

Clinical case reports: A time-tested, traditional way to enhance evidence

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Abstract

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'The individualising examination of a case of disease... demands of the physician nothing but freedom from prejudice and sound senses, attention to observing and fidelity in tracing the picture of the disease.' ~Samuel Hahnemann, *¶ 83*

Dr Hahnemann, in his 'Organon of Medicine,' aphorisms 83–104, has given valuable instructions regarding the methods of case taking. Case reports have been an old, time-tested way to record a clinical achievement scientifically. As we approach the 267th birth anniversary of Dr Samuel Hahnemann, it is only appropriate that we mull over the relevance of documenting our cases in today's time.

Every well-documented case is a treasure in itself. And yet, ever since the advent of research in medicine, newer and more credible ways of building evidence in clinical methods have come to the fore – be these systematic reviews, randomised controlled trials or non-randomised, open-label studies. Research makes any system, concept or even an approach to treatment plausible, rational and, therefore, acceptable. The levels of evidence these designs provide are unparalleled in their own ways. Case reports are but considered only at Level 4 in the pyramid of evidence-based practice.^[1] Does that mean one should stop reporting cases? Most certainly, that's not so. The relevance of case studies does not get outdated, no matter the era of science.

If fact, in some instances, it is only the case reports that become a valid basis for reference. The cases that are peculiar in disease manifestation or its treatment outcomes, cases with rare incidence or those with a novel approach of treatment deserve emphasis through publication. It is through reporting of such cases that the knowledge in medicine enhances, and medical literature is built further. Nevertheless, that does not mean that outcomes of other successful clinical stories must go down the drain. A collection of such cases is of paramount importance for a researcher who wants to explore the untrodden path and conduct higher level of evidence-based studies on the conditions that are lacking open-label or randomised trials.

In homoeopathy, every single clinical case has a homoeopathic interpretation, apart from what may be termed as its diagnostic interpretation. For instance, three homoeopathic prescribers may report their respective cases of urolithiasis in three different ways, with one using mental approach for prescribing,^[2] the other constitutional^[3] and yet another only condition-specific symptoms.^[4] All three cases, though different in their approaches and medicines prescribed, report expulsion of stones. This is how unique homoeopathy case reports can be.

It is, however, important for us, in view of growing need of evidence, that we report our cases methodically, as per

internationally acceptable standards. HOM-CASE, which stands for Homeopathic Clinical Case Reports,^[5] is an extension to the more general CARE guidelines, with additional focus on homoeopathy. Moreover, before reporting, the physician may also assess causal attribution of the outcomes in the case to homoeopathic intervention with the tools like Modified Naranjo Criteria for Homoeopathy (MoNarcH).^[6] It is an easy, yet very reliable tool that can establish an effective treatment. All homoeopathy clinicians, who aim to validate their successes, will benefit from using this scale in their case reports. A recent paper on case reports further elaborates these guidelines.^[7]

Further, it is important we document each and every case properly. It has come to our notice that sometimes very precious cases submitted to our journal have to be rejected simply because rigorous or regular follow-ups were not available or lacked evidence, in terms of pre-post investigations or images. If we are in the habit of maintaining proper records of each case, then if we decide to publish a successful case eventually, we would not fall short of its evidence or records. Remember, reading a successful case is as much a pleasure as treating one. So, through this editorial, I want to urge each one of our readers to start recording right, for reporting right.

In this issue, we present a homoeopathic pathogenetic trial of the common Indian herb, *Mentha piperita*^[8] conducted by the Council. This multicentric, double-blind, randomised controlled trial revealed a significant pathogenetic response which verifies its traditional use and previously observed symptoms. In a drug standardisation study, the pharmacognostic and fluorescence studies of *Hypericum perforatum* L. have been conducted to carry out correct identification of plant species for homoeopathic drug preparation and to lay down the standards of the raw drug.^[9]

The clinical research study in this issue relates to the role of homoeopathy in the management of adhesive capsulitis.^[10] This study has shown statistically significant improvement in the patients after 2 months of individualised homoeopathic treatment. A case series of 11 patients of idiopathic granulomatous mastitis managed with individualised homoeopathy demonstrates encouraging results.^[11] Two case reports of liver abscess and simple endometrial hyperplasia are also presented in this issue.^[12,13] IJRH team pays humble tributes to the legendary virologist, Professor Luc Montagnier.^[14] My best wishes to all our readers on the occasion of World Homoeopathy Day being observed on 10th April 2022.

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