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● About the Journal

Journal of Musculoskeletal Diseases in Ayurveda (JMDA), is a peer reviewed scientific publication specialized in publishing scientific communication and allied medical sciences. The new journal from The Ayurvedic trust is the manifestation of its three decades of experience in Ayurveda scientific journal with a bi-annual release is set to bring in quality clinical and experimental research in Ayurveda Rheumatology, to the scientific fraternity journal adopts delayed open access policy and authors are free to archive it.

● Scope of the journal

Journal of Musculoskeletal Diseases in Ayurveda (JMDA) publishes original articles, concise reports, reviews, editorials, guidelines, case reports arising from and on ongoing research, existing manuscripts and published materials related to Rheumatology in Ayurveda.

● The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Musculoskeletal Diseases in Ayurveda and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors re-evaluate suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected without peer-review. Manuscripts that are unlikely to be of interest to the Journal of Musculoskeletal Diseases in Ayurveda (JMDA) readers are also liable to be rejected.

Manuscripts that are found suitable for publication in Journal of Musculoskeletal Diseases in Ayurveda (JMDA), are sent to two or more expert reviewers for the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other. A reviewer is assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments (including rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to address reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author who is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal offers 'Ahead of Print' immediately on acceptance.

● Clinical trial registry

Journal of Musculoskeletal Diseases in Ayurveda (JMDA) would publish clinical trials that have been registered with a clinical trial registry that allows Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have begun to June 2008 would be considered for publication in Journal of Musculoskeletal Diseases in Ayurveda (JMDA) only if they have been registered in a registry that allows unhindered online access to public without charging any fees. The criteria set by American College of Rheumatology, known as ACR Crit

so applicable.

● Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number authors should provide a justification, if the number of authors exceeds these limits.

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Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis editing and manuscript review. Authors' contributions will be printed along with the article. One or more author should take responsibility for the inception to published article and should be designated as 'guarantor'.

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● Preparation of Manuscripts

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2006). The uniform requirements and specific requirement of Indian Journal of Musculoskeletal Diseases in Ayurveda (JMDA) are available on the journal website. For each manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal at <http://www.journalonweb.com/jcra>.

Journal of Musculoskeletal Diseases in Ayurveda (JMDA) accepts manuscripts written in UK English. All Sanskrit words should be written in roman script. Devanagari script is additional and optional. All Sanskrit terms should be translated and the original term and the translation should be mentioned in the manuscript.

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● Types of Manuscripts

Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness and with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <http://www.wma.net/e/policy>, involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee) consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent is required should follow regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers. For reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of animals. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Aniridic and humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be followed by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies on human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and details of research articles under the 'Materials and Methods' section.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals) and eligibility and exclusion criteria and a description of the source population. **Technical information:** Identify the methods, apparatus (give the main components in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
PRISMA	Systematic reviews and meta-analyses	http://www.prisma-statement.org

STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.p

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals) and losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used and avoid the use of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Do not use most symbols. Specify the computer software used. Use upper italics ($P < 0.048$). For all P values include the exact value and not less than 0.05 confidence intervals. For variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat results in illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix but do not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute values calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by sex, race, and other factors should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis, study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence; *Conclusions*, not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, position of this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements of priority unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. The contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submit a manuscript describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advance in the field and should be sent as a letter to editor, as and when major development occurs in the field.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references). The format should be: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Report

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These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by the Editor-in-Chief.

Other:

Editorial, Guest Editorial, and Commentary are solicited by the editorial board.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references by numerals in superscript with square bracket after the punctuation marks. *References cited only* in tables or figure legends should be numbered in the text by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by journals *should be abbreviated* according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid citation of references from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Citations of letters, unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be given. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

1. Standard journal article (for up to six authors): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Do neurocysticercosis. Indian J Med Sci 2008;62:222-7.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.

Nozari Y, Hashemlu A, Hatmi ZN, Sheikhatan M, Iravani A, Bazdar A, *et al*. Outcome of coronary artery bypass grafting in patients without major risk factor for coronary artery disease. Indian J Med Sci 2007;61:547-54

1. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1996; 104:103-107.
2. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996; 23(1):1-10.

Books and Other Monographs

1. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
2. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1995.
3. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. New York: Raven Press; 1995. pp. 465-78.

Electronic Sources as reference

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2002 May 15]; 102(6):30-35. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2000. Available from: <http://www.nap.edu/books/0309074029/html/>.

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 Mar 15]. Available from: <http://www.cancer-pain.org/>.

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. / 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

References to classical texts

References to classical texts should be located with the original passage and translation as the footnote. Bibliographical details should be included.

Example: So much does inference find application in Ayurveda that it is called as the science of marks (laksana) itself³².

Foot note_____

³² Caraka Samhita, 3.8.152 - laksanacaryasisyanam pariksa karanam ca yat. Here the word laksana is a synonym of sastra.

References

Acharya, Yadavji Trikamji (ed.), Caraka Samhita, Varanasi: Chaukhambha Surabharati, 2000.

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
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- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
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Covering letter

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