

AUTHOR GUIDELINES

Types of manuscripts

All article types should include a title, authors, structured/unstructured abstract as specified, keywords, main text, acknowledgements, declarations, references, and any supplementary files.

A. Editorial

- Content: Perspective pieces by the Editor or invited guest editors.
- Word limit: up to 1,000 words.
- References: up to 10.
- Abstract: Not required.

B. Short Communication/ Brief Report

- Content: Invited or submitted viewpoints on policy, education or topical debates.
- Word limit: 2,000 -2300words(Including abstract and references)
- Abstract: unstructured, up to 250 words.
- References: up to 30.

C. Original Research (Full-length)

- Content: Original clinical, preclinical, pharmacological, epidemiological, translational or interventional studies.
- Word limit: up to 5,000 words
- Abstract: Structured (Background, Objectives, Methods, Results, Conclusion) - up to 250 words.
- Tables/figures: up to 8 non-text items (at the appropriate place or at the end of text).
- References: typically up to 70.
- Must include sample size/power calculations, statistical methods, ethical approval, trial registration (if applicable).
- Adhere to established guidance for guideline developers (equator-network.org)

D. Systematic Review & Meta-analysis

- Word limit: up to 6,000 words.
- Abstract: structured up to 250 words.
- Must follow PRISMA(<https://www.equator-network.org/reporting-guidelines/prisma/>) and include search strategy, eligibility criteria, risk of bias assessment and flowchart.

E. Narrative Review / Book review

- Word limit: up to 4,000 words.
- Abstract: unstructured up to 250 words.
- Book reviews should include a jpeg image of the cover (uploaded separately).

F. Case Report

- Content: Unique clinical observations, novel therapeutic outcomes, adverse events, or new diagnostic challenges.
- Word limit: up to 3,000 words.
- Abstract: non-structured up to 250 words.
- Reporting: Authors must follow the CARE guidelines and include patient consent for publication of clinical information/photographs. Protect patient identity. ([CARE Case Report Guidelines](#))

G. Case Series

- Word limit: up to 3,000 words and abstract up to 250 words.
- Should include consecutive cases, clear inclusion criteria, outcomes and limitations.

H. Pedagogy / Education Article

- Word limit: up to 3,000 words.
- Content: Curriculum development, teaching methods, historical-linguistic studies relevant to Ayurvedic education. Abstract optional depending on content.

K. Practice Guidelines / Consensus Statements

- Word limit: usually up to 4,000 words (varies).
- Must detail methodology for guideline development (stakeholders, evidence synthesis, grading of recommendations).
- Adhere to established guidance for guideline developers (EQUATOR toolkit). (equator-network.org)

L. Conference Report and Correspondence

- Word limit: up to 1,200–2,000 words depending on type.

ORIGINALITY, PRIOR PUBLICATION AND PLAGIARISM POLICY

- Manuscripts must be original and not under consideration or published elsewhere. If related work has been previously published (e.g., preprint, conference abstract), authors must disclose this at submission with copies or links.
- All sources must be cited; verbatim quoting should be minimal and in quotation marks with citation.
- VJAM uses plagiarism detection tools; manuscripts with substantial overlap or duplicate publication will be rejected or retracted per COPE guidance.
- Submissions must also disclose any overlapping submissions (e.g., large dataset split across several papers) and justify overlap.

MANUSCRIPT PREPARATION - DETAILED FORMATTING INSTRUCTIONS

General layout

- Document format: MS Word (.doc/.docx) preferred; RTF accepted. Do not submit PDF as the primary manuscript file.
- Page setup: A4 page, margins 2.5 cm on all sides.
- Font: Times New Roman, size 12 for text. Headings may be bold; main headings 14–16 pt.

- Line spacing: 1.5; include page numbers in footer.
- All pages numbered consecutively beginning with the Title Page.

Title page / First page file (separate file, non-blinded)

Provide:

- Full title (concise and informative).
- Running title (up to 50 characters).
- Full names of all authors (surname/family name last), academic degrees, institutional affiliations (department, institution, city, country).
- The corresponding author's postal address, telephone number and e-mail address.
- A short author contribution statement (use Credit roles if possible).
- Source(s) of funding and grant numbers.
- Declaration of conflicts of interest.
- Acknowledgements (if any).
- Trial registration number (if applicable).

Blinded main manuscript file

- Remove all author names, affiliations and identifying information (including institution names in methods) for the blinded file. Do not include acknowledgements or funding statements in the blinded file.
- The main manuscript should begin with the title (short), abstract and keywords, and then the main text.
- File size: individual file up to 10 MB recommended; compress images separately.

Title

- Concise, informative; avoid abbreviations where possible.

Abstract and Keywords

- Original research: Structured abstract (Background, Objectives, Methods, Results, Conclusion), up to 250 words.
- Other article types: unstructured abstract up to 250 words unless otherwise specified.
- Keywords: 4–6 keywords. For Ayurvedic technical terms, use consistent transliteration and italicize (first appearance should include the approximate English meaning).

Main sections (for original articles)

1. Introduction (background & objectives)
2. Materials and Methods (detailed enough for reproduction).
3. Results (concise, with tables/figures)
4. Discussion (interpretation, comparison with literature, strengths, limitations)
5. Conclusion (brief)
6. Acknowledgements
7. Funding and Conflicts of Interest statements
8. References

Abbreviations and units

- Spell out abbreviations at first use. SI units preferred. Numerals from 1–10 may be spelled as words where appropriate (follow consistent style).

Article Sections

- Manuscripts should be divided into clearly defined and consecutively numbered sections. Main sections should be numbered as 1, 2, 3, and so on. Subsections should be numbered 1.1, 1.2, with further subdivisions as 1.1.1, 1.1.2, etc.
- Authors must use this numbering format when making cross-references within the manuscript and should avoid vague references such as “the text” or “above.”
- Each subsection may be provided with a concise heading. All headings should be placed on a separate line and clearly indicate the content of the section.
- The Abstract should not be included within the section numbering and must appear separately at the beginning of the manuscript.

Figures, tables and supplementary material (technical requirements)

Figures / images

- Format: JPEG or TIFF preferred for images; EPS or PDF for line art.
- Resolution: minimum 300 dpi for color/greyscale images; 600 dpi for line art.
- File size: each image up to 4 MB preferred; maximum per submission as per web portal limits.
- Number each figure in Arabic numerals; provide figure legends (up to 40 words each) at the end of the manuscript file (in the blinded file, include legends but not images).
- For clinical photographs, remove identifying marks; obtain and upload written patient consent for publication of images.

Tables

- Submit tables in editable format (MS Word table). Number consecutively (Table 1, Table 2, ...).
- Each table must have a clear title and footnotes explaining abbreviations and statistical measures.

Supplementary files

- Data tables, extended methods, questionnaires, video or large datasets can be uploaded as supplementary material. Authors should state data availability and whether data can be shared upon reasonable request.

LANGUAGE, TRANSLITERATION AND SANSKRIT TERMS

- Manuscripts must be written in clear, scholarly English. VJAM accepts British or American English but requires consistency.

- Sanskrit and Ayurvedic terms should be italicized at first occurrence, followed by an English equivalent in parentheses. Use consistent transliteration throughout the manuscript.
- Diacritical marks are permitted only if supported by the journal's website and typesetting system. If such support is unavailable, authors must use a commonly accepted transliteration without diacritics. Original-language text (e.g., Sanskrit ślokas, Tamil verses, or other classical scripts) should not be included in the main manuscript. Where necessary, a standardized transliteration and/or brief glossary may be provided.

DECLARATION OF GENERATIVE AI USE

Authors must disclose the use of generative AI or AI-assisted tools in the preparation of the manuscript at the time of submission. Such tools may be used to support tasks such as language improvement or content organization but must not replace human judgment or scholarly responsibility.

Authors are fully accountable for the accuracy, originality, and integrity of the manuscript, including verification of any AI-generated content. AI tools must not be listed as authors or co-authors.

If generative AI tools have been used, a declaration must be included in a separate section before the References at the time of initial submission. The declaration is not required for basic tools used solely for spelling, grammar, or reference checking.

ETHICAL REQUIREMENTS - HUMAN PARTICIPANTS, ANIMALS, CLINICAL TRIALS

Human participants

- Manuscripts reporting human research must include a statement in Methods describing:

- Name of the ethics committee that approved the study (with approval number).
- Statement that research adhered to the Declaration of Helsinki and local/national regulations.

Clinical trial registration

- Prospective clinical trials must be registered in a publicly accessible registry (e.g., CTRI, ClinicalTrials.gov) prior to recruitment. The registration number and registry name must be provided in the Title Page and Methods. Trials should be reported according to CONSORT. (equator-network.org)

Systematic review registration

- Systematic reviews and meta-analyses should be prospectively registered in a publicly accessible registry such as PROSPERO. The registration number and registry name must be provided in the Title Page and Methods section. Reviews should be reported in accordance with PRISMA guidelines.

Animal research

- Animal experiments must include details of ethical approval (with approval number), adherence to national/international guidelines (e.g., CPCSEA for India ARRIVE, <https://arriveguidelines.org/>), housing and care, analgesia/anesthesia, and humane endpoints.

Patient privacy

- Remove patient identifiers from figures and images. For any potentially identifying information, written informed consent for publication must be obtained and a statement included.

SUBMISSION & REVIEW

Editorial and Peer-Review Process

Initial submission and editorial triage

- All manuscripts undergo an initial technical and scope check by the Editorial Office to ensure compliance with the Instructions for Authors (format, word limits, required forms, blinding). Manuscripts that do not meet basic submission requirements will be returned for technical correction before peer review.

Plagiarism and ethical checks

- Submissions are screened using plagiarism detection software. Manuscripts exceeding the journal's similarity threshold (as decided by the Editorial Office) will be returned or rejected.

Peer review model

- VJAM uses a double-blind peer review system: both reviewers and authors are anonymized. The Editor may use single-blind or open review in exceptional circumstances only with disclosure.
- Manuscripts judged by the Editor-in-Chief to be within scope and technically compliant are sent to at least two independent expert reviewers. Reviewers provide: scientific evaluation, methodological critique, ethical concerns, and clear recommendations (accept/minor revision/major revision/reject).

Editorial decision

- Reviewer reports are collated by the handling editor and sent to the corresponding author with an editorial decision and required revisions. Authors must include a point-by-point response to reviewers and highlight changes in the revised manuscript.
- Final acceptance is made by the Editor-in-Chief or designated Editorial Board member after satisfactory revisions.

- The journal reserves the right to copy-edit and format manuscripts and to make editorial changes for clarity and style while preserving scientific content.

Timelines (indicative)

- Authors are expected to submit revisions within the timeline specified in the revision letter (1 week)
(These are targets - actual times may vary.)

SUBMISSION PROCEDURE - FILES REQUIRED (STEP-BY-STEP)

All manuscripts must be submitted online through the VJAM submission portal (website link to be provided on the journal webpage). Authors should prepare these separate files:

1. Title Page (non-blinded) - type of manuscript, full author details, correspondence info.
2. Blinded Manuscript File - main text (Abstract to References) with no author identifiers; figures may be included as placeholders or uploaded separately.
3. Figures/Images - high-resolution image files uploaded separately (JPEG/TIFF).
4. Tables - multipart tables uploaded or included within the main file.
5. Supplementary material - appendices, raw data, checklists.
6. Signed copyright transfer / authorship declaration (template available on website).
Electronic signatures acceptable at submission; hard copy with original signatures may be requested after acceptance.
7. Reporting checklists - completed CONSORT/PRISMA/CARE/STROBE checklists as applicable.

Cover letter should: briefly state novelty, confirm originality/not under consideration elsewhere, provide funding sources, and confirm that all authors approve submission.

Peer Review Revisions, Appeals And Editorial Decisions (Procedures)

- Minor revision: Authors address reviewer points in a point-by-point response and upload revised manuscript with tracked changes or highlighted modifications (a clean version and marked version).
- Major revision: Authors are given substantial time (usually 1 week) to revise; revised manuscripts may be sent back to reviewers for reassessment.
- Final decision: Based on reviewer recommendations and editor judgment. Acceptance, rejection, or request for further revision will be communicated by the Editor-in-Chief.

POST-ACCEPTANCE PROCESSES, PRODUCTION AND OPEN ACCESS

- After acceptance, manuscripts will be copyedited for grammar, style and formatting. Authors will receive proofs (usually as PDF) for final corrections; proofs must be returned within the timeframe specified.
- VJAM supports online publication and encourages open access options.
- Authors will be required to sign a Copyright Transfer Agreement (or choose an open license where applicable).

CORRECTIONS, RETRACTIONS AND ETHICAL COMPLAINTS (COPE-ALIGNED)

- VJAM follows COPE guidelines for handling allegations of misconduct, authorship disputes, redundant publication, plagiarism, and conflicts of interest.
(publicationethics.org)
- Corrections (errata) will be published for honest errors that affect the article record. Retractions will be published for fraudulent data, major ethical breaches, or duplicate publication.
- Investigations may involve contacting authors' institutions. The editorial office may publish expressions of concern if an investigation is underway.

DATA SHARING AND TRANSPARENCY

- Authors are encouraged to deposit datasets, protocols, and analytic code in public repositories (e.g., Dryad, Zenodo) where possible, and include a Data Availability Statement indicating where data can be accessed.
- Clinical trials must submit data sharing statements in line with journal/publisher policy.

POLICIES AND ETHICS

DECLARATION OF GENERATIVE AI USE

Authors must disclose the use of generative AI or AI-assisted tools in the preparation of the manuscript at the time of submission. Such tools may be used to support tasks such as language improvement or content organization but must not replace human judgment or scholarly responsibility.

Authors are fully accountable for the accuracy, originality, and integrity of the manuscript, including verification of any AI-generated content. AI tools must not be listed as authors or co-authors.

If generative AI tools have been used, a declaration must be included in a separate section before the References at the time of initial submission. The declaration is not required for basic tools used solely for spelling, grammar, or reference checking.

CONFLICTS OF INTEREST / COMPETING INTERESTS

- All authors must disclose any potential conflict of interest (financial, personal, intellectual, institutional) that could be perceived to influence the work.
- Disclosures should be made at the time of submission in a dedicated section (Conflict of Interest Declaration) and will be published with the article.

- Examples include company employment, consultancies, speaker fees, research grants, patents, stock ownership.
- The journal will follow COPE recommendations for assessing and managing conflicts. (publicationethics.org)

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- Animal experiments must include details of ethical approval (with approval number), adherence to national/international guidelines (e.g., CPCSEA for India), housing and care, analgesia/anesthesia, and humane endpoints.

Patient privacy

- Remove patient identifiers from figures and images. For any potentially identifying information, written informed consent for publication must be obtained and a statement included.

Reporting Guidelines and Checklists (EQUATOR Network)

Authors must use appropriate reporting checklists depending on the study design. VJAM strongly recommends consulting the EQUATOR Network to select the correct guideline.

Examples include:

- CONSORT for randomized controlled trials (use CONSORT 2025 checklist). (equator-network.org)
- PRISMA for systematic reviews and meta-analyses.
- STROBE for observational studies.
- STARD for diagnostic accuracy studies.
- CARE for case reports (authors must include a CARE checklist). ([CARE Case Report Guidelines](#))

Authors are requested to upload the completed checklist(s) as supplementary files at submission.

Data Sharing and Transparency

- Authors are encouraged to deposit datasets, protocols, and analytic code in public repositories (e.g., Dryad, Zenodo) where possible, and include a Data Availability Statement indicating where data can be accessed.



- Clinical trials must submit data sharing statements in line with journal/publisher policy.

KEY REFERENCES AND STANDARDS CONSULTED

- ICMJE - Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (authorship & reporting). (icmje.org)
- COPE - Committee on Publication Ethics (conflict of interest and ethical standards). (publicationethics.org)
- EQUATOR Network - reporting guidelines hub (PRISMA, CONSORT, STROBE, STARD etc.). (equator-network.org)
- CONSORT 2025 Statement - reporting randomized controlled trials. (equator-network.org)
- CARE guidelines - Case report reporting checklist and resources. (CARE Case Report Guidelines)

RESOURCES & TEMPLATES

VJAM will provide downloadable:

- Cover letter and copyright transfer templates.
- Author Contribution form
- Instruction to authors

ARTICLE PROCESSING CHARGES(APC)

The Vaidyaratnam Journal of Ayurveda and Medicine (VJAM) does not levy any submission or processing charges at the time of manuscript submission or during the peer review process.



Upon acceptance of the manuscript after a rigorous double-blind peer review, an Article Processing Charge (APC) of ₹ 1000 (Thousand rupees only) will be applicable to cover costs related to editorial handling, peer review management, copyediting, typesetting, and online hosting. The applicable APC details will be communicated to the corresponding author at the time of acceptance.