

Types of Manuscripts Accepted 1. Original Research Articles. 2. Systematic Reviews & Meta-Analyses (PRISMA Guidelines). 3. Clinical Trials (CONSORT Guidelines). 4. Observational Studies (STROBE Guidelines). 5. Case Reports (CARE Guidelines). 6. Animal Studies (ARRIVE Guidelines). 7. Narrative Reviews. 8. Ayurvedic Literary/Conceptual Research. 9. Short Communications/ Short articles. 10. Editorials (invited).	JRAMS publishes original and high-impact research in: • Ayurveda (clinical, pharmaceutical, literary, conceptual), all the branches. • Integrative and contemporary medical sciences. • Evidence-based Ayurveda/ herbal and botanical research. • Ayurvedic clinical trials using modern scientific methods. • Translational, interdisciplinary, and mechanistic research. • Public health, epidemiology, and community medicine related to Ayurveda.
The article should not be under consideration or published in any other publications in any format.	
AI USE & ETHICAL COMPLIANCE POLICY Journal of Ayurveda, Integrative Medicine & Research Sciences (JRAMS) 1. Purpose of This Policy The objective of this policy is to ensure that all submissions to JRAMS uphold scientific integrity, transparency, ethical responsibility and respect for traditional knowledge systems, especially those rooted in <i>Āyurveda</i>. This policy outlines acceptable and unacceptable uses of Artificial Intelligence (AI), including Generative AI tools, during the preparation, analysis, and publication of manuscripts. 2. Declaration of AI Use Authors must clearly disclose any use of AI tools in the following areas: • Writing assistance. • Editing or language correction. • Data analysis or statistical modeling. • Image creation or enhancement. • Reference management. A disclosure statement must appear at the end of the manuscript (before references), such as: AI Disclosure: “The authors used [Tool Name] for [specific purpose]. The content, interpretation, and	

conclusions are solely the responsibility of the authors.”

Failure to disclose AI usage may result in rejection or retraction.

3. Acceptable Use of AI Tools

AI tools may be used **only** under the following conditions:

3.1 Language & Grammar Support

Permitted for improving readability, grammar, and clarity without altering scientific meaning.

3.2 Literature Assistance

AI-based search tools may be used to identify relevant literature, but **final selection must be done manually by the authors.**

4. Prohibited Use of AI Tools

The following uses of AI are **strictly forbidden**:

4.1 Fabrication or Falsification

AI must not be used to:

- Create fake data.
- Produce fabricated images, graphs, or *Āyurvedic* clinical outcomes.
- Generate misleading *Samhitā* interpretations or pseudo-scientific content.
- Image creation or enhancement.
- Reference management.

4.2 Authorship

AI tools **cannot** be credited as authors or co-authors.

4.3 Conceptual or Scientific Reasoning

AI must not:

- Generate hypotheses and claim them as validated.
- Propose clinical outcomes without evidence.
- Translate *Āyurvedic* concepts like *Doṣa*, *Dhātu*, *Srotas*, *Vyādhi* without expert supervision.

4.4 Patient-Sensitive Content

AI cannot be used to:

- Modify or replicate patient images.
- Generate clinical reports.
- Identify patients in any form.

5. Author Responsibility & Accountability

Regardless of AI use:

- Authors are fully accountable for **accuracy, originality and integrity** of their submissions.
- All conclusions, *Āyurvedic* interpretations (e.g., *Śamana*, *Śodhana*, *Basti*, *Agnidīpana*), and scientific claims must be reviewed by subject experts.
- Manuscripts will undergo plagiarism and AI-content screening. Excessive AI-generated content may lead to rejection.

6. Editorial and Peer Review Responsibilities

Editors and Reviewers must:

- Evaluate manuscripts for transparency in AI use.
- Detect inconsistencies, fabricated elements, or AI-generated distortions.
- Maintain confidentiality while using any AI tool during review.
- Never upload unpublished manuscripts into public AI tools.

Any reviewer using AI privately for grammar assistance **must not** input identifiable manuscript content.

7. AI Tools in Similarity Check

JRAMS uses advanced tools (plagiarism and AI-pattern detectors) to:

- Identify AI-generated text.
- Detect image manipulation.
- Examine unnatural citation patterns.
- Ensure originality of *Āyurvedic* explanations and transliterations.

Manuscripts failing these checks may be returned, rejected, or retracted.

8. Human Oversight Requirement

Even when AI is used, the following must be done **manually by both authors and reviewers and also the editors**:

- Interpretation of *Āyurvedic* principles.
- Validation of *Chikitsā* protocols.
- Justification of methodology and analysis.

• Final proofreading and logical consistency check. AI is an assistant—not a substitute for human academic expertise. 9. Ethical Use in <i>Āyurvedic</i> Research Context Special considerations apply to traditional knowledge: • AI cannot reinterpret <i>Śloka</i> without authoritative commentary. • AI cannot generate new <i>Āyurvedic</i> theories. • Integration of modern science with <i>Āyurveda</i> must follow validated classical texts such as <i>Charaka Saṃhitā</i>, <i>Suśruta Saṃhitā</i>, <i>Aṣṭāṅga Hṛdaya</i>, and peer-reviewed evidence. 10. Consequences of Policy Violation Violations may lead to: • Immediate rejection. • Blacklisting of authors for future submissions. • Retraction of published articles. • Notification to affiliated institutions. • Loss of publication privileges in JRAMS. • If failed it may attract legal procedures against the authors. 11. Policy Review & Updates This policy will be reviewed annually to accommodate advancements in: • AI technology. • Research ethics. • Best practices for scientific and <i>Āyurvedic</i> publishing.	
For Clinical Trials/ Original Articles • CONSORT 2010 + CONSORT Extensions for Herbal Interventions, https://www.consort-spirit.org/. • Trial registration mandatory: CTRI or WHO Primary Registry	i. In detail guidelines are provided below. ii. Compulsorily should be in IMRAD format.
For Systematic Reviews • PRISMA 2020 guidelines, https://www.prisma-statement.org/.	i. Max 4000-5000 words will be accepted without the considering the words

- PRISMA flow diagram required - Pre-registration recommended (PROSPERO)	ii. Max 40-60 references will be accepted. iii. Max 8 tables and 8 images.
For Case Reports CARE Guidelines, https://www.care-statement.org/checklist. - Patient consent form mandatory	i. Max 3000 words will be accepted without the considering the words of references. ii. Max 20 references will be accepted. iii. Max 8 tables and 8 images will be accepted.
For Observational Studies STROBE Guidelines, https://www.strobe-statement.org/checklists/.	i. Max 4000 words will be accepted without the considering the words of references. ii. Max 40 references will be accepted. iii. Max 8 tables and 8 images will be accepted.
For Animal Experiments ARRIVE 2.0 Guidelines, https://arriveguidelines.org/arrive-guidelines. - Ethical approval required (CPCSEA)	i. Max 4000-5000 words will be accepted without the considering the words of references. ii. Max 20-40 references will be accepted. iii. Max 8 tables and 8 images will be accepted.
For Ayurvedic Literary/Conceptual Research	i. Max 4000-5000 words will be accepted without the considering the words of references. ii. Max 20-40 references will be accepted. iii. Max 8 tables and 8 images will be accepted.
For short communications/ articles	i. Max 2000 words will be accepted without the considering the words of references. ii. Max 20 references will be accepted. iii. Max 4 tables and 4 images

	will be accepted
For Ayurvedic Drug Intervention Studies • AYUSH-GLP, ICMR, WHO Ayurveda Clinical Research guidelines	
General Formatting Requirements • File format: word format only. • Font: Times New Roman. i. Size: 12 pt. ii. Line spacing: 1.15. • Margins: 1 inch all sides. • Page numbering mandatory • Use SI units/ Pramana mentioned in Ayurvedic texts for measurements. • Reference numbers should be mentioned consecutively at needed manuscript in Superscript manner with square bracket, it should be after punctuations, automatic referencing is not allowed. For example: values than this.^[1] • Vancouver Style should be used for referencing. • All <i>Ayurvedic</i> terms must be: i. Italicized ii. Capitalized (e.g., <i>Vāta</i>, <i>Pitta</i>, <i>Kapha</i>, <i>Agni</i>, <i>Rasa Dhātu</i>, <i>Basti Chikitsā</i>) • Sanskrit verses can be used, only authentic/ verses from classical texts should be used. • Avoid casual, conversational, or ambiguous language. • Maintain scientific tone, objectivity, and clarity. • For article referencing the author's name, Title of the article along with the URL is compulsory. • The reference should match with the numbers mentioned otherwise article may be subjected to revision/rejection. • Tables should be placed within the manuscript not at the last page of manuscript. • Numbering of tables should be in Arabic and short heading is compulsory. • Explain all abbreviations that are used in	

each table in the footnotes with symbols like *. • Images: High resolution: JPEG/PNG, within 1 mb (300 DPI). - Number sequentially: Table 1, Figure 1, etc. within the manuscript, not at the end of the article. Image numbers should not cross 6 in number. - Provide legends. - For patient photos: written consent is compulsory (should produce along with the article/ manuscript without compromising the privacy of the patients/subjects).	
Manuscript Structure (IMRAD where applicable) 1. Title Page Must include: • Title (concise, specific, scientific; Ayurvedic terms allowed with explanation). • Author full names and affiliations. • Corresponding author information (contact information like Email ID). • ORCID ID (if available). • Funding details. • Conflict of interest statement. • Contributor roles (CRediT taxonomy). 2. Abstract Original Articles: • Structured (250–300 words): ○ Background. ○ Objectives. ○ Methods. ○ Results. ○ Conclusion. • 4–6 keywords (MeSH + Ayurvedic terms) Clinical Trials • Include trial registration number. Systematic Reviews	

• Must follow PRISMA abstract format.	
A. ORIGINAL ARTICLE: MAIN TEXT 1. INTRODUCTION • Brief background. • Ayurvedic and modern context. • Rationale and gap in knowledge. • Clearly defined objectives. 2. MATERIALS AND METHODS Mandatory Requirements: i. Study Design Specify: • RCT, cohort, cross-sectional, preclinical, laboratory, etc. ii. Ethical Approval Provide: • IEC approval number. • IEC name and date. • CTIRI registration (for trials conducted in India). iii. Participants/Interventions • Diagnostics as per classical texts (<i>Nidana, Samprapti, Lakshanas</i>). • Criteria of inclusion/exclusion. • Intervention details: drug name, dose, manufacturer, authentication process. • SOPs for preparation of Ayurvedic formulations. • Consent of subjects/Patients is must. iv. Randomization (if applicable) Follow CONSORT criteria. v. Blinding Single/double/triple-blind specifications should be provided. vi. Outcomes Primary & secondary outcomes should be clearly defined. vii. Statistical Analysis • Detailed methods, software (SPSS/R/GraphPad) if available.	i. 5000 to 6000 words will be accepted (without reference words). ii. 50-60 references are allowed. iii. 6- 8 images will be accepted. iv. 6-8 tables will be accepted.

- Normality tests.
- Level of significance.

3. Results

- Present findings clearly.
- Include tables, graphs, figures.
- Avoid duplication between text and tables.
- Clinical trial results must follow CONSORT flow diagram.

4. Discussion

- Interpret findings.
- Strengths and limitations.
- Clinical relevance.

5. Conclusion

- Supported by data.
- Not overstated.

6. Acknowledgments

Mention:

- Funding.
- Contributions.
- Institutional support.

7. References

- **Vancouver Style should be used.**
- **Reference numbers should be mentioned consecutively at needed manuscript in Superscript with square bracket, automatic referencing is not allowed.**
- The reference should match with the numbers mentioned otherwise article may be subjected to revision/rejection.
- Ayurvedic references must include:
 - Name of author, Text, Sutra/Chapter, Verse, Page number.
 - Example: Charaka Samhita by Agnivesha; Revised by Charaka and Dridhabala with the Ayurveda-Dipika commentary of Chakrapanidatta; Edited by Vaidya Jadavji Trikamji Acharya.

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Delhi, Cha. chi.28/10, Pg. no. 616.

Guidelines for Tables, Figures, Images

- High resolution: JPEG/PNG, (300 DPI).
- Number sequentially: Table 1, Figure 1, etc.
- Provide legends.
- For patient photos: **written consent is compulsory (should produce along with the article without compromising the privacy of the patients/subjects).**

Ethical Considerations

Human Studies

- Follow ICMR and WHO standards.
- Consent mandatory.
- Ayurvedic diagnosis must follow classical theory.

Animal Studies

- ARRIVE and CPCSEA guidelines should be followed.

Herbal Research

- Authentication certificate mandatory.
- Voucher specimen details required.

Data Availability Statement

Mandatory for all research papers.

Authorship Criteria (ICMJE Standards)

All authors must fulfill **all four** criteria:

1. Substantial contributions.
2. Drafting/revision.
3. Final approval.
4. Accountability.

Conflict of Interest

Required for ALL articles and should be clearly mentioned in the article.

Plagiarism

- Similarity <10–15%
- Plagiarism results in rejection/blacklisting

Article Processing Charges (APC)

- Submission Fee:
- Publication Fee:

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TEMPLATE 1: ARTICLE SUBMISSION TEMPLATE (WORD FORMAT CONTENT)

Title of the Article

Authors:

Full Name¹, Full Name², Full Name³

Affiliations:

Corresponding Author Email:

ORCID IDs:

Abstract

Background:

Objective:

Methods:

Results:

Conclusion:

Keywords: (5–8 MeSH Terms)

Introduction

Materials and Methods

- Study design
- Study setting

- Intervention details
- Statistical analysis
- Ethical approval number
- Reporting guideline used (CONSORT/STROBE/PRISMA/CARE)

Results

Discussion

Conclusion

Acknowledgments

Funding Statement

Conflicts of Interest

References (Vancouver Style)

FINAL SUBMISSION CHECKLIST

- ✓ Cover letter
- ✓ Manuscript file (Word)
- ✓ Title page
- ✓ Structured abstract
- ✓ CONSORT/STROBE/PRISMA/CARE checklist
- ✓ Figures (300 DPI)
- ✓ Tables
- ✓ Ethical approval letter
- ✓ CTRI registration (if RCT)
- ✓ Plagiarism report (<10%)

- ✓ Copyright transfer
- ✓ Patient consents (if applicable)