

AIIA Journal of

AYU-CaRe

# AYUveda Case Reports

Instruction Manual for  
Submission of Case Reports

All India Institute of Ayurveda  
New Delhi



## Invitation to be the part of Mission 'Evidence Based Ayurveda'

Journal of Ayurveda Case Reports (AYU-CaRe) invites Case Reports from clinical specialties and provides opportunities for students, researchers and faculty of Ayurveda and allied medical sciences to be part of it. This initiative is expected to play a pivotal role in researches, further generating evidence bases for the claims and principles of Ayurveda and allied sciences in a systemic way.

Practice of medicine including Ayurveda is unpredictable and challenging. In practice, many physicians come across with certain clinical situations that have not mentioned in textbooks but presented in an unusual way. On the other hand physicians may also have success stories for certain conditions, where no satisfactory answers are available in contemporary field. Dissemination of such success practices is a way of sharing knowledge that will help in shaping the health care system, what we see today.

Case Reports help practitioners to share their experiences with peers, researchers, students and other interested. Ayurveda needs more and more evidence based success stories. Journal of Ayurveda Case Reports (AYU-CaRe) is focusing on this aspect and creating a unique platform for all stakeholders of Ayurveda to share their experiences.

Here different areas of healthcare through Ayurveda may be brought together that will help practitioners, students, academicians, researchers and others in developing more holistic ways of Ayurveda approaches.

I take this opportunity to invite all the stakeholders of Ayurveda to use this platform and share *Case Reports* in the benefit of tradition of Ayurveda. At AIIA, we are committed to put Ancient wisdom of Ayurveda in Evidence Based Practice.

Prof. Abhimanyu Kumar  
Director  
All India Institute of Ayurveda,  
New Delhi  
& Chief Editor  
Journal of Ayurveda Case Reports

*"Case reports are solely descriptions of practice, and they can generate ideas, hypotheses, and techniques that can be tested or studied later through controlled experiments. A case report can serve more than one purpose; it might convey experiences to other clinicians while revealing hypotheses for future research, or it might provide material for teaching and learning while assisting in the evolution of theory. It might persuade or motivate other practitioners, or help develop practice guidelines and critical pathways."*

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## TYPES OF CASES ACCEPTED FOR PUBLICATION

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

1. Disease and Diagnosis
2. Treatment
3. Complications & Accidents
4. Adverse outcomes of Therapies
5. Miscellaneous / Others

### 1. DISEASES AND DIAGNOSIS:

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- 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:

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- 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 AND ACCIDENTS:

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

### 4. ADVERSE OUTCOMES OF THERAPY:

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- 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:

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

#### Who Can Submit A Case Report

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

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## Preparation of Manuscript

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### General Guidelines for Submission in AYU-CaRe

Text should be preferably on an A4 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:** Title page with the following information:

- Full names and affiliations of all authors (not more than 4),
- 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:** Should have the following information:

Don't reveal identity of authors in article file.

- 2.1 Abstract not exceeding 200 words with Background, Brief Case Report and Conclusion.
- 2.2 Keywords (3 to 6).
- 2.3 **Text Pages:** The text of the article should not be more than **2500 words** labeled as:
  - 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)
    - ii. Ethical considerations, if any.
    - iii. Information about substance abuse (tobacco smoking, alcohol, any other)
    - iv. Objectives for reporting the case
    - v. Main medical problem, co-existing diseases
    - vi. *Dashavidha Pariksha / Ashtavidha Pariksha / Sroto Pariksha* (as applicable)
    - vii. 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.
    - viii. Clinical solution of the described problem.
    - ix. Treatment complications, if any.
  - c. **Discussion:** Reference to clinical practice and literature. 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.

- d. **Conclusions:** State new hypotheses when warranted. Include recommendations when appropriate. Unqualified statements and conclusions not completely supported by the obtained data should be avoided.
- e. **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.
- f. **Conflicts of Interest:** Disclosed, if any.
- g. **Images:** Submit good quality colour images (as applicable) in any format; but jpeg is most acceptable. Submit high resolution images.

h. **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 cited. 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 three, then "et al". The following are a few examples:

- **Standard journal article:** Silman A., Kay A., Brennan P. Timing of pregnancy in relation to the onset of rheumatoid arthritis. *Arthritis Rheum.* 1992;35(2):152-155.
- **Book(s), as Author:** Valiathan MS. *The Legacy of Caraka.* 1st ed. Chennai: Orient Longman; 2003.
- **Book(s), Editors / Compilers as authors:** Acharya Y.T., editor. *Charaka Samhita of Agnivesha, Chikitsa Sthana; Vatashonita Chikitsa:* chapter 29, verse 19-23. Chaukhamba Surbharati Prakashan; Varanasi: 2011. p. 628. reprint 2011.
- **If the reference is quoted from a commentary of original text:** Acharya Y.T., editor. *Commentary Ayurveda Dipika of Chakrapanidatta on Charaka Samhita of Agnivesha, Chikitsa Sthana; Vatashonita Chikitsa:* chapter 29, verse 19-23. Chaukhamba Surbharati Prakashan; Varanasi: 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*

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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:** The full URL should be given along with the date when the reference was last accessed.

## GENERAL INSTRUCTIONS

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

### Use of Ayurvedic / Sanskrit / Regional language terms:

- Italicize Ayurvedic / Sanskrit / regional language terms.
- Plant names are also to be in italics with first letter capitalized.
- 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 and Illustrations:

#### Table:

- Tables should be self-explanatory and should not duplicate textual material.
- 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.



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- 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'.
  - Mark the point of insertion of Tables in the text. e.g. [Table 1]

### 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 with transfer type or by tissue overlay and not by pen.
- 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.

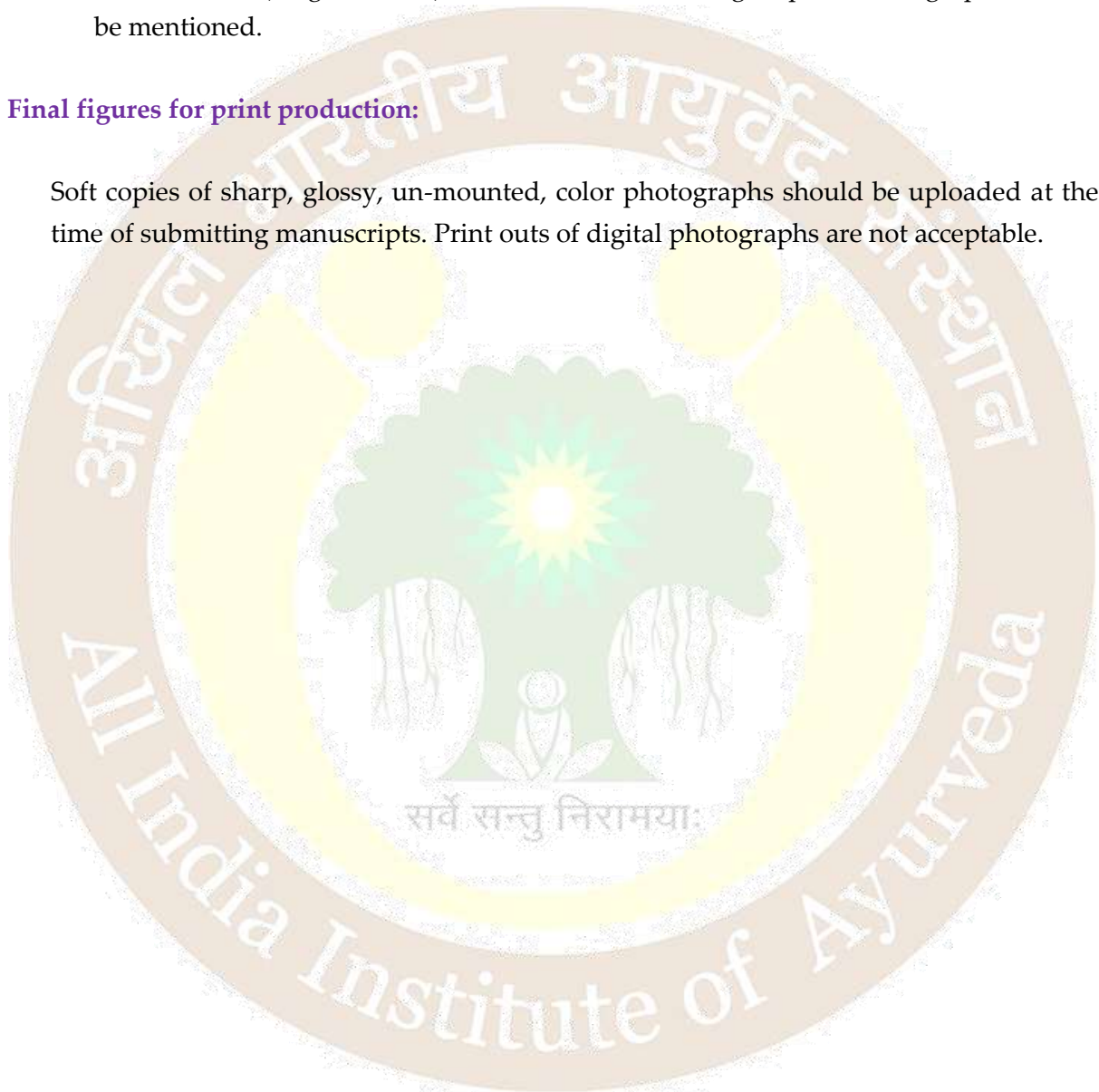
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**Legends for illustrations:**

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.

**Final figures for print production:**

Soft copies of sharp, glossy, un-mounted, color photographs should be uploaded at the time of submitting manuscripts. Print outs of digital photographs are not acceptable.



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## REVIEW PROCESS

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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 AYU-CaRe editors first examine the received manuscript. Manuscripts with insufficient priority for publication are rejected promptly. Incomplete submissions or manuscripts not prepared in the structure mentioned (earlier) 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

### Publication format:

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

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## PATIENT CONSENT

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### Scanned copy is to be submitted while submission of manuscript

- Properly signed informed consent from patients (or relatives / guardians as applicable) must for submitting Case Reports to the journal. Please anonymise 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 anonymised 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 AYU-CaRe and to be fully exploited within the remit of the assignment as set out in the assignment which has been read.
- Every article is 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.

सर्वे सन्तु निरामयाः

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## SUBMISSION OF NEW MANUSCRIPT

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### Sending the manuscript to the AYU-CaRe:

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Editors of AYU-CaRe currently accept only electronic submissions via e-mail. Manuscripts can be submitted by sending the copies as an attachment to the Editor, AIIA Journal of Ayurveda Case Reports, New Delhi through an email to: [aiaayucare@gmail.com](mailto:aiaayucare@gmail.com)

### Submission of Revised Manuscript

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- 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 AYU-CaRe office, which 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 'comment file' with suitable justifications.
- Contributors are requested to include reviewer's remarks along with point by point clarification in the 'comment file'. In addition, they should mark all changes as colored 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 for improvement of the article improve standards 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

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All authors (maximum 4) must have made an individual contribution to the writing of the article and not just been involved with the patient's care. Individuals just involved in the patient's care (including diagnosis and management) should be listed in the acknowledgements. 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. Following are required as an attachment for submission of manuscript:

- **Patient consent**
- **Title page**
- **Text page as a single word document along with Tables and**
- **Figures**

**Check- list**

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

- |  |         |        |
|--|---------|--------|
| ○ Have you read the instructions for author carefully?           | Yes --- | No---  |
| ○ Do you prepare manuscript in prescribed format?                | Yes --- | No --- |
| ○ Have all authors (maximum 4 allowed) approved the submission?  | Yes --- | No --- |
| ○ Do you have patient consent?                                   | Yes --- | No---  |
| ○ Is your article original?                                      | Yes --- | No---  |
| ○ Have you answered all the reviewers' comments [for revisions]? | Yes --- | No --- |
| ○ Have you written reference according to journal format?        | Yes --- | No---  |

*Send your manuscript to*  
***aiiaayucare@gmail.com***

**CASE REPORT TEMPLATE**

<b>TITLE OF CASE:</b> <i>should reflect the gist of content</i>
<b>ABSTRACT:</b> <i>Structured as background, brief case report and conclusion. Up to 200 words</i>
<b>BACKGROUND:</b> <i>What is the uniqueness of the case and its relevance?</i>
<b>CASE PRESENTATION:</b> <i>Presenting features, medical/social/family history, investigations, differential diagnosis, mode of treatment, outcome of therapy, adverse events if any.</i>
<b>DISCUSSION:</b> <i>Discuss the uniqueness and possible reasons backed with sound classical reasoning and apt references.</i>
<b>CONCLUSION:</b> <i>Further improvisation, contribution in research, new area for research.</i>
<b>REFERENCES:</b>
<b>TABLES/FIGURE/VIDEO CAPTIONS:</b> <i>Figures should NOT be embedded in this document. Provided on new word document. Figures can be sent as attachment to email ID.</i>







# All India Institute of Ayurveda

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

Mathura Road, Gautampuri, Sarita Vihar, New Delhi, Delhi 110076