Indian Journal of Research in Homoeopathy

Volume 16
Issue 2 *Case Reports Special*

Article 1

27-6-2022

Pointers to reporting a case

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How to cite this article

Kaushik S. Pointers to reporting a case. Indian J Res Homoeopathy 2022;16(2). doi: 10.53945/2320-7094.1224

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Abstract

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Acknowledgments and Source of Funding

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Pointers to reporting a case

Our last editorial talked about the relevance of case reports in today's world when we have the latest ways of reporting evidence in medical science.[1] Taking further, we bring out a *Case Reports Special Issue* featuring 14 case reports, of around 100 such submissions that IJRH receives every year. Compiling this issue was a gratifying experience, as we dove through our huge inventory of case reports, based on an array of clinical conditions. This indeed ascertains one thing; that more and more clinicians are now willing to report their success stories. A case report is the bare minimum that a homoeopath can do to contribute to the evidence resources of homoeopathy, the researchers then taking on further from there, to embark further studies on its basis.

As much as rewarding this issue's preparation was, our Editorial Team did come across what could be called the *common lacunae* in reporting cases. I highlight a few here.

Selection of Cases for Reporting

It is important that the authors understand that not all successful cases are reportable. A case is reportable only when it has something unique to offer to the science or profession. An expulsion of ureteric calculus of 5 mm may be exciting for a young clinician, but not for an editor, who gauges your achievement through the lens of novelty, and the fact that this calculus is expected to expel spontaneously or after increased consumption of fluids, make it rather ordinary. Again, a complete reversal of a Grade IV carcinoma is something that would meet a lot of reluctance at the editor's end, unless you have every evidence that it takes to report such a case. Hence, it is important to know well in advance before you set out to publish your case if your case is truly reportable.

Adherence to Author Guidelines

Many a time the authors write the case reports that do not adhere to the standard reporting guidelines. The manuscripts were noted to lack structurisation, formal presentation and order of flow of information. The best practice would be to adhere to the guidelines to authors for reporting cases/case series. IJRH encourages authors to carefully go through the standard reporting guidelines for case reports and all other article types as well.[2]

Introduction Section

While the introduction portion of many submissions did mention the condition in question, many a time the authors tended to go overboard with this explanation. The most intricate details about a condition, unless concerning the case directly, become irrelevant and surplus for the case reports. For instance, in a case of uterine polyp, a wide-ranging differential diagnosis of dysfunctional uterine bleeding and how each one of it is managed in modern medicine, would rather translate to information overload.

On the contrary, introduction is also where you introduce your purpose of why you plan to report this case. This part goes generally amiss in the manuscripts.

Writing Style

We received some case reports that looked more like those typical prescribers' notes that one would scrawl in a chart while taking a case. It is important that most observations and recordings are reported in complete sentences, thus building a story for the case. Bulleted phrases for mentioning presenting complaints or medical history must be avoided unless it is asked for in a journal. It is recommended that you read a few case reports published in a journal you are targeting to understand its writing style before you begin to write your own manuscript.

Discussion Section

Our team noted that most discussion sections in the reports that are submitted do not take references from the available evidence on the subject and most of the discussion is limited to arbitrary points that the author(s) want to profess on the topic. That ranges from their choice of medicine or potency in the condition, and how that choice is the most favourable for all such cases. The forevision for utility of doing a study on the condition is also observed to be lacking. The learning drawn while treating the case for future references is another aspect that is noted to be conspicuously missing in this section.

Photographic Evidence

Again, if you treated an urticaria successfully but your photographic evidence does not really match up, in terms of quality or genuineness, your case report may face rejection. Make sure that in cases that require photographs as evidence, periodical, high-resolution clicks, taken from same angles and in the same lighting every time, is what works in favour of the most cases. You may want to consider this right at the start of treating the case and not in the middle when you start seeing good results.

Follow-Ups

A poorly or insufficiently followed up case usually does not make it to the cut. The Editorial Team may still decide to ask

you if you have further follow-ups before deciding on your case report's fate, if your case, otherwise, promises potential. A case of allergic rhinitis reporting non-recurrence must have, for instance, a follow-up of at least a year, thus covering most seasonal and other possible triggers. Similarly, a case of Pyrexia of Unknown Origin may report an afebrile period of at least 6–8 months, depending on the case and history of the complaint.

Another aspect of the follow-ups that the authors tend to ignore is reporting the fate of presenting complaints other than the main complaint. If there is a report of fibroadenoma breast with oligomenorrhoea and frontal headache, the follow-ups should not be reporting only the change in the size of fibroadenoma(s), but also whether other symptoms improved or aggravated. Besides, there must be an update on the overall and mental well-being of the patient in the follow up track, since that would help the readers understand the case from the holistic perspective.

Using Validated Scales

Sometimes, the clinicians prefer to use their clinical precision or their own interpretation to assess the improvement in a case. However, validated scales are based on similar clinical experiences and do the same task in a more scientific and recordable way. Hence, the credibility of the cases enhances if such scales are used. Just with one caution; that the scales should be validated and permitted for use by the original developers.

That said, we do acknowledge the painstaking efforts of all the authors whose cases we report, as their work makes us feel proud of their achievements, while also working as a window to see the wide range of cases that can be managed with this system of medicine. In this issue, we report the cases of infertility,[3,4] autism,[5] dementia,[6] schizophrenia,[7,8] rheumatism,[9] polycystic ovarian syndrome,[10] endometriatic cyst with fibrocystic disease of breast,[11] pityriasis versicolor,[12] tinea faciei,[13] infantile haemangioma,[14] lentigo[15] and gallbladder polyp with comorbidities.[16]

We hope the readers will read the reported cases with interest and profit.

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Access this article online	
Quick Response Code:	Website: www.ijrh.org
Available in print version only	DOI: 10.53945/2320-7094.1224

How to cite this article: Kaushik S. Pointers to reporting a case. Indian J Res Homoeopathy 2022;16(2):1-78.