

BRIDGING EPISTEMOLOGY AND EVIDENCE: METHODOLOGICAL RIGOR, TRANSLATIONAL SCIENCE, AND THE CHARTER OF AYURVEDA CHRONICLE

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ABSTRACT

An inaugural editorial establishing the founding charter, epistemological bridge between Pramana and modern empirical science, double-blind peer-review standards, and translational clinical priorities of Ayurveda Chronicle.

Keywords: Ayurveda, Evidence-Based Medicine, Integrative Healthcare, Reverse Pharmacology, Whole-Systems Clinical Trials, Translational Medicine

1. THE GLOBAL HEALTHCARE TRANSITION

The twentieth century's great triumphs in acute and infectious disease care have given way to a twenty-first century burden of a very different character. Non-communicable and metabolic diseases - diabetes, cardiovascular disease, obesity, autoimmune and stress-mediated disorders - now dominate the global disease landscape, and they share a common feature that reductionist, single-target pharmacology is structurally ill-suited to address: they are chronic, multifactorial, and deeply entangled with lifestyle, constitution, and context. A therapeutic model built around isolating one molecule for one receptor struggles against diseases that arise from the interaction of diet, stress, sleep, environment, and genetic predisposition acting in concert over decades.

This is precisely the terrain Ayurveda was built to address. Its foundational premise - that health is a dynamic equilibrium particular to the individual, not a fixed universal target - is not a philosophical curiosity but a clinically actionable framework for exactly the disease burden now dominating global mortality tables. The task before this journal is to help translate that framework into a form that can be tested, replicated, and trusted at scale.

2. THE EPISTEMOLOGICAL BRIDGE: PRAMANA MEETS MODERN SCIENCE

Any genuine translation must begin at the level of epistemology, not merely technique. Classical Ayurveda did not proceed without method; it proceeded by its own rigorous means of valid knowledge acquisition - the Pramanas: direct observation (Pratyaksha), inference (Anumana), rational judgment (Yukti), and testimony from reliable authority (Aptopadesha). These are not primitive precursors to modern epistemology; they are a parallel architecture for establishing what is true and actionable.

The work of this journal is to place that architecture in honest dialogue with the tools of modern clinical epidemiology, biomarker discovery, and multi-omic profiling - genomics, metabolomics, and the emerging science of systems biology. Yukti, rational clinical judgment applied to a complex, evolving case, has a natural correspondence with the Bayesian reasoning that underlies modern adaptive clinical decision-making. Pratyaksha, direct clinical observation, finds its modern discipline in structured phenotyping and validated outcome measures. The bridge is not a one-way translation of Ayurveda into biomedical terms, nor an uncritical absorption of biomedical method into Ayurvedic practice - it is a genuine two-way correspondence,

and this journal will privilege scholarship that takes that correspondence seriously rather than treating one system as mere metaphor for the other.

3. OVERCOMING METHODOLOGICAL PITFALLS IN AYURVEDIC RESEARCH

Much early research into Ayurvedic medicine inherited, uncritically, the single-molecule screening paradigm of conventional pharmacology - isolating one presumed "active compound" from a polyherbal formulation and testing it against a single target, in defiance of the whole-systems logic on which the formulation was built. The results were predictably equivocal, and the equivocation was too often read as a failure of Ayurveda rather than a failure of the methodology applied to it.

This journal will actively favor submissions that move past that pitfall. Whole-Systems Clinical Trials (WSCT) - designs that evaluate the complete intervention (multi-herb formulation, diet, lifestyle regimen, and individualized adjustment) as it is actually practiced, rather than a stripped-down single-variable proxy - represent the methodologically honest path forward, even where they demand more sophisticated trial architecture. Reverse pharmacology, which begins with well-documented clinical experience and works backward toward mechanism and molecule, offers a more epistemically appropriate discovery pathway than forward screening for a system whose evidentiary base already contains centuries of recorded clinical observation. And validated Dosha-Prakriti phenotyping - bringing psychometric and biological rigor to constitutional assessment - is the methodological linchpin that will allow Ayurvedic personalization to be studied as a reproducible variable rather than dismissed as clinical intuition.

4. STANDARDIZATION & SAFETY AS THE CORNERSTONES OF GLOBAL TRUST

No amount of epistemological sophistication or trial design innovation will earn global clinical trust without an uncompromising commitment to standardization and safety. This is non-negotiable, and this journal will treat it as such. Chemical fingerprinting via HPTLC and LC-MS, rigorous batch-to-batch consistency testing, enforced heavy metal and contaminant limits, and active pharmacovigilance are not bureaucratic overlays imposed from outside Ayurveda - they are the modern instruments by which the classical demand for a well-prepared, uncontaminated, correctly identified substance (shuddha dravya) is honored under contemporary manufacturing conditions. A therapeutic

tradition that cannot guarantee what is actually in its formulations cannot make claims about what those formulations do. Ayurveda Chronicle will hold submitted research - and the products described within it - to this standard without exception.

5. NATIONAL & GLOBAL MILESTONES: THE "AMRIT KAAL" FOR TRADITIONAL MEDICINE

This journal launches at a moment of genuine institutional momentum. The establishment of the WHO Global Centre for Traditional Medicine (GCTM) in Jamnagar signals, for the first time, sustained international infrastructure dedicated to the evidence base of traditional systems. The inclusion of a Traditional Medicine Module (TM2) in ICD-11 gives Ayurvedic and other traditional diagnoses a coded, interoperable place within global health information systems - a prerequisite for any serious outcomes research at scale. And the steady expansion of integrative hospital guidelines within India's own healthcare architecture is building the clinical infrastructure through which whole-systems care can actually be delivered and studied in practice, not merely in principle. This confluence of recognition, coding infrastructure, and clinical delivery capacity is what makes this an opportune moment - an Amrit Kaal - for traditional medicine's evidence base to mature, and this journal intends to be a working part of that maturation rather than a bystander to it.

6. THE FOUNDING CHARTER & EDITORIAL COMMITMENT OF AYURVEDA CHRONICLE

We founded this journal on commitments we regard as inseparable from the science itself:

Open-access knowledge equity, published under CC BY 4.0, so that research generated from India's classical heritage remains freely available to the clinicians, researchers, and patients it is meant to serve, without paywalls that would recreate the very access asymmetries integrative medicine seeks to close.

Uncompromising double-blind peer review, applied with the same rigor irrespective of a formulation's provenance or a submission's institutional pedigree - methodological soundness, not tradition or authority, will determine publication.

Fast-track mentoring for young investigators, recognizing that the next generation of Ayurvedic researchers will need active editorial partnership, not merely a submission portal, to produce work capable of meeting international methodological standards.

Transparent reporting, including pre-registration where applicable, full disclosure of formulation composition and trial protocols, and honest publication of null or equivocal results alongside positive findings.

Ayurveda Chronicle does not seek to prove that Ayurveda works by assertion, nor to subordinate it wholesale to a biomedical framework not built to accommodate it. It seeks, more modestly and more durably, to build the evidentiary and methodological infrastructure through which Ayurveda's claims - like any medical system's claims - can be tested, refined, replicated, and, where warranted, trusted. We invite researchers, clinicians, and institutions who share that commitment to build this journal's founding issue, and its founding decade, with us.

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