last accessed). Include page numbers if the article is also available in print.

Duchin JS. Can preparedness for biological terrorism save us from pertussis? *Arch Pediatr Adolesc Med.* 2004;158(2):106-107. <http://archpedi.ama-assn.org/cgi/content/full/158/2/106>. Accessed June 1, 2004.

Proceedings *

***Note: Proceedings and manuscripts that are not located in the public domain should be formatted as below, but placed in the Endnotes section, not under the References.**

Moore MP, Bagley RS, Harrington ML, et al. Intracranial tumors, in *Proceedings.* 14th Annu Meet Vet Med Forum. 1996;331-334.

Seaman WB. A case of pancreatic pseudocysts. *Proceedings.* 19th Am Coll Vet Intern Med Forum. 1999;181-183.

Books and other monographs

(Note: **Book with 2 to 6 authors:** Separate the authors' names using a comma. **Book with 7 or more authors:** List the first 3 authors, and then put "et al.).

Personal author(s)

Williams CF. *The foundations of intelligence*. 6th ed. Philadelphia: Lea & Febiger; 1974:121-125.

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Books with editor(s):

Dausset J, Colombani J, eds. *Histocompatibility testing*. Copenhagen: Munksgaard; 1973:12-8.

Chapter in a book

Williams CF. Man and his intelligence. In: Doe J, ed. *The foundations of intelligence*. 3rd ed. Philadelphia: Lea & Febiger; 1974:736-741.

Magazine articles

Roueché B. Annals of medicine: the Santa Claus culture. *The New Yorker*. 1971(Sep 4);66-81.

Websites

Cite the author (if given), title of item cited (if none given, use the organization name), name of the Web site, URL, published date (if given), updated date (if given) and accessed date.

Truth and reconciliation: examining human rights violations in South Africa's health sector. American Association for the Advancement of Science Web site. <http://shr.aaas.org/trc/med/presub.htm>. Published 1997. Accessed April 30, 2004.

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Standard abbreviations

Following is a list of abbreviations, limited to scientific usage, that may be used without expansion.

2-D	2-dimensional
3-D	3-dimensional
A	
AAHA	American Animal Hospital Association
ACTH	Adrenocorticotrophic hormone
AD	Right ear
AS	Left ear
ADP	Adenosine diphosphate
ALT	Alanine aminotransferase. See SGPT
ALKP	Alkaline phosphatase
ANOVA	Analysis of variance
APHIS	Animal and Plant Health Inspection Service
AST	Aspartic aminotransaminase. See SGOT
ATP	Adenosine triphosphate
ATPase	Adenosine triphosphatase
AVMA	American Veterinary Medical Association
B	
BCG	Bacille Calmette-Guerin

BID	Twice a day
BSA	Bovine Serum Albumen
BUN	Blood urea nitrogen
C	
°C	Degree(s) Celsius
cAMP	Cyclic adenosine monophosphate
CBC	Complete blood count
CDC	Centers for Disease Control and Prevention
CFU‡	Colony-forming unit
CNS	Central nervous system
CPR	Cardiopulmonary resuscitation
CSF	Cerebrospinal fluid
CT	Computed tomography <i>or</i> computed tomographic
Ci	Curie(s)
μCi	Microcurie(s)
mCi	Millicurie(s)
D	
D	Day
Diam	Diameter
DMSO	Dimethyl sulfoxide
DICOM	Digital Imaging and Communications in Medicine

DNA	Deoxyribonucleic acid
E	
ECG	Electrocardiogram <i>or</i> electrocardiographic. Also EKG.
EDTA	Ethylenediaminetetraacetic acid
eg	Latin for <i>for example</i> ; use only in parenthetical expressions
ELISA	Enzyme-linked immunosorbent assay
EM	Electron microscopy
F	
°F	Degree Fahrenheit
FDA	Food and Drug Administration
FelV	Feline leukemia virus
FIV	Feline immunodeficiency virus
G	
g	Gram
H	
h or hr	Hour or hours
H&E	Hematoxylin and Eosin
Hct or HCT	Hematocrit
Hgb or Hb	Hemoglobin

HIV	Human immunodeficiency virus
hpf	High-power field <i>or</i> high-power fields
I	
ie	Latin for <i>that is</i> ; use only in parenthetical statements
Ig	Immunoglobulin
IM	Intramuscular
IP	Intraperitoneal
IU	International unit(s)
IV	Intravenous
L	
LD ₅₀	Median lethal dose
L	Liter(s)
μl	μliter(s)
ml	Milliliter
M	
m	Meter
μm	micrometer
min	Minutes
MLV	Modified live virus
M	Molar
mo	Month

MRI§	Magnetic resonance imaging
mRNA	Messenger ribonucleic acid
N	
n	Number in a study group
NAD+	Nicotinamide adenine dinucleotide
NADH	NAD + reduced
NADP	NAD+ phosphate
NADPH	NADP reduced
No.	Number
NO	Nitric oxide
NSAID	Nonsteroidal anti-inflammatory drug
O	
OD	Optical density
OD	Right eye
OS	Left eye
P	
<i>P</i>	Probability
PBS	Phosphate-buffered saline
PCR	Polymerase chain reaction
PCV	Packed cell volume
PG	Prostaglandin

PMN	Polymorphonuclear leukocytes
PO	Per os
Q	
q	Every
QD	Daily or every day or once a day
R	
RBC	Red blood cell
RIA	Radioimmunoassay
RNA	Ribonucleic acid
rpm	Revolutions per minute
rRNA	Ribosomal ribonucleic acid
S	
s	second
SD	Standard deviation
SE	Standard error
SEM	Standard error of the mean
SGOT	Serum glutamic-oxaloacetic transaminase. See AST
SGPT	Serum glutamate pyruvate transaminase. See ALT
SID	Once daily

SSRI	Selective serotonin reuptake inhibitor
SOD	Superoxide dismutase
SV-40	Simian virus 40
T	
T _{1/2}	Half-life
TID	Three times a day
tRNA	Transfer ribonucleic acid
U	
U	Unit
U.S. or U.S.A.†	United States
USDA†	United States Department of Agriculture
UV	Ultraviolet
V	
V	Volt
vol	Volume
W	
W	Watt
Wk	Week
wt	Weight
WBC	White blood cell
Y	

yr

Year

§Although this abbreviation can be an adjective or a noun, it cannot be used to mean *magnetic resonance image*. The term *MRI image* is acceptable.

†The abbreviation US may be used without expansion on first mention only when it is used as a modifier and only when it directly precedes the word it modifies. In other instances, *United States* should be used.

Reference

Dekkers OM, Egger M, Altman DG, et al. Distinguishing case series from cohort studies. *Ann Intern Med.* 2012;156:37–40.