Reviewer Guidelines

Kindly follow the steps mentioned below to review the Project Proposal

1. Kindly visit the website at <u>PDF (pdf.ccras.org.in)</u>



2. Kindly login with the given credentials.



3. Reviewer Dashboard will be seen.



4. Kindly click on reviewer Guidelines before reviewing the proposal.

Guidelines for Evaluation of Proposal

A. RESEARCH PLAN:

- ✓ Objectives Accurate, Feasible, Specific, measurable ✓ Procedures/Method of data collection are elaborative.
- ✓ Appropriateness of Study Design.
- ✓ Assessment tools are relevant and scientific.
- ✓ Appropriateness of methods of data analysis/ statistical analysis.
- Reviewers need to correlate the title with methodology and gap analysis.

B. NOVELTY:

- ✓ Novelty of idea.
- ✓ New approach in the existing concepts/ knowledge. ✓ Formulation of the problem and hypotheses.

C. RELEVANCE & FEASIBILITY

- ✓ Significance of research question.
- ✓ Relevance in terms of Translational value.
- ✓ Appropriateness of timeline.
- ✓ Achievability of the Objectives.
- The research proposal should have relevance to the discipline of Ayurveda, ensuring that the research outcomes contribute positively to the advancement of Ayurvedic Science.

5. Following this kindly click on View Submitted Project



6. Kindly click on the view button to view the Project Proposal.

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7. Further, click on the View button to see the entire Project Proposal

Project	
PDF Reference ID PDF/195/20	
Research Area Ayurveda Biology / System Biology	
Name Of Department	
Project Title Effect of Ayurvedic intervention on Cognition in Type-2 diabetes mellitus patients – A two-arm observational stuc	ty
■ Project Introduction Diabetes mellitus (DM) is a chronic metabolic disorder characterized by hyperglycemia and caused by im health issues which are connected to it. Research studies following large groups over many years suggest that adults with Type 2 d memory function typically associated hippocampus. They found that people with diabetes had smaller hippocampal sizes than p HALC could be used to indicate hippocampal function and/or the onset of memory loss (arger 2018). Deletencies effect on cognitive HAUC could be used to indicate hippocampal function and/or the onset of memory loss (arger 2018). Deletencies effect on cognitive However, there are limited studies in the Indian population reporting brain changes associated with these cognitive deficits in Typ practice of Prameha Chikitsa correlates with diagnosis and treatment of Type 2 DM. Its includes multiple approaches including exte disease, multi-factorial Ayurvedic treatment is likely to sustainably alleviate many symptoms of Type 2 DM. This ingide target mole cognitive changes. Internationally accepted cognitive test battery, psychological questionnaires, fMRI, blood parameters and stam	pairments in insulin secretion (Kaveeshwar and Cornwall 2014). Even if disturbed sugar homeostasis is one of hallmark of DM, there are mai liabetes have a higher risk of developing Alzheimer's, they found that even people who had diabetes for less than 10 yeas had defict in sopie without diabetes. They also discovered that the decreases in hippocampal size were correlated to HbA1C blood levels, suggesting that tion, particularly on werbail memory or complex information processing, is very commonly seen in Type 2 DM patients. (Sharm at al. 2016), e 2 DM patients. Also, there is no MRI study which has shown the effect of Ayurvedic Intervention in Type 2 DM. The Ayurvedic concept and rnal, internal treatments and lifestyle alterations thus, it is called as whole-system approach. Considering complex systemic nature of the cular drugs. In this proposed study, we would like to evaluate possible effect of Whole-System Ayurveda treatment for Type 2 DM Date dardized questionnaires for assessing Ayurvedic parameters will be used.
Project Objective To evaluate the effect of Whole System Ayurvedic treatment in Type 2 DM patients with a focus on nervous s	ystem structure and function. Primary Objective: To study the effect of Whole System Ayurveda treatment for Type 2 DM on cognitive
performance (Attention, Learning, Memory, Spatial memory, and visuospatial tasks) and related structural changes. Secondary Ut	jective: Comparative analysis of cognitive performance, brain structure and function in nealthy and Type 2 DM patients.
Methodology 85 participants (50 Type 2 DM subjects and 35 age-, gender-matched healthy controls) of both genders aged 40 t	o 65 years from urban population will be recruited for the study. (Upper limit to minimize differences in brain structural changes related to
normal aging). If individuals match the required inclusion/exclusion criteria, they will be informed about the study and after inforr (Attention, Learning, Memory, Spatial memory, and Visuospatial tasks). • Blood parameters- CBC, Blood sugar profile, Liver function reduce variation in the Type 2 DM characteristics of the participants, especially with respect to glucose metabolism and cognitive health (Agin) of the participant would be assessed using standard questionnaires developed based on Ayurvedic concepts and pra physiological strengths and veaknesses which includes metabolic & cognitive health. Thus, we would like to explore correlation on individual. As Ayurved be beieses it is route cause of all diseases. This is very relevant to Type 2 DM, so to understand the status of it status of the brain and to know about effect of diabetes on different areas of brain and compare it with post treatment effect, it will assessment, blood profiling & IMBI) participants will be divided as: Healthy individuals (Group 1) and Type 2 DM patients (Group 2) System Ayurveda (Group 2b). Only baseline data will be collected for healthy participants (Group 1) and Type 2 DM patients (Group 2) there the baseline and a suggested by their endocrinologi treated following the concept of Whole System Ayurveda by clinical investigators from I-AIM. Broady the treatment involves detail of the problem for each participants will reason what exate the taxtly using Ayurved participant and Ude System Ayurveda by clinical investigators from I-AIM. Broady the treatment involves Shodhana (Clea integrative approach using ayurveda minelpes, hence we have take the taxtly using Ayurved a principles. Foreora 2b. Altering the (reduction/stoppage or change of medication) by their endocrinologist will be noted during the study period.	ned consent they will be assessed further < Cognitive assessment includes internationally accepted questionnaires & cognitive tests for n test (LET), Renal function test (RFT), Lipid profile, TSH, Vit-B12, Vit D and ESR, (HbALc > 7 & < 9 will be selected to maintain homogeneity a performance. This would be helphul to generate meaningful data through statistical analysis). Bodily constitution (Prakrit) and digestive citce. Prakrit questionnaire will be collected only once during the baseline through AVUSOFT Software. As Prakrit of a person is indication of Prakrit with heating the armeters and cognitive performance in the study participants. Agni pais an important role in overall health of an Agni before and after the course of trastment Agni Questionnaire is Collected. • Grain MRII Studies- MRI is performed to screen for health be carried out twice during the study period. (At baseline & endime). • After the initial assessment (Cognitive assessment, Ayurveda The second group will be further divided as patients on Allopathic intervention alone (Group 2a) patients taking Allopathy as well as Wholk tes on cognition. • Data will be collected thrice during the study period for Group 2. Baseline & Midline (6 months) & Endline (Jueyn) Initia stand they will be assessed again a midline & endline, results will be compared with Group 2. The participants from Group 2b will be ed investigation based on Ayurvedic parameters like Prakritt, Vikriti, Hetu et which help in differential understanding etology and prognos naing/Correcting), Shamana (Healing treatment) and Rasayana (Rejuvenation) along with their allopathy protocol. We are looking for an e dosage/Change of their regular allopathic medication will not be done by treating physician from iAMA, however any changes

Project Reference 1. Kaveeshwar, Seema Abhijeet, and Jon Cornwall. 2014. "The Current State of Diabetes Mellitus in India." Australasian Medical Journal 7 (1): 45–48. https://doi.org/10.4066/AMJ.2014.1979. 2. Larger, Étienne. 2018. "Diabetes and Cognitive Decline."

Correspondances En MHND 22 (7): 155–68. 3. Sharma, Manuj, Irene Petersen, Irwin Nazareth, and Sonia J Coton. 2016. "An Algorithm for Identification and Classification of Individuals with Type 1 and Type 2 Diabetes Mellitus in a Large Primary Care Database." Clinical Epidemiology 8: 373–80. https://doi.org/10.2147/CLEP.S113415. 4. Tripathy, Jaya Prasad, J S Thakur, Gursimer Jeet, Sohan Chawla, Sanjay Jain, Arnab Pal, Rajendra Prasad, and Rajiv Saran. 2017. "Prevalence and Risk Factors of Diabetes in a Large Community-Based Study in North India: Results from a STEPS Survey in Punjab, India." Diabetology & Metabolic Syndrome 9: 8. https://doi.org/10.1186/s13098-017-0207-3 5. Biessels, Geert Jan, and Florin Despa. 2018. "Cognitive Decline and Dementia in Diabetes Mellitus: Mechanisms and Clinical Implications." Nature Reviews Endocrinology 14 (10): 591–604. https://doi.org/10.1038/s41574-018-0048-7

	Pro	ject_	Syn	opsis
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8. After reviewing the proposal, kindly click on the Comments button.

Kindly Study the Reviewer Guidelines before Reviewing	g.				
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9. Kindly read the declaration of conflict of interest and click on the Yes/No button.

REVIEWER GUIDELINES
Declaration of conflict of interest if any:
I have gone through the PDF Proposal assigned to me and hereby declare that I am no where related to the student.
Still, if it is revealed during the process, I shall notify the Council immediately and declare my competing interests therein.
Non-disclosure
By accepting to review the proposal, I hereby agree that I am obliged to destroy any copies of this proposal and cannot share its content in any form with anyone without prior intimation to the Council.
Reviewer's Consent:
After reading the declaration and non-disclosure clause, I am willingly giving my consent to become the Reviewer for PDF Scheme.
l accept
No 🗸

When clicked on No, then only fields for suggestions & recommendations will be visible.

10. Kindly provide your comments/suggestions in the space provided and give your recommendation by clicking on Yes/No button.

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11.Kindly record your response by clicking on submit button.

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