**INSTRUCTIONS TO AUTHORS**

**MANUSCRIPT PREPARATION AND FORMAT**

All manuscripts must be in grammatically correct English with American spelling conventions and prepared in accordance with the “Uniform Requirement for Manuscripts Submitted to Biomedical Journals” updated in October 2008 (http://www.icmje.org). In addition to the Uniform Requirements, JGR requires all authors to comply with all the reporting guidelines which have been developed by groups of experts to facilitate reporting of research studies or clinical trials (http://www.equator-network.org/resource-centre/library-of-healthresearch-reporting/library/).

The manuscripts should be created using MS Word. It must be double-spaced and written in an A4 page format. Do not leave a space between paragraphs. Only a single font (preferably Times New Roman) should be used in 12 point with margin of 1 inch, do insert line numbers. Any manuscript without page and line numbers will not be considered and will be returned immediately to the author. Latin origin words should not be italicized and all pages including the title page should be paginated consecutively. All numbers should be written in Arabic numerals throughout the manuscript except for the first word of the sentence. Texts should be justified on both sides and not hyphenated and headings should be in bold letters, aligned in the center. If possible, avoid using abbreviated words in the beginning of sentences.

Regarding the description of ginseng, Panax ginseng C. A. Meyer or Panax ginseng Meyer should be written as Panax ginseng only in the title page and as Panax ginseng Meyer when appearing for the first time in the manuscript, and then as P. ginseng in the rest of the manuscript. When referring to Korean White ginseng or Korean Red Ginseng, the first letters of White and Red should also be capitalized. Otherwise, when referring to white or red ginseng, the first letters of white or red does not need to be capitalized.

**Title page**

The title page should include: (1) the title of the article (less than 50 words); (2) name of the authors (first name, middle initial, last name in capital) and institutional affiliation including name of department(s) and institution(s) of each author; (3) name, full address (including the postal code) of the institutional affiliation, telephone and fax numbers, and email address of the corresponding author, using an asterisk (\*) after the name of the corresponding author; (4) A running title, 40 characters or less including blank; and (5) any disclaimers.

**Abstract**

An abstract and up to 5 relevant keywords (in alphabetical order) are required for the following article categories: Review Article, Original Article, and Case Report.

Abstracts should be no more than 250 words in length. Abstracts for Research Articles should be structured, with the section headings: Background, Methods, Results and Conclusion. Abstracts for Review Articles and Case Reports are unstructured in one single paragraph. But for Case Reports, it should include the significance and purpose of the case presentation, the diagnostic methods of the case, the key data, and brief comments and suggestions with regard to the case.

**Keywords**

For selecting keywords, refer to the Index Medicus Medical Subject Headings (National Library of Medicine (US). MeSH [Internet]. Bethesda (MD): National Library of Medicine (US); 1954 [updated 2009, cited 2009 Nov 1]. Available from: http://www.ncbi.nlm.nih.gov/mesh).

**Abbreviations**

If a term/definition is referred to repeatedly (i.e. 3 times or more in the text), it is written in full when it first appears followed by the abbreviation in parentheses (even if it was previously defined in the abstract); thereafter, the abbreviation is used. For standard abbreviations generally used (d, wk, mo, yr, m.p., b.p., K, s, min, h, \_L, mL, L, \_g, mg, g, kg, nm, \_m, cm, ppm, mmol, HPLC, TLC, GC, UV, CD, IR, GC/MS, LC/M, and NMR), their full names are not to be presented.

**Acknowledgments**

All persons who have made a significant contribution to the article but are not eligible for authors should be explicitly stated. Examples of persons that may be named in the acknowledgment include those who have provided purely technical help, writing assistance and general support. In case of writing assistance, the entity paid for the assistance must be disclosed. In addition to this, all sources of funding must also be stated. The authors are obliged to declare the study sponsors’ roles in any part of preparing, conducting, writing, and submitting the manuscript. If there was no involvement from the study sponsors, the authors should state this.

**Gene nomenclature**

Current standard international nomenclature for genes should be adhered to. Genes should be italicized and include the accession number. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature Committee (http://www.genenames.org) or refer to PubMed (http://www.ncbi.nlm.nih.gov/sites/entrez).

**Units**

Systeme International (SI) units must be used with the exception of blood pressure, which are to be reported in mmHg. Please use the metric system for length, area, mass and volume. There should be a space between the numerals and the unit symbol. When indicating time, the 24 hour system should be used.

**Math formulae**

Present simple formulae in the line of normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

**Nomenclature of ginseng**

In general, P. ginseng stands for ginseng or Korean ginseng. In case of clarifying cultivation area, describe the cultivation area in detail such as ‘ginseng cultivated in Korea’, ‘ginseng cultivated in China’, ‘ginseng cultivated in USA’, ‘American ginseng cultivated in Canada’, etc.. In particular, since ‘Korean Red Ginseng’ is a trade mark, just use as ‘Korean Red Ginseng’. More detailed nomenclature of ginseng is described as follows: Panax ginseng (ginseng or Korean ginseng); Panax quinquefolius (American ginseng); Panax notoginseng (Chinese ginseng); Panax japonicum (Janpanese ginseng or Bamboo ginseng); Panax vietnamensis (Vietnamese ginseng); Panax pseudoginseng (Hymalayan ginseng).

**Ex.)**

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| **Oral/Poster Presentation** |

**Protective effects of ginseng formulations and its ingredients against oxidative and inflammatory stresses**

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Ginseng has been utilized as an important component of herbal prescriptions in Asian cultures for thousands of years. It has been recognized primarily as a tonic to strengthen week bodies and help to restore homeostasis. A large pool of convincing data arising from preclinical and clinical studies suggest that ginseng is effective in enhancing an immune function towards maintaining optimal endogenous defense conditions against certain chronic diseases and the aging process. Increasing evidence supports the beneficial effects of ginseng in a wide range of pathological conditions such as cardiovascular disease, cancer, diabetes mellitus, hepatotoxicity, and immune deficiency. Among an array of pharmacological responses, much attention has been focused on the protective effects of ginseng against diverse stresses. Both oxidative stress and inflammatory injuries are implicated in a majority of human disorders. This lecture mainly covers the antioxidant and anti-inflammatory effects of ginseng and their mechanisms of action with special focus on Nrf2 and NF-kB as potential targets.

**Keywords:** Ginseng, Oxidative stress, Inflammatory injury

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| **Oral Presentation** |

인삼 및 그 구성성분의 산화적, 염증적 스트레스 보호 효과

서영준

*서울대학교 약학대학 종양미세환경 센터*

인삼은 수천년 동안 아시아 문화권에서 중요한 약초 처방의 구성성분으로 이용되어 왔다. 많은 전임상 및 임상 연구를 통한 데이터는 인삼이 여러 만성질환이나 노화과정에서 약화되는 면역기능을 항진시키는데 효과가 있음을 뒷받침하고 있다. 심장병, 암, 당뇨, 간질환 및 면역결핍증과 같은 다양한 병리적 증세에 대한 인삼의 건강기능에 기능에 대한 증거가 축적되고 있다. 산화적 스트레스와 염증에 의한 조직손상은 대부분의 인체 질환에 관여한다. 본 강연에서는 인삼 및 그 구성성분의 항산화 및 항염증 효능과 그 작용기전을 주요 전사인자 단백질인 Nrf2와 NF-kappa B를 중심으로 소개하고자 한다.