



JOURNAL OF BHARATIYA AYURVIGYANA

AN INTERNATIONAL JOURNAL OF AYURVEDIC SCIENCES

Triennial Journal for Ayurveda and Health Sciences



**Read, think, analyze, write and Publish Ayurveda and enrich the heritage
of Ayurveda in today's context.**

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Triennial Open Access Journal
INSTRUCTIONS FOR AUTHORS

1. Ethical Responsibilities

- **Conflict of Interest:** All authors must disclose financial or personal relationships that could influence their work. Use the journal's standard *Conflict of Interest Disclosure Form*.
- **Human and Animal Research:** Studies involving human participants require written informed consent and approval from an ethics committee. Animal studies must comply with institutional and international guidelines.
- **Copyright & Licensing:** Authors must sign a *Copyright Transfer Agreement* (or specify open-access licensing terms, if applicable) before publication.
- **Consent for Publication:** Written consent is required for any identifiable data, images, or case details.

2. Transparency, Integrity & Responsible Research Practices

- The journal adheres to **COPE** best practices.
- All submissions undergo **plagiarism screening** and may be checked for duplicate publication.
- Authors are expected to follow **data sharing policies** and provide access to underlying datasets when requested.

Data Availability

- Authors must include a **Data Availability Statement** in their manuscript.
- This statement should specify:
 - Whether data supporting the findings are publicly available (with repository name and DOI/link).
 - If data are restricted (e.g., due to privacy or legal reasons), authors must explain why.
 - How readers can request access to data, if applicable.

Use of Artificial Intelligence

- Authors must disclose any use of **AI tools** (e.g., for writing assistance, data analysis, image generation).
- AI cannot be listed as an author.
- Disclosure should include:
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 - The purpose (e.g., language editing, figure generation, data processing).
 - Confirmation that authors take full responsibility for the accuracy and integrity of the content.

3. Manuscript Categories

- **Original Research Articles:** Structured abstract, introduction, methods, results, discussion, references. (**IMRD Guidelines**)
- For reporting **Randomised Clinical Trials (CONSORT 2025)**
- **Review Articles:** Comprehensive, critical summaries of current knowledge. (**PRISMA 2020 Guidelines**)
- **Case Reports/Case Series:** Detailed description of unique or instructive cases. (**CARE Guideline**)
- **Classical text analysis/Treatise-based study:** 5000 words limit (**Special for Ayurveda texts like Charaka Samhita**)
- **Short Communications:** Brief reports of novel findings. Word Limit 2000
- **Observational/Cross-sectional/Cohort/Retrospective Studies (STROBE Guidelines)**
- **Book/manuscript Reviews:** Word Limit 1500
- **Editorials/Commentaries:** Invited contributions only, Word Limit 1500.

4. Submission Process

- Submit manuscripts via the journal's **online submission system or email (support@jofba.com)**.
- Each submission must include:



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- Cover letter
- Conflict of Interest form
- Copyright transfer/License agreement
- Ethical approval documentation (if applicable)
- Data Availability Statement
- AI Use Disclosure (if applicable)
- Manuscript (original)
- Abstract with Key words without Authors names
- Title Page with Authors
- Supplementary files (if any)
- Figures/images (In case of dermatological case studies)
- Conflicts, Funding and relevant declaration.
- Patient Consent
- Authors Contribution (CRediT)

5. Formatting Guidelines

- **Language:** Manuscripts must be in clear English (United States/India).
- **File Format:** Submit in Word (.doc/.docx). Figures in JPEG (300 dpi minimum).
- **Text Layout:**
 - Double-spaced, 12-point Times New Roman
 - Numbered pages
 - Line numbers for review
- **Abstract:** Structured (Background, Methods, Results, Conclusion), max 250 words.
- **Keywords:** 3-6 keywords (using **MeSH** terms where possible)
- **References:** Use [Vancouver style] or journal-specific citation format.
- **Tables & Figures:** Number consecutively, provide descriptive titles, and cite in text.

6. Peer Review & Publication

- All manuscripts undergo **double-blind peer review**.
- Decisions: Accept, Minor Revision, Major Revision, or Reject.
- Accepted manuscripts are copyedited and proofread before publication.

7. Open Access & Fees

- Open access - Online Triennial
- Article processing charges (APCs): 2100 INR

Free (No APC) for initial 50 Articles_Vol 2 Issue 1: April 2026

8. Post-Publication Policies

- Corrections, retractions, and expressions of concern follow **COPE guidelines**.
- Authors may deposit accepted manuscripts in institutional repositories, subject to copyright/licensing terms.



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COVER LETTER TEMPLATE

To,

The Editor-in-Chief

Journal of Bharatiya Ayurvedigyan

Date:

Subject: Submission of Manuscript for Consideration

Dear Editor,

I/We are pleased to submit our manuscript entitled “[Insert Manuscript Title]” for consideration for publication in the *Journal of Bharatiya Ayurvedigyan*.

This manuscript represents original work and has not been published elsewhere, nor is it under consideration by any other journal. All authors have read and approved the final version of the manuscript and agree with its submission to your journal.

We believe that this work makes a significant contribution to the field of Ayurvedigyan and will be of interest to your readership because:

- [Briefly state the novelty or importance of the study]
- [Highlight key findings or implications]
- [Explain relevance to the journal's scope]

In compliance with journal policies, we confirm the following:

- All ethical guidelines have been followed, and necessary approvals obtained.
- Conflicts of interest have been disclosed in the accompanying form.
- Author contributions are detailed in the CRediT statement.
- Copyright transfer and consent forms have been completed.

We kindly request you to consider this manuscript for publication. Please address all correspondence regarding this submission to:

- **Corresponding Author Name:** _____
- **Affiliation:** _____
- **Email:** _____
- **Phone:** _____

Thank you for your consideration. We look forward to your response.

Sincerely,

[Author Name(s) and Signature]

[Affiliation(s)]



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Date of submission	
Name of Author for Correspondence	
Title of Research Paper	
Reference ID (if applicable)	

Purpose: To ensure transparency, please disclose all relationships, activities, or interests related to the content of your manuscript. "Related" means any connection with for-profit or not-for-profit entities whose interests may be affected by the manuscript. Disclosure does not necessarily indicate bias. If in doubt, include the relationship/activity/interest.

Section 1 - Support for the Work (No time limit)

- Funding sources: _____
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Section 2 - Relevant Relationships/Activities/Interests (Past 36 months)

1. Employment

- Organization: _____
- Role/Position: _____

2. Consulting Fees / Honoraria

- Organization: _____
- Nature of work: _____

3. Grants or Contracts (outside of Section 1)

- Source: _____
- Purpose: _____

4. Royalties / Licenses

- Product/Work: _____
- Entity: _____

5. Stock / Stock Options / Equity Interests

- Company: _____
- Type of interest: _____

6. Patents (planned, pending, issued)



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- Title/Description: _____
- Status: _____

7. Participation on Advisory Boards / Data Safety Monitoring Boards

- Organization: _____
- Role: _____

8. Leadership / Fiduciary Roles in Other Organizations

- Organization: _____
- Position: _____

9. Other Relationships/Activities/Interests

- Description: _____

**** Write 'NIL' if no any Relevant Relationship**

1. Certification of Disclosure
<p>"I certify that the information provided above is complete and accurate to the best of my knowledge."</p> <p>Author Name (Corresponding):</p> <p>Signature:</p> <p>Date:</p>



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Declaration Statement (to be completed by authors)

- ☐ No AI tools were used in the preparation of this manuscript.
- ☐ AI tools were used in the preparation of this manuscript. Details are provided below:
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1
2
3

Signature(s):

1
2
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Date:

AUTHOR'S DATA AVAILABILITY STATEMENT

Authors must include a Data Availability Statement in all submissions to clarify where and how the data supporting the findings of the manuscript can be accessed. Please select or adapt one of the following standard formats:

- **Option A - Publicly Available Data**
The data that support the findings of this study are openly available in [repository name] at [DOI or URL], reference number [XXXX].
- **Option B - Data Available on Request**
The data that support the findings of this study are available from the corresponding author upon reasonable request.
- **Option C - Restricted Access**
Due to [ethical/legal/privacy] restrictions, the data supporting this study are not publicly available. Access may be granted upon request and subject to approval by [institution/ethics committee].
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No new data were created or analysed in this study. Data sharing is not applicable to this article.
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Some data supporting the findings of this study are available in [repository name] at [DOI/URL]. Additional data are available from the corresponding author upon reasonable request.

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"I/We confirm that the above statement accurately reflects the availability of data for this manuscript."

Author Name (Corresponding):

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AUTHOR CONSENT FORM

Purpose of Consent

The **Journal of Bharatiya Ayurvedigyan** is committed to maintaining the highest standards of transparency, ethics, and integrity in scholarly publishing. This consent form ensures that authors/participants understand and agree to the terms under which their work, data, or personal information may be used, published, and shared.

Consent Statements

Please read each statement carefully and indicate your agreement by signing below:

1. I confirm that I am the rightful author/participant of the work/study submitted to the **Journal of Bharatiya Ayurvedigyan**.
2. I consent to the publication of my manuscript/data in print and electronic formats, including indexing and archiving.
3. I affirm that the work is original, and any third-party content has been properly acknowledged and cited.
4. I consent to the use of my name, affiliation, and contact details for academic and indexing purposes related to the journal.
5. I understand that once published, the manuscript/data will be publicly accessible and may be used for educational and research purposes.
6. I confirm that I have disclosed all relevant relationships/activities/interests that may represent a conflict of interest.
7. I agree to abide by the ethical and editorial policies of the **Journal of Bharatiya Ayurvedigyan**.

4. Certification of Authors Consent

"I certify that the information provided above is accurate and that I voluntarily give my consent for publication/participation under the terms stated."

Author Name (Corresponding):

Signature:

Date:

Patient/Participant Consent Form

Consent Statements

Please read each statement carefully and indicate your agreement by signing below:

1. I confirm that I have been informed about the purpose, nature, and scope of the study/case report.
2. I understand that my medical information, images, or personal details may be used for academic publication in the **Journal of Bharatiya Ayurvedigyan**.
3. I consent to the use of anonymized data/images for educational and research purposes.
4. I understand that my identity will be protected, and no personally identifiable information will be disclosed without my explicit permission.
5. I acknowledge that once published, the information will be publicly accessible and may be used for scientific and educational purposes.
6. I understand that participation is voluntary, and I may withdraw consent at any time before publication without affecting my medical care.

5. Certification of Patient/Participants/Guardian/Witness Consents

"I certify that I have read and understood the above statements and voluntarily give my consent for participation/publication."

Name of patient/participant:

Name of Guardian/Witness (for pediatric)

Relationship to Patient/Participant (for pediatric)

Signature:

Date:



Annexure - IV

Author Copyright, Conflict of Interest declaration & Author Contribution Form (CRediT)

SECTION 1 - COPYRIGHT TRANSFER

I/We, the undersigned author(s), hereby agree to transfer copyright of the above manuscript to the *Journal of Bharatiya Ayurvedigyan* upon acceptance for publication.

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SECTION 2 - AUTHOR CONTRIBUTIONS (CRediT Taxonomy)

Please indicate each author's contribution by marking the appropriate roles.

CRediT Role	Description	Author(s) Responsible
Conceptualization	Ideas; formulation of research goals	
Methodology	Development/design of methodology	
Software	Programming, software development	
Validation	Verification of results/experiments	
Formal Analysis	Statistical/mathematical analysis	
Investigation	Conducting experiments, data collection	
Resources	Provision of study materials, patients, lab access	
Data Curation	Management and cleaning of data	
Writing - Original Draft	Preparation of initial manuscript draft	
Writing - Review & Editing	Critical review, commentary, revision	
Visualization	Preparation of figures, tables, diagrams	
Supervision	Oversight and leadership	
Project Administration	Coordination, management	
Funding Acquisition	Securing financial support	

Section 3: CONFLICT OF INTEREST DECLARATION FORM

Purpose of Declaration

The *Journal of Bharatiya Ayurvedigyan* requires all authors to disclose any potential conflicts of interest to ensure transparency and uphold the integrity of scholarly publishing. A conflict of interest may exist when an author's relationships, activities, or interests could influence—or be perceived to influence—the content of the manuscript.

Conflict of Interest Disclosure

Please indicate whether you have any conflicts of interest related to this manuscript.

Examples of conflicts include (but are not limited to):

- Financial relationships (employment, grants, consulting fees, honoraria, stock ownership, royalties, patents)
- Non-financial relationships (personal, professional, political, or academic interests)
- Institutional or organizational affiliations that may be affected by the manuscript's content



DECLARATION

- ☐ I have no conflicts of interest to declare.
- ☐ I have the following conflicts of interest to declare:

-
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6. CERTIFICATION CONFLICT OF INTEREST

"I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that failure to disclose relevant conflicts of interest may result in corrective action by the Journal of Bharatiya Ayurvedigyan."

Author Name (Corresponding):

Signature:

Date:

7. CERTIFICATION AND AUTHOR SIGNATURES

I/We certify that the information provided is accurate and that all listed authors have approved the final manuscript.

SN	Name of Author	Designation	Date	Signature	Remark
1					
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**** Authors are requested to duly sign all 7 Certification (case study publication) or 6 Certification (other publications)**

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