

# Editorial

The *Australian Journal of Acupuncture and Chinese Medicine* (AJACM) is now in its third year of publication, a crucial year for any new journal. To further understand what our readers want from AJACM, we conducted a survey during the 2008 AACMA annual conference. The results of the survey and other issues that we want to communicate with our readers are in a short article, 'A Journal in the Making', included in this issue. We are delighted with the enthusiasm expressed by our readers, and are grateful for the constructive comments. For those who plan to contribute to us and want to know the types of research that our practitioner members need, please do not miss the article.

The quality of a journal is closely linked to the expertise and efforts of peer reviewers. We thank those who have assessed manuscripts for us in the past three years. A list of reviewers is provided in this issue.

Qualitative research methods, in contrast to quantitative research methods, have been increasingly used in Chinese medicine research. Such studies are more concerned with the experience and thoughts of the participants, rather than the data of pre-defined outcome measures. They help identify those elements that have not been explored before. 'Acupuncture in Drug and Alcohol Withdrawal at the Community Residential Withdrawal Unit, Footscray Hospital, Melbourne' is an example of such a study. I am sure that most of our clinician readers will appreciate this paper. It also provides an example of how acupuncture can be integrated into a multidisciplinary health service.

'Shenzhi Theory: A Clinical Model of the Mind and Mental Illness in Chinese Medicine' discusses the 'body-mind' concept that is critical to Chinese medicine, yet has not been properly explained in any major textbooks. The authors of this paper not only explain the historical concepts but also discuss the Chinese herbal medicine treatment in this area.

A third paper is about Chinese medicine education. It introduces a user-friendly research method in gathering feedback from students so as to improve course experience. Educators might find this method particularly useful.

Also included in this issue is the first manuscript submitted to us by a student of Chinese medicine. Apart from the main theme of a patient with chronic constipation, the authors clearly document the clinical reasoning process and the method to deal with conflicting information. Controversial signs and symptoms are not uncommon in clinical practice: how to analyse and use them often baffles our students and new graduates. This case report provides a good example for how such problems can be resolved.

Continuing with our theme on Chinese medicine in other countries, we publish a narrative review entitled 'Progress in Clinical Studies on Acupuncture Therapy in China: A Summary of Research in the Last Ten Years'. Our clinicians will find that this report brings some new knowledge into their practice.

With an increased use of acupuncture for in-vitro fertilisation (IVF), a number of clinical trials and systematic reviews have been published. The conclusions are, however, conflicting. A short paper on this issue provides a concise summary and helps readers understand the conflicting information. This article will be particularly useful when our readers discuss the role of acupuncture in treating infertility with their patients.

Starting from the last issue, we have introduced a section called Research Snapshots so that our readers are updated on the latest findings in Chinese medicine. Readers have found them particularly useful. We will continue to have this section in the current and future issues. Other features in this issue are book reviews and abstracts for the 2008 AACMA Research Grant winners to keep you up to date on these matters.

2008 has been a busy and prosperous year for Chinese medicine in Australia. In May, the book *WHO Standard Acupuncture Point Locations in the Western Pacific Region* was jointly launched in Sydney by Dr Seung-Hoon Choi, the Regional Advisor in Traditional Medicine, World Health Organization (WHO) Western Pacific Regional Office; the Australian Acupuncture and Chinese Medicine Association Ltd (AACMA); and the RMIT University WHO Collaborating Centre for Traditional Medicine. This book is the product of more than five years work by Dr Choi's Office. You can read more about the book in the review by our Deputy Editor, Dr Chris Zaslowski.

In October 2008, the National Health and Medical Research Council (NHMRC) announced the successful applicants for the 2009 grants. NHMRC grants are the most competitive medical research funds in Australia. Acupuncture clinical research has received the strongest support this year since the commencement of the council. Four grants went to RMIT University for acupuncture research on acute pain, chronic pain and allergic rhinitis. One grant went to Griffith University for acupuncture clinical and experimental research on immunity. Another grant was given to researchers at the University of Melbourne to study laser acupuncture on osteoarthritis of the knee. Five of the six funded projects were received by applicants associated with AACMA and AJACM; they are Prof Charlie Xue, Dr Zhen Zheng, Prof Marc Cohen, A/Prof Caroline Smith and Mr John McDonald. Congratulations to them all. We look forward to learning their research outcomes in three to four years.

Our members will be very pleased to know that three of the six funded acupuncture projects were built on pilot studies that were partially supported by AACMA research grants. This shows how a small amount of funding can help realise a bigger dream.

The 2009 NHMRC results have reaffirmed the direction that this profession is taking and needs to continue to take in relation to research. It is our aim that this journal will play an indispensable role in this journey.

*Zhen Zheng*  
*Editor-in-Chief*

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## A Journal in the Making: Perspectives from the Editorial Board and Our Readers

It has been three years since the first issue of the *Australian Journal of Acupuncture and Chinese Medicine* (AJACM) was published in November 2006. For the future growth of the publication, we need to regularly reflect on how we perform.

In the following section, we will briefly summarise the situation of AJACM internationally, how we performed in the last three years and what you have thought about the journal.

### How are we situated internationally?

There are eight international journals in the area of acupuncture or Chinese medicine listed in PubMed, the most comprehensive database of medical literature in the world. All of them are published in the northern hemisphere. Six of them are published in English and two are in Chinese.

Eleven journals internationally are for complementary or integrative medicine. Except for one published in Singapore, all of them are published in the northern hemisphere.

AJACM appears to be the only peer-reviewed Chinese medicine journal in the southern hemisphere.

### How did we perform?

Up to July 2008, AJACM has an acceptance rate of 28%, which is comparable to other peer-reviewed journals.

All manuscripts are reviewed by one internal and two external reviewers. The average time from acceptance to publication is about two to three months. More than 90% of the peer reviewed manuscripts were unsolicited.

Up to July 2008, we have published eight review papers, seven original research papers, three case reports and two commentaries. We have also published non-peer-reviewed articles, including current research summaries, book reviews, professional news and conference reports. From time to time, we reprint important papers to raise the awareness of these papers by our readers.

As you all know, this journal is indexed with the Australasian Medical Index. To allow more people to access the papers published in our journal, this year we requested that AJACM be indexed in PubMed. As part of the approval process, the US National Library of Medicine, the administrator of PubMed, will track our performance for three years.

The quality of a journal is judged by a government-appointed agent in Australia and by impact factor (IF) internationally. In July this year, the Australian Government appointed the Australian Research Council to conduct a trial to invite all academics in this country to rank journals in their relevant fields. This exercise will determine the quality of each journal, particularly those published in Australia. I understand four universities that teach Chinese medicine have made a submission in support of the up-ranking of AJACM because of its high quality and its impact in this country. We thank them for their support.

'Impact factor' refers to the ratio of the number of times papers are cited, over the number of papers published in a journal across two years. Obviously, a higher IF indicates a higher citation rate and reflects the importance of a journal. Journals with a higher IF are generally of better quality. For instance, in 2006 the *New England Journal of Medicine* had an IF at 51.296, the *Medical Journal of Australia* at 2.582, the *American Journal of Chinese Medicine* at 0.742. To gain any IF, a journal must be first included in a major database, such as PubMed.

We are certain that AJACM will gain an impact factor if we maintain our current standards.

## What do you think about the journal?

To understand the needs of our readers, mainly members of the Australian Acupuncture and Chinese Medicine Association, we conducted a survey at AACMAC 2008 in Sydney. In the survey we asked a series of questions aiming to discover if our members read the journal; if you found the articles interesting and useful; and the types of papers you would like to read.

The results were very encouraging. Forty-two delegates completed the survey. Over 90% of the respondents said that they read the journal, and nearly 70% read the whole journal. Some said, 'I read it again, and again, and again', or 'Nothing will stop me from reading the AJACM'.

According to feedback, the most frequently read papers are:

- those about clinical experience
- case reports
- current research and clinical applications section
- reports of clinical trials
- theoretical or discussion papers.

Other types of papers that you would like to read and we will consider publishing in the future are:

- interviews with experienced clinicians
- discussion of clinical issues

- reviews of the management of clinical conditions
- research snapshots
- translations of classical literature
- integration of different modalities and therapies
- philosophical discussion
- educational papers to help understand and interpret research terminologies, papers and statistics.

You also wrote down a long list of other types of papers you wanted to read, including those about:

- the integration of TCM practitioners into multidisciplinary teams
- new technologies and discoveries in TCM
- new formulae or new herbs
- psychological factors of disease states
- international developments
- research that is particularly relevant to clinical practice, not just to convince Western medical doctors that TCM works
- political/professional discussion about the TCM profession, such as registration, views from the biomedical establishment, the debate within TCM of being more 'scientific' or not
- reports of how TCM is situated in countries that practise it, from Korea to southeast Asia
- communication of TCM to the wider public/patients
- articles relevant to students in particular.

As you can see, some of your requests have been addressed in the current issue. We will ensure most of them will be addressed in future issues. We thank you for telling us what you want. Your requests will initiate many research projects.

The most common reason for not reading the journal is being too busy. Others think the research papers are not related to clinical practice.

## Myths

There are some myths about the subscription and submission of a manuscript.

**MYTH 1:** Some students or new graduates would like to read the journal, but said they could not afford the subscription fee.

Student members of AACMA receive AJACM as part of their membership. Students who are studying Chinese medicine at an Australian university or private college can apply to become a student member of AACMA free of charge. Overseas students pay an annual fee for student membership. Once they graduate, the application fee for full membership is waived for student members. New graduates also enjoy a significantly reduced membership fee in their first year if they apply for accredited membership within nine months of the end of the semester.

of course completion. Contact the AACMA office for further information on membership options.

MYTH 2: To have an article accepted by AJACM is difficult; a long, drawn-out affair. It looks like this journal will only accept papers from PhD lecturers from Australian universities. It's not a bad thing: it promotes professionalism and impresses the scientific community.

AJACM is a peer-reviewed journal. We have to meet international standards to ensure the quality of every paper published. Furthermore, we aim to have this journal included in the PubMed database so that people around the world will have access to our papers. We thank this reader for understanding and appreciating these standards.

However, you do not have to have a PhD to publish your work with us. As you can see from the papers published in this issue, some of the authors do not have a PhD and one author is an undergraduate student. Everyone can and is welcome to submit manuscripts to us. As long as the quality and contents meet our standards, the manuscripts will be accepted and published.

## Together we grow

One reader said, 'It seems that our profession is moving away from the whole and to some extent being caught up in research. However necessary, we must maintain the heaven, man and earth connection.' This question goes to the heart of the future direction of Chinese medicine, and is big enough to make five PhD theses. Discussion on the direction of TCM is beyond

the scope of this editorial, but we would like to briefly mention what research is and offer some suggestions.

The *Oxford English Dictionary* defines research as 'the systematic study of materials and sources in order to establish facts and reach new conclusions'. Simply, to research is to investigate, to find new facts, and to have new solutions or conclusions. It is not foreign to Chinese medicine. Li Shi Zhen tasted hundreds of herbs in order to understand the property of each herb. This is research. Li Dong Yuan advocated Spleen and Stomach Theory after studying with Zhang Yuan Su, identifying the causes of internal disease and utilising the treatment strategies of regulating Spleen and Stomach successfully. This too is research. It is through research that many of our forebears advanced Chinese medicine theory and practice. Research has many methods and dimensions. Some clinical research can be carried out by our practitioner members.

How Chinese medicine is developed and advanced in this country is not up to a small number of lecturers in universities – it is up to our practitioners. Most of our readers have been in practice for many years, and have a wealth of knowledge. Some of the requests from our readers, listed above, can easily be answered by and will resonate with other readers.

We invite our practitioner members to work together and to document their experiences and cases. When you are ready, you know where to submit your manuscripts. Together we grow and become better.

Zhen Zheng  
Editor-in-Chief

## Corrigenda

In the Research Snapshots of the previous issue (volume 3, issue 1, 2008), the names of several Chinese medicinal herbs were misspelled. The corrected spellings are listed in the following table.

Corrigenda		
Page number	Printed version	Correction
Page 59, column 1	<i>Jingyinghua</i>	<i>Jinyinhua</i>
Page 59, column 2	<i>Gegan</i>	<i>Gegen</i>
	<i>Xinren</i>	<i>Xingren</i>
	<i>Jingyinhua</i>	<i>Jinyinhua</i>
	<i>Chuangxinlian</i>	<i>Chuanxinlian</i>
Page 59, column 3	<i>Tianhuafeng</i>	<i>Tianhuafen</i>