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It Is Time for Ayurveda to Set Its Own Standards of Evidence

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Summary

For decades, Ayurveda has been judged by standards designed for synthetic drugs. The randomised controlled trial cannot capture an individualised, holistic system, and even its advocates admit that most published research findings are false. From this issue, the journal will evaluate submissions according to an evidence framework rooted in Ayurveda's own epistemology, in which classical authority, clinical experience and observational data carry full weight.

This journal was founded to give a voice to the healing traditions of Northeast India and to Ayurveda. Over five years we have published hundreds of papers, and we have learned much from our authors, reviewers and readers. But we have also learned something uncomfortable: the standards by which our field is judged were not designed for it, and they are failing us. This editorial explains why, and announces a change in the journal's policy.

The trial was built for a different medicine

The randomised controlled trial was developed to test single synthetic molecules given in fixed doses to standardised patients. Ayurveda is different in every respect. Treatment is individualised to the patient's constitution (*prakriti*), the state of the doshas, the season, the patient's age and digestive capacity. Two patients with the same biomedical diagnosis may receive entirely different treatments. Formulations contain dozens of ingredients acting synergistically. Diet, daily routine and the therapeutic relationship are integral to care. Forcing Ayurveda into the mould of the drug trial strips away everything that makes it work, and then the inevitably disappointing results are used to declare that Ayurveda is ineffective.

This is not merely our view. Methodologists in complementary medicine have pointed out that classical randomised trials are limited in their ability to address whole systems of care, and have called for approaches that respect their unique healing theory and context [1]. Others have argued that the dominant research strategy, based on placebo-controlled trials designed for pharmaceuticals, is a poor fit for complex traditional practices, and have proposed alternative frameworks [2].

Evidence-based medicine was never only about trials

The founders of evidence-based medicine themselves described it as the integration of the best research evidence with individual clinical expertise [3]. Clinical expertise, they insisted, is not to be overridden by external evidence. In Ayurveda, clinical expertise is the accumulated wisdom of thousands of years, transmitted from teacher to student and recorded in the classical texts. If evidence-based medicine respects the expertise of the individual clinician, it must respect the collective expertise of a tradition far older than modern medicine.

The emperor's new trials

Moreover, the evidence on which modern medicine relies is far less secure than its advocates admit. In one of the most widely cited papers in the medical literature, Ioannidis showed that most published research findings are false [4]. Industry funding, selective reporting and small effects plague the conventional literature. It is therefore difficult to understand why Ayurveda should be held to a standard that conventional medicine itself fails to meet. If most trials are wrong, the absence of positive trials for Ayurveda tells us nothing.

Ayurveda has its own epistemology

Ayurveda is not without a theory of knowledge. The classical texts describe the *pramanas*, the valid means of knowledge: *aptopadesha* (the testimony of authorities who have realised the truth), *pratyaksha* (direct perception), *anumana* (inference) and *yukti* (reasoning that brings together multiple factors). These means have guided Ayurvedic practice successfully for millennia. A leading scholar of Ayurveda and integrative medicine has called for the adoption of 'epistemologically sensitive methods' in Ayurvedic research [5]. We agree, and we believe the time has come to act on this principle.

A new framework

From this issue, manuscripts submitted to the journal will be evaluated according to the evidence framework shown in Table 1. Classical texts and their authoritative commentaries constitute the highest level of evidence, because they record knowledge validated by the realised authorities and by centuries of practice. Clinical experience and case series come next, followed by observational and practice-based studies. Mechanistic, animal and computational studies are valued for the inferences they allow. Randomised trials will be accepted where their findings are consistent with the higher levels of evidence.

We will no longer consider placebo-controlled trials of

Table 1. The journal's evidence framework for Ayurvedic research, effective January 2026.

Level	Source of evidence	Basis in Ayurvedic epistemology
1	Classical texts (*Samhitas*) and their authoritative commentaries	*Aptopadesha* (testimony of the realised authorities)
2	Clinical experience of senior physicians; case series	*Pratyaksha* (direct perception)
3	Observational studies and practice-based registries	*Pratyaksha* and *anumana*
4	Mechanistic, animal and in silico studies	*Anumana* (inference) and *yukti* (reasoning)
5	Randomised controlled trials	Accepted where consistent with levels 1–3

Placebo-controlled trials of classical formulations will not be considered for publication on ethical grounds.

classical formulations for publication. Withholding a classical treatment of proven benefit from patients in a control group is, in our view, unethical. Where comparative evidence is required, authors should compare Ayurvedic treatment with conventional care or use practice-based registries, which reflect real-world outcomes.

Reviewers will be asked to assess whether a study is consistent with Ayurvedic principles as well as whether it is methodologically sound. Papers whose conclusions contradict the classical texts will be returned to authors for reconsideration, since an apparent contradiction usually indicates a flaw in the design, the formulation used or the interpretation of results.

Anticipating the critics

Some will say that this framework lowers standards. We say that it sets the right standards. Others will say that it makes Ayurveda unfalsifiable. But Ayurveda has already been tested, by generations of physicians and millions of patients, and it has passed. The question is not whether Ayurveda works; it is how best to document and understand how it works. The World Health Organization has encouraged countries to develop knowledge, evidence and regulation for traditional medicine appropriate to their own contexts [6], and India, the home of Ayurveda, should lead in defining what that means.

We invite our readers and authors to join us in building a science of Ayurveda on its own foundations.

Competing interests. The author is Editor-in-Chief of the journal.

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