

## GENERAL INFORMATION

### **TYPES OF CASE REPORTS:**

Case Reports from the below areas will be considered by the journal.

#### **1. Disease and Diagnosis:**

- ✓ Case reporting on exclusive Ayurvedic diagnosis.
- ✓ Unknown / Known etiology of a disease in Ayurvedic parlance.
- ✓ Understanding a disease on Ayurvedic principles.
- ✓ Presentation of Rare disease / Features / *Arishta* (Bad Prognostic Signs) as mentioned in Ayurvedic literature.
- ✓ Differential diagnosis of an Ayurvedic disease.
- ✓ Cases reporting - *Nidanarthakara Roga* and *Vyadhisankara* (Unusual Association of Diseases).
- ✓ Fault in Ayurvedic diagnosis of a disease.
- ✓ Any other cases that supplement the existing knowledge of Ayurveda and principles of diagnosis.

#### **2. Treatment:**

- ✓ Cases where Ayurvedic medicines / therapies / procedures provides demonstrable relief.
- ✓ Cases giving new insight in Ayurvedic management of chronic or rare diseases.
- ✓ Cases providing significant clinical outcomes.
- ✓ Case reports demonstrating practical application of any of the Ayurvedic treatment principles. (eg. *Guru Apatarpana* in *Sthaulya*)
- ✓ Cases worthy of discussion particularly around aspects of differential diagnosis, decision making, management, clinical guidelines and pathology.
- ✓ Cases exploring myth and truth regarding extent of Ayurvedic treatment utility in management of rare and auto-immune diseases.
- ✓ Unusual or unexpected effect of a therapy / treatment including adverse drug reactions.
- ✓ Cases depicting common errors of management (related to fixing doses / timing of drug / choosing vehicle etc.) with their possible outcome with remedy.
- ✓ Referral cases from other system of medicine to Ayurveda.
- ✓ Failure of Ayurvedic therapy / management.
- ✓ Management of emergency care only by Ayurvedic modality.
- ✓ Innovative protocol for management of disease conditions following classical Ayurvedic guidelines.

#### **3. Complications & Accidents:**

- ✓ Diagnostic / therapeutic accidents (eg. during *Panchakarma* therapy)
- ✓ Patient complaints / malpractices etc.

#### **4. Adverse outcomes of Therapies:**

- ✓ Drug reactions during pharmaceutical processing or during ingestion of Ayurvedic drugs
- ✓ Adverse events of Ayurvedic drug or therapy
- ✓ Adverse Drug Reactions / Side Effects of an Ayurvedic drug reported by a physician of any AYUSH system of medicines.

#### **5. Miscellaneous / Others:**

- ✓ Educational purpose (only if useful for systematic review or synthesis)
- ✓ Clinical situation that cannot be reproduced for ethical reasons

## WHO CAN SUBMIT:

Faculty from any stream, Research scholars, General Practitioners of AYUSH & other systems of medicine.

## PREPARATION OF MANUSCRIPT:

**General Guidelines for Submission in AyuCaRe:** Text should preferably be on an A-4 size word document, written in Times New Roman font with line spacing of 1.5 and font size 12 point. Margins: 2.5 cm (1 inch) at top, bottom, right, and left.

The manuscript should include:

**1. Title page** with the following information:

Full names and affiliations of all authors,  
Name of the department and institution in which the work was done,  
Full title of the manuscript,  
Running (short) title of the manuscript,  
Complete address including telephone and e-mail of the corresponding author,  
Source(s) of financial support in the form of grants, if any.

**2. Article File:** Don't reveal identity of authors in article file.

Abstract not exceeding 200 words with Background, Brief Case Report and Conclusion.

Keywords (3 to 6).

**Text Pages:** The text of the article should not be more than 2500 words. It should cover:

**a. Introduction** should contain scientific rationale and reason for publishing the Case Report.

**b. Case Report** should include:

- i. Patient information: age, gender, ethnicity (age at the time of diagnosis of related medical problem if different from the patient's age), Occupation and their presenting concerns with relevant details of related past.
- ii. Ethical considerations, if any.
- iii. Medical, family, and psychosocial history including lifestyle and genetic information;
- iv. Other pertinent co-morbidities, interventions, therapies including self-care;
- v. Physical examination focused on important findings including results from testing.
- vi. Information about substance abuse (tobacco smoking, alcohol, any other)
- vii. Objectives for reporting the case
- viii. Main medical problem
- ix. *Dashavidha Pariksha / Ashtavidha Pariksha / Sroto Pariksha* (as applicable)
- x. Related medication, diagnostic and therapeutic procedures. Details of drugs and line of therapy should precisely be mentioned including classical reference, dose and route of administration.
- xi. Clinical solution of the described problem.
- xii. Treatment complications, if any.

**c. Timeline:** Create a timeline as a chronological summary of an episode of care as a figure or table. This should begin with antecedents and past medical history through the outcome. ([www.care-statement.org/case-report-examples](http://www.care-statement.org/case-report-examples) for an example of a case report timeline)

- d. **Diagnostic Focus and Assessment** provide an assessment of the
  - i. Diagnostic methods (including laboratory testing, imaging results, questionnaires, referral diagnostic information);
  - ii. Diagnostic challenges (such as limited ability to complete an evaluation, patient availability, cultural);
  - iii. Diagnostic reasoning including other diagnoses considered, and
  - iv. Prognostic characteristics (such as staging in oncology) where applicable.
- e. **Therapeutic Focus and Assessment** describe the
  - i. Types of interventions (such as pharmacologic, surgical, preventive, lifestyle, self-care) and
  - ii. Administration and intensity of the intervention (including dosage, strength, duration, frequency).
- f. **Follow-up and Outcomes** describe the clinical course of this case including all follow-up visits as well as
  - i. Intervention modification, interruption, or discontinuation, and the reasons;
  - ii. Adherence to the intervention and how this was assessed; and
  - iii. Adverse effects or unanticipated events. Please describe
    - a. Patient-reported outcomes,
    - b. Clinician assessed and reported outcomes, and
    - c. Important positive and negative test results.
- g. **Discussion:** Discussion should deal only with new and / or important aspects of the study. Do not repeat in detail the data or other material from the sections of Background or Case Report. Include the implications of the findings and their limitations, including the application in future research. Discussion should confront the results of other investigations especially those quoted in the text. All the ideas expressed in discussion should be supported by classical reasoning and aptly referenced.
- h. **Conclusions:** State new hypotheses when warranted. Include recommendations when appropriate. Unqualified statements and conclusions not completely supported by the obtained data should be avoided.
- i. **Acknowledgement:** Acknowledge all contributors who do not meet the criteria for authorship, such as technical assistants, writing assistants or head of the department / institute who provided only general support. Financial and other material support (if any) should be disclosed and acknowledged.
- j. **Conflicts of Interest:** Should be disclosed, if any.
- k. **Images:** Submit good quality colour images (as applicable) in any format; but jpeg is most acceptable.
- l. **References:**

To the best possible extent, references should be from authentic sources. Avoid using abstracts or review papers as references. Unpublished observations and personal communications cannot be used as references. If essential, such material may be incorporated in the appropriate place in the text.

Up-to-date referencing consecutively as they are to be cited in text. References first cited must be numbered so that they will be in sequence with references cited in the text. List all authors when there are six or fewer; when there are seven or more, list the first six, then “et al”.

The following are a few examples:

- **Standard journal article:**  
Anaya JM, Diethelm L, Ortiz LA, Gutierrez M, Citera G, Welsh RA, et al. Pulmonary involvement in rheumatoid arthritis. *Semin Arthritis Rheum* 1995;24(4):242-54.
- **Book(s), as Author:**  
Valiathan MS. *The Legacy of Caraka*. 1st ed. Chennai: Orient Longman; 2003.
- **Book(s), Editors / Compilers as authors:**  
Acharya YT, editor. *Charaka samhita of Agnivesha, Chikitsa sthana; Vatashonita chikitsa*: chapter 29, verse 19-23. 5<sup>th</sup> ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011. p. 628. reprint 2011.
- **If the reference is quoted from a commentary of original text:**  
Acharya YT, editor. *Commentary Ayurveda dipika of Chakrapanidatta on Charaka samhita of Agnivesha, Chikitsa sthana; Vatashonita chikitsa*: chapter 29, verse 19-23. 5<sup>th</sup> ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011. p. 628. reprint 2011.
- **Chapter in a book:**  
Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: pathophysiology, diagnosis, and management*. 2nd ed. New York: Raven Press; 1995. p. 465-78.
- **Conference proceedings:**  
Kimura J, Shibasaki H, editors. *Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology*; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.
- **Conference paper:**  
Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sep 6-10; Geneva, Switzerland.
- **Web references:**  
As a minimum, the full URL should be given along with the date and time when the reference was last accessed.

#### Other general instructions to be followed while preparing the manuscript:

- All Ayurvedic, Sanskrit, Regional language terms should be italicized.
- Plant names are also to be in italics with first letter capitalized. Botanical names along with authority should be mentioned along with Sanskrit names of plants.
- Precise translation of Ayurveda terms into English words is not always possible. Some terms would require short description as parenthesis or footnote, for better understanding of readers from non-Ayurvedic background. Authors are suggested to use common medical terminology for obvious terms. Authors can use 'Tilde' (~) sign for use of approximately nearer terms. For example, *Vamana Karma* (~Therapeutic Emesis). The sign (~) indicate that, though the '*Vamana Karma*' is nearer to '*Emesis*' it sparingly / cautiously differs from the latter and the term used in the bracket is just for the understanding of readers. Please use standard spelling while transliterating Sanskrit words. (eg. *Vijyana*)

#### Tables:

- Tables should be self-explanatory and should not duplicate textual material.
- Mark the point of insertion of Tables in the text. e.g. [Table 1]
- Tables with more than 10 columns or 25 rows are not acceptable.
- Number the tables in Hindu-Arabic numerals (1, 2, 3,.....) consecutively in the order of their first citation in the text and supply a brief legend for each.
- Explanatory matter should be placed in the footnotes and not in the heading of the table.
- All non-standard abbreviations used in tables should be explained in footnotes.

- Permission for all fully borrowed, adapted, and modified tables should be obtained and credit should be given for each in the footnotes.
- For footnotes use small English alphabets (a, b, c,.....).
- Tables with their legends should be placed after the references in 'Article File'.

#### **Illustrations (Figures):**

- Please do not include images in 'First Page' or 'Article' files. These should be submitted separately as an attachment to e-mail. Captions for figures are to be included in the last page of manuscript.
- Mark the point of insertion of images in the text. e.g. [Figure 1]
- The uploaded file size should not be more than 3 MB.
- High resolution images should be uploaded preferably in JPEG format.
- Please ensure that the digital image has minimum resolution of 300 dpi or 1024 x 780 pixels.
- Figures should be numbered consecutively in the order that they have been first cited in the text.
- Labels, numbers, and symbols in the images should be clear and of uniform size.
- Lettering in figures should be large enough to be legible after reduction to fit journal printed column width.
- Symbols, arrows or letters used in photomicrographs should contrast with the background and should be marked neatly.
- Detailed explanations for illustrations should be in the legends and not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted, the numerical data on which they are based should also be supplied if asked for.
- Photographs and figures should be trimmed to remove all unwanted areas.
- If photographs of individuals are used, they must be accompanied by written permission to use the photograph. If photographs of face are required, it should be masked so as to conceal the identity of the patient.
- If a figure has been published elsewhere, the original source should be acknowledged and the written permission from the copyright holder to reproduce the material should be submitted to the journal. A credit line should appear in the legend for such figures.
- The Journal reserves the right to crop, rotate, reduce, or enlarge photographs to an acceptable size.
- Soft copies of sharp, glossy, un-mounted, color photographs, preferably in jpeg format should be uploaded at the time of submitting manuscripts. Print outs of digital photographs are not acceptable.

**Legends for illustrations:** Legends (maximum 30 words, excluding the credit line) for illustrations should be typed out or printed using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, each should be identified and explained in the legend. The internal scale (magnification) and methods of staining in photomicrographs should be mentioned.

#### **REVIEW PROCESS:**

Manuscripts will be evaluated on the basis that they present new insights to the investigated topic, are likely to contribute to a research progress or change in clinical practice or in thinking about a disease. It is understood that all authors listed on a manuscript have agreed to its submission. The corresponding author by checking in all legal notices during the submission process signifies that these conditions have been fulfilled.

The received manuscripts will be examined first at AyuCaRe editors first examine the received manuscript. Manuscripts with insufficient priority for publication will be rejected promptly. Incomplete submissions or manuscripts not prepared in the structure will not be sent for a peer review until the correct and complete submission has been provided.

Authors will be notified with a reference number upon receiving a manuscript at the Editorial Office. Such manuscripts will be blinded and sent to independent experts for scientific evaluation. Comments and suggestions received from reviewers will be conveyed to the corresponding author. Corresponding author(s) should provide point by point response to the reviewer's comments in a reply template when submitting revised versions of their manuscript. This process is repeated till reviewers and editors are satisfied. Based upon the revisions, status of the manuscript (accepted / rejected) will be communicated to the corresponding author(s).

The papers accepted in the review process will be considered for publication. Authors should return a corrected paper within 1 to 6 weeks. The first round peer review process will usually take about 6 to 8 weeks.

**Publication Charges:** No processing / publication fee will be charged by the journal.

**Publication format:**

- Journal of Ayurveda Case Reports (AyuCaRe) will be published quarterly (4 issues per year) in hard copy as well as an e-version which can be accessed on [www.aiia.gov.in](http://www.aiia.gov.in)
- Complementary copies will be provided to all the authors and co-authors whose articles are published in the journal.

**PATIENT CONSENT:**

- Properly signed informed consent from patients (or relatives / guardians as applicable) must for submitting Case Reports to the journal. Please anonymize the patient's details as much as possible. If the patient is deceased, the authors must seek permission from the next of kin. If it is not possible to get signed consent from the next of kin, the head of the medical team / hospital or legal team must take responsibility that exhaustive attempts have been made to contact the family and that the paper has been sufficiently anonymized not to cause harm to the family. This is required to upload a signed document for this effect.

**PUBLICATION ETHICS:**

- Journal takes publication ethics very seriously and abides by the best practice guidance of the Committee on Publication Ethics. The Corresponding Author has the right to assign on behalf of all authors and does assign on behalf of all authors, a full assignment of all intellectual property rights for all content within the submitted case report in any media known now or created in the future, and permits this case report (if accepted) to be published on AyuCaRe and to be fully exploited within the remit of the assignment as set out in the assignment which has been read.
- Every article will be screened on submission and the ones that are deemed to overlap more than trivially with other publications will be rejected with no right of appeal.

**SUBMISSION OF NEW MANUSCRIPT:**

**Sending the manuscript to the AyuCaRe:** Editors of AyuCaRe currently accept only electronic submissions via e-mail. Manuscripts can be submitted by sending the copies as an attachment to the Editor, AIJA Journal of Ayurveda Case Reports, New Delhi through an email at [aiiaayucare@gmail.com](mailto:aiiaayucare@gmail.com)

**SUBMISSION OF REVISED MANUSCRIPT:**

- The revised version of a manuscript should be submitted through e-mail in a manner similar to that used for its first submission. However, there is no need to resubmit the "First Page" file unless changes are suggested in it.
- An article number will be generated by the journal office that is to be used for future communications.
- When submitting a revised manuscript, the corresponding author needs to submit two files viz. 'modified article file' and 'Reply template file' with suitable justifications.
- Contributors are requested to include reviewer's remarks along with point by point clarification in the 'Reply template file'. They should mark all changes as colored and highlighted text in the 'modified

article file'. Authors should use track changes mode while revising the manuscript as per the reviewer's remarks.

- Comments by reviewers are to improve standards of the article and hence need to be taken positively.
- Author(s) need to ensure that comments by reviewers and replies by author are effectively used for the enrichment of the article, then and then only will the purpose of the review process be fulfilled.

**Authorship:** All authors must have made an individual contribution to the writing of the article and not just been involved with the patient's care. The uniform requirements for manuscripts submitted to medical journals state that authorship credit should be based only on a substantial contribution to the following:

- Conception and design, acquisition of data or analysis and interpretation of data.
- Drafting the article or revising it critically for important intellectual content.
- Final approval of the version published.
- Agreement to be accountable for the article and to ensure that all questions regarding the accuracy or integrity of the article are investigated and resolved. All four of these conditions must be met.

**Submission requirements:** All cases must be submitted online. Patient consent, Title page, Text page as a single word document along with Tables and Figures are required as an attachment for submission of manuscript:

#### CHECK LIST:

Before submitting the manuscript please ensures that following requirements are fulfilled:

- Have you read the instructions for author carefully?
- Do you prepare manuscript in prescribed format?
- Have all authors approved the submission?
- Do you have patient consent?
- Is your article original?
- Have you written reference according to journal format?
- Have you answered all the reviewers' comments [for revisions]?

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