

Writing Chinese Medicine Case Reports: Guidelines for the Australian Journal of Acupuncture and Chinese Medicine

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ABSTRACT

Case reports, like other styles of research, form part of the much larger tradition of knowledge transmission. The case report offers an ideal starting point for presenting accounts from clinical practice, stimulating discussion and pointing the way for future research. Even though the presentation of case reports may be considered a weaker form of evidence-based data in comparison to that which arises from controlled clinical studies, the importance of these should not be underestimated. Within the domain of Chinese medicine, case reports are critical in knowledge transmission and the advancement of clinical practice. This paper offers an overview of the role of case reports and asks two questions: what should one report? and how should one do it? The authors argue that case reports are brief and concise accounts of new material, which follow a structured approach in organising and presenting evidence from clinical practice. This article also presents guidelines for reporting clinical cases in the *Australian Journal of Acupuncture and Chinese Medicine*.

KEYWORDS case reports, Chinese medicine, research.

Introduction

In a considered paper on the role and significance of the case reports, case series and single-case experimental designs in Western medical literature, Vandembroucke¹ poses a number of questions that are also meaningful and instructive for the Chinese medicine profession. The questions are framed within a broader context of current research imperatives that require evidence, which is collected, organised, analysed and presented

in a way that retains a potent explanatory power. Research endeavours in the medical field are subject to the notion of a hierarchy of evidence with randomised clinical trials and meta-analyses of multiple randomised clinical trials being identified as absolutely essential and indispensable for generating scientific knowledge. Retrospective studies, case reports/case series and unsystematic observations are considered to offer the least evidentiary power.^{2,3} Accepting that case reports do not supply the kind of 'scientific truth' for making causal conclusions and

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providing objective evidence for use in clinical decisions,⁴ why then include a section which encourages practitioners to submit case reports in this journal? This paper affirms the view that all types of research, provided that the research is methodically undertaken and interpreted with due care, has a place in the advancement of Chinese medical knowledge.⁵

The case report has functioned as part of a time-honoured tradition in medicine in the West and in the East. Indeed, what we understand as the scholarly Nei Jing tradition of Chinese medicine retains a much longer, continuous tradition which gives prominence to reporting on case experience. The premier text of this scholarly approach to medicine retains as one of its prime directives the goal of instructing practitioners and students of healing on how to become 'good physicians'. One important message in this text is that to practise Chinese medicine one must be able to embody its ideas and practices as well as being able to treat and educate one's clients and student protégés.⁶⁻⁸

Similarly, but not quite in the same way, medical reporting in the West has occupied an important role in advancing and transmitting a body of therapeutic insights, practices and beliefs. However, because contemporary research imperatives demand a particular approach to generating knowledge, the value and explanatory power of the single case report is often denigrated to the level of anecdotal knowledge in Western medical science. A criticism of case reports may be that while they may be interesting to read, the kinds of conclusions that can be drawn from a case report are limited when compared to the outcomes from randomised clinical trials or meta-analyses of such trials.^{2,3,5}

In the West, the documentation of Chinese medicine case reports is a new and developing phenomenon that mirrors the growing maturity of Chinese medicine practice. However, in China, Farquhar⁹ notes that practitioners continue to learn from the documented clinical experiences of notable physicians and the oral transmission of clinical experience and insight. How case studies and practitioner engagement in therapeutic interventions are described and accounted for offers insights into Chinese medical ways of knowing and knowledge transmission, which vary substantially, while contemporary Western medicine demands objective facts and proven causal relationships. While randomised clinical trials are considered the 'gold standard' in Western medical research, in the domain of Chinese medicine, the role of case reports should not be underestimated in developing theory, improving practice and transmitting knowledge.

In order to avoid, or at best minimise, the pitfalls of case-report writing, Hoffman² argues for a re-appraisal of case reporting so that these are a 'reader friendly yet erudite and sophisticated

resource for clinicians in both community and academic practice'. He suggests that case reports should have one of the following objectives:

1. To advance a new approach to diagnosis and/or treatment;
2. To report on a rare condition;
3. To describe unusual manifestations of a commonly seen condition.

1. A NEW APPROACH TO DIAGNOSIS OR TREATMENT

The case report that documents a new approach or treatment is offered to stimulate discussion, feedback and relevant research questions. In this scenario the case report stimulates the desire to 'find out more' and refine or re-assess one's understanding. In the Chinese medical literature, Dharmananda¹⁰ offers an example of how the formula *Xue fu zhu yu tang* (*Persica* and *Achyranthes* combination) was devised. Reportedly, the physician Wang Qing Ren (eighteenth century) formulated the prescription based on his observations of cadavers during what was probably a measles and dysentery epidemic. Even though his eighteenth-century contemporaries considered the prescription to be potentially flawed from a Chinese medical perspective, the formula is now 'routinely employed in the treatment of a number of diseases and injuries to promote blood circulation, remove stasis and activate the flow of Qi to relieve pain'.⁹

In another example of 'case reporting', Morelli and Adelasco¹⁰ document how a contemporary Chinese acupuncturist (Dr Zhang Shijie of Gulou Hospital, Beijing) establishes and determines an acupuncture point prescription. Citing a medical treatise from a classical text,¹¹ the authors identify the practitioner's approach as being similar to that of 缘物比类 (*Yuan wu bi lei*). This method, which predates the current 辨证论治 (*Bian zheng lun zhi*) approach and is arguably less suitable, is reputedly clinically effective in the observational study of Morelli and Adelasco.¹²

Notable as well is that in these clinical reports the practitioner is also a point of focus. In such reports the practitioner's thinking processes, how observation and reasoning are used, in addition to the clinical insights being advanced, become instructive and useful. The notion of highlighting the practitioner in case reporting is instructive to practitioner colleagues and somewhat different from the contemporary Western medical emphasis upon objectified, decontextualised clinical accounts.^{12,13}

2. A RARE CONDITION

The second type of case report is where authors report on a rare condition of interest to other practitioners. While only few practitioners are likely to encounter the reported 'rare condition', the report acts as a 'reflexive account' for others and documents what may become, over the course of time, a more

prevalent condition. Case reports of this kind function as a way of logging and tracking conditions that fall outside what is usually seen as common.

3. AN UNUSUAL MANIFESTATION OF A COMMON CONDITION

The third type of case report typically describes an unusual manifestation of a commonly seen condition and, according to Hoffman,² this is by far the most frequently reported. In his view, this kind of report can be misleading because, by highlighting differentiations from the norm and occurrences which are sometimes bizarre or unusual, the reader's attention is diverted from what usually occurs. One important characteristic of such reports is that they alert clinicians to the unexpected, since the unexpected may give rise to new and different clinical decisions, insights and research questions.

In the contemporary practice of Chinese medicine, variations from the traditional body of knowledge are not uncommon, especially when one considers that the tradition and the health issues from which it arose were rooted in an ancient socio-cultural context. Tropical diseases and health conditions associated with poor hygiene are at worst rare in the post-industrial societies of the West. In contrast, conditions that accompany the affluence of modern living, the iatrogenic effects of biomedical interventions, or the effects of substance abuse are more commonplace in the West. In addition, the cultural beliefs and practices that impact upon the health perceptions of practitioners and patients, and the effect of these upon the prognosis in any health intervention are critical in a modern culturally diverse society such as Australia.

With respect to varied diagnoses, Chinese medicine has a range of commonly occurring patterns, such as liver Qi invading the spleen, 肝气犯脾 (*Gan qi fan pi*), depletion of both Qi and Yin, 气阴两虚 (*Qi yin liang xu*), or insufficiency of kidney Yin, 肾阴虚 (*Shen yin xu*), and at the same time allows for variations on these. Hence, case reports that document variations on the common patterns in different contexts, with reflections on why and how symptoms remain or vary, are worth reporting. Such reports should elaborate on how the practitioner was able to identify the unexpected and the variations in treatment protocol(s) that were employed. Reflections on why the practitioner's treatment protocols differed (or did not differ) should also be included in such reports.

In summary, case reports establish a level of evidence that is important but different from that which results from controlled clinical studies. In Chinese medicine the case report has the important role of documenting clinicians' experiences, stimulating discussion, providing insight, generating questions for further research, and providing a living record of the evolution of knowledge and theory in this medical tradition.

What are the characteristics of cases that lend themselves to being reported?

Most practitioners work as 'generalist clinicians' who care for people with commonly known health problems and/or patients whose conditions seem to be intractable. Because patients in the West often come to Chinese medicine 'as a last resort', practitioners confront unusual and unique presentations worthy of documentation in a case report. The inclusion of a case report section in the *Australian Journal of Acupuncture and Chinese Medicine* (AJACM) provides practitioners with an avenue for reporting significant clinical experiences in a structured manner.

Case reports are written for the purpose of generating discussion, providing insight, breaking new ground and suggesting theory development, and as such they are quite different from the 'case discussions' found in contemporary and classical texts of Chinese medicine, which provide classical examples of particular patterns of disharmony. Such examples are useful for undergraduate students of Chinese medicine, but are of limited value to the experienced practitioner who is faced with the vast array of clinical presentations and experiences that differ from textbook offerings.

Case reports provide a venue for learning and reflecting with fellow practitioners, and therefore should focus on the following¹⁴:

- Describing an encounter with unusual outcomes or events;
- Presenting a clear lesson to be learnt for the author and for other practitioners;
- Raising questions about theory or the application of theory;
- Presenting patterns of disharmony that differ from the usual textbook presentations. For example, the report may suggest that symptom patterns may change in time and in different social settings;
- Reporting adverse reactions to acupuncture and/or Chinese herbs or the interaction between Chinese herbs and pharmaceuticals;
- Describing unusual symptom patterns not recognised in the literature;
- Presenting patterns that appear confusing and/or contradictory, thus creating treatment dilemmas;
- Reconceptualising particular acupuncture or herbal treatment protocols/prescriptions for documented symptom patterns;
- Reflecting upon the therapeutic encounter and the effect on the client, practitioner or both. This particular type of case report, not usually seen in the literature, is noteworthy since the practitioner-patient relationship is a significant feature

of any therapeutic encounter and such accounts may give impetus to re-evaluating the ways in which practitioners engage with and care for patients.

The authors of this article do not suggest that the above list is complete, but rather offer this by way of highlighting some clinical situations worthy of documentation. Reports on such clinical experiences, when presented in a structured and reflective manner, provide fertile opportunities for learning and advancing the practice of Chinese medicine.

How should a case report be written?

The foregoing discussion focused largely on what kind of cases should be reported and the importance of framing the case

report within a Chinese medical perspective. How then should an author present a case report to colleagues? Case reports do give attention to the uncommon, unexpected and the rare which at the outset will attract a reader's attention. Indeed, Nathan argues strongly that a case report should 'appeal to the emotions',¹⁵ suggesting that the case report gain the attention of the reader because it has relevance to practice experience. Secondly, the clinical observations and experience may be unusual, and reporting these may provide valuable education and research stimulus. In simple terms, if there is something special about the case that will attract interest, it merits consideration for reporting.

With respect to the protocols in formatting case reports, there is a high level of agreement between authors.¹⁶⁻¹⁸ In providing a detailed account in a structured manner, case reports should include the following: abstract/introduction, case history

TABLE 1 A worksheet for section headings and contents for case reports

Title	
Author	
Abstract	<ul style="list-style-type: none"> • The clinical question/problem; • Concise summary of literature review; • Summary/conclusions/recommendations.
Case history description	<ul style="list-style-type: none"> • A description of the patient; • The presenting condition and history; • The examination; • Any relevant tests; • Initial tentative diagnosis/treatment/management; • Expected outcome/actual outcome.
Literature review	<ul style="list-style-type: none"> • Search terms; • Database(s) used; • Brief overview of results of the search, what you found.
Discussion	<ul style="list-style-type: none"> • What is special about this report? • The clinical question and relationship to the experience; • The course of the illness: tables, graphs, charts, photos; • What happened? For instance, adverse reactions (Chinese herbs and/or acupuncture to pharmaceuticals, acupuncture adverse reactions); • Contradictions, dilemmas, observations, questions; • Reflexive considerations about: what happened, practitioner's role/engagement in the encounter, significance for the practitioner/colleagues.
Conclusions/summary	<ul style="list-style-type: none"> • The central point of the case report; the lesson(s) to be learnt; recommendations.
References	<ul style="list-style-type: none"> • Vancouver style.²²

description, literature review, discussion, conclusions/summary. The suggested total word length of the report is approximately 1500 words. Descriptive guidelines for each section of the case report are as follows.

ABSTRACT

The abstract should be around 150–175 words, providing the reader with a concise statement of the case report. The abstract provides the reader with a snapshot of the report and facilitates database listing for practitioners engaged in a reference search.

CASE HISTORY DESCRIPTION

This section of the report provides a concise account of the case, typically drawn from the practitioner's clinical progress notes. Here the patient is introduced, as it were, providing a history of the clinical presentation and encounter. Care must be taken to de-identify the client information so that privacy and confidentiality are assured.

Details of examinations, which may vary from case to case, are listed in summary form. In some situations there may be investigations/examinations that are not usually part of traditional Chinese medicine examinations, such as lab tests, x-rays or other tests relevant to the case report and discussion. The initial diagnosis, treatment plans and protocols should be included and any complicating factors that may have emerged. If acupuncture was the principal modality applied, full details using STRICTA criteria are recommended.¹⁹ Regarding nomenclature, acupuncture points should be named according to both Pinyin and the numerical code recommended by the World Health Organization.²⁰ In relation to Chinese herbs, the *Pharmacopoeia of the People's Republic of China* (English edition) nomenclature and specification is recommended.²¹ The inclusion of photographs, tables or charts to describe the case report are useful additions provided their inclusion is appropriate to the case being reported.

If measuring symptom relief is central to the case report then the method of measuring change must be made explicit in the report. Where a case report gives attention to reflective accounts of practice, the report needs to be written in a style that includes the practitioner as a participant in the case.

The aim of the case history description is to include only the essential data that gives emphasis to what makes the author's case unique, different and appealing to the reader. The challenge in this section is one of providing essential information in succinct form.

LITERATURE REVIEW

The literature review should offer a concise overview of the literature relevant to the case history and subsequent discussion. Offering a full-scale review is not the intention, but

rather one that provides context to the report. The purpose of the literature review will reflect and inform on the question(s) being explored. AJACM uses the Vancouver referencing system,²² commonly used in the medical domain, as it provides the reader with the necessary information to locate the full text of references used. The challenge in this section is one of locating and exploring information that directly relates to the focus of the case report under discussion. As the case report is for an audience experienced in Chinese medicine, a level of basic information is assumed, and referencing common Chinese medical knowledge must be avoided.

DISCUSSION

The discussion section is the centrepiece of the report where the author attempts to make sense of the case. This section requires that the author explore those aspects that make the particular report compelling. In other words, why are you presenting the case and what do you expect colleagues to learn from the case. Indeed, what lesson did the practitioner/author learn? Findings from extant literature are drawn upon in describing how this case differs from similar ones. If the report is to contain reflexive writing then this section must articulate those issues relevant to the case report and any implications for practice.

CONCLUSION/SUMMARY

The report closes with the conclusions that emerge from the case study. For instance, how the case changes understanding in Chinese medicine practice and the lesson(s) learnt. It could mean that next time I will do and consider things differently, or perhaps suggest a research path for others to follow. Perhaps the case report questions or counters an established 'truth' in Chinese medicine. In other words, the conclusion carries a simple message: the lesson learnt in caring for the patient and a recommendation or a suggestion for future research. This section should be brief and contain one or two paragraphs.

Conclusion

This article presents a set of guidelines for case reports in Chinese medicine that are not dissimilar to those used in other health care disciplines. It provides a guide for those submitting case report articles to the *Australian Journal of Acupuncture and Chinese Medicine* so that practitioners write thorough and concise reports.

The article has highlighted the need for case reports which:

- Are brief, concise accounts of new, different material;
- Capture the attention and appeal to the emotions of colleagues;
- Provide opportunities for learning, discussion and reflection;
- Present material in a structured and organised manner.

As members of the AJACM Editorial Board, the authors of this article encourage practitioners to give serious consideration to identifying and documenting clinical experiences worthy of a case report article submission.

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