Writing Acupuncture Case Reports

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Abstract

Case reports occupy a unique and valuable place in the spectrum of medical literature. In acupuncture, they not only document individual patient outcomes, but can also preserve the clinical reasoning and treatment methods that form the profession's living tradition. This article outlines practices for writing acupuncture case reports, with attention to audience, purpose and content standards. It traces the history of case reports in Chinese medicine, examines their role within evidence-based medicine, and discusses strategies for selecting an appropriate patient. The paper also reviews existing biomedical guidelines for writing case reports, identifies key omissions relevant to acupuncture and recommends supplementing with specific details for a more comprehensive record. Practical considerations for discussion sections are included, along with guidance for integrating both traditional and biomedical perspectives. Well-written acupuncture case reports can serve as enduring contributions to clinical education, professional integration and the advancement of patient care.

Keywords
Case reports, case studies, integrative medicine, acupuncture, Chinese medicine, research

Introduction: Definition and history of case reports

A case report is a detailed narrative that documents a medical problem experienced by a single patient for scientific or educational purposes. Historically, case reports were among the earliest forms of medical literature, serving as the primary method of recording and transmitting medical knowledge.[1] In the absence of formalised research trials, these narratives functioned as both educational tools and historical records, preserving lineage-based knowledge for future generations.

Case documents have a history stretching back thousands of years. The earliest records of illness, inscribed on so-called 'oracle bones', gave way by 175 BCE[2] to official government case histories describing symptoms, facial appearance, pulse reading and channel evaluation.[3] In the 3rd century CE, the cases of legendary physician Hua Tuo were recorded in dramatic historical works such as the *San Guo Zhi* (Chronicle of the Three Kingdoms), which emphasised narrative flair over diagnostic reasoning.[2] Over time, the focus of case writing shifted from dramatic storytelling to pragmatic documentation of disease patterns and effective treatments.[2]

In the early 16th century CE, the physician Han Mao of Sichuan formalised Chinese medical case documentation. In *Han Shi Yi Tong* (Mr Han's Generalities on Medicine), he recommended including a detailed presentation based on the 'four examinations' (looking, listening/smelling, palpating and questioning), a discussion of the illness' origin, and a record of treatment and outcome, thus comprising a more systematic record of patient-related information presented in a structured format. Han Mao

called this more comprehensive format *yian* (醫案), a term which has been translated as the 'medical case history', in contrast to the term *zhenji* (診籍), meaning 'consultation records'.[2] Over the following centuries, collections of *yian* by famous physicians circulated widely, illustrating theoretical principles, clinical reasoning and therapeutic innovation of different schools of thought in Chinese medicine.[2]

Western biomedical cases have been written for almost four millennia, with the earliest records being preserved on Egyptian papyrus (16th century BCE). Physicians of classical Greece who were contemporaries of Hippocrates provided thorough and objective accounts of various illnesses and their trajectories. In the 9th and 10th centuries CE, during the European Dark Ages, Islamic physicians Rhazes and Avicenna continued the tradition in recording their own case observations. In the 17th and 18th century CE in Europe, case histories were written in a subjective and dramatic style, shifting by the 19th century CE to a more detached and dispassionate style of recording medical observations.[1] Louis Pasteur established a written format for presenting scientific findings in a systematic format, referred to as IMRaD (Introduction, Methods, Results and Discussion).[4] Into the 20th century, scientific journals kept to this format for consistency, replacing the methods section with a case description section to accommodate the unique nature of single patient reports.

A case report refers specifically to an individual patient within a medical context, whereas a case study may involve subjects across a range of fields.

The distinction between a case report and a case study is not always clearly defined. In general, a case report refers specifically to an individual patient within a medical context, whereas a case study may involve subjects across a range of fields, including business, politics, or environmental science.[1] Additionally, the term case study is often used in the context of hypothetical scenarios or educational exercises. Some have characterised case reports as being more quantitative and informing research, contrasted with case studies as being more qualitative and informing practice.[5] However, case studies are not limited to qualitative data and can certainly include quantitative analysis. And while case reports are often written to suggest directions for research, they have the potential to affect practice, particularly in the treatment of individual patients who have not found relief through proven therapies. The purpose and content of case study and case report overlap and may be viewed as existing along a continuum. The perceived distinctions between the two terms may lead to the impression that Chinese medicine, due to its historically qualitative approach, is less aligned with conventional standards of rigour and therefore less relevant within mainstream medical practice.

Since most medical journals, including those with biomedical audiences and Chinese medicine audiences, use the term case report to describe patient-based publications, this terminology will be adopted throughout this paper. For acupuncture practitioners today, case reports serve a dual purpose: they allow practitioners to share insights and innovations within their own professional community, and they contribute to the broader dialogue with biomedicine by demonstrating patient outcomes in a format recognised across healthcare disciplines.

Case reports and evidence-based medicine

Within the hierarchy of evidence-based medicine (EBM), case reports are included in the foundational tier of the evidence pyramid. At the top, systematic reviews and randomised controlled trials most strongly influence evolving standards of biomedical practice, as they rely on rigorous methodologies such as blinding and statistical analysis. Case reports, despite their low rank in the pyramid, remain vital for generating hypotheses, documenting novel observations, and sharing unique clinical experiences. In general, they are viewed as weaker evidence because of their susceptibility to bias, limited statistical power due to small sample size, and inability to definitively link treatment to outcome due to uncontrolled variables or possible spontaneous recovery.[6]

In Chinese medicine, case reports align especially well with the patient-centred nature of the discipline.

Case reports may inspire future research by forming a basis for developing treatment protocols, highlighting unusual conditions responsive to acupuncture, or documenting safe and effective alternatives to conventional interventions. These narratives can also capture sophisticated therapeutic decisions in complex patients who would likely be excluded from larger trials.

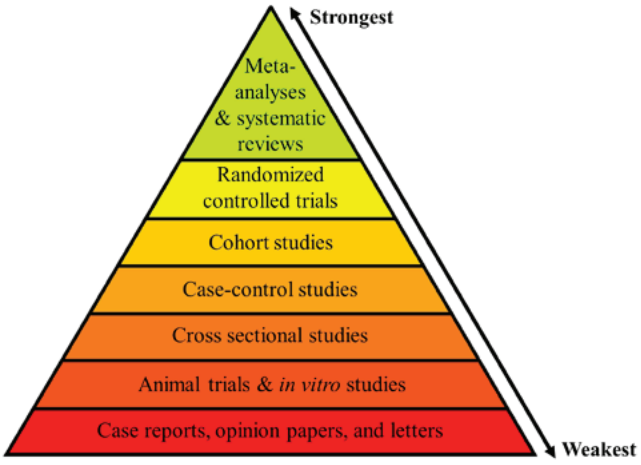

Figure 1: Evidence pyramid (creative commons)

In domains where biomedical literature is sparse or inconclusive, well-constructed case reports may serve as an important bridge, fostering collaboration between traditional and biomedical practitioners. By aligning with EBM principles – clear documentation, transparent reasoning and evidence-supported interpretation – acupuncture case reports can strengthen their legitimacy in multidisciplinary contexts.

In Chinese medicine, case reports align especially well with the patient-centred nature of the discipline. In biomedicine – a population-based practice – treatment decisions are driven by statistical averages from large clinical trials. Randomised controlled trials may produce robust conclusions about average outcomes, making these conclusions more generalisable in application to a standard of care. However, because methodology of these studies requires strict participant criteria and standardised protocols, applicability of the evidence is limited in addressing real-life patients with more complex needs. Medical advances in the last century have shifted the focus from patients' problems to disease processes, with a demonstrated decline in focus on the individual.[7] In contrast, Chinese medicine – a patient-based practice – involves diagnosis and treatment that are individually tailored to a specific patient. Understanding how an effective treatment is devised for a complex case can provide an example of problem-solving logic which can then be applied or modified to suit similar patients in practice. Logically, population-based research methods are appropriate for a population-based medical model; similarly, patient-based practice should be informed by patient-based evidence, making the case report particularly valuable in Chinese medicine.

The two concurrent aims of EBM and patient-centred care are defining hallmarks of contemporary clinical practice. Evidence-based medicine, rooted in 'scientific knowledge' and focused on improving outcomes at the population level, promotes best practices for the average patient. This orientation may at times conflict with patient-centred care, which seeks to be 'responsive to individual patient preferences, needs, and values'.[8,9] Because the ideals of both evidence-based medicine and patient-centred care are valuable, it may be useful to reconsider the 'evidence pyramid' (Figure 1) instead as a 'evidence spectrum' (Figure 2 overleaf), with meta-reviews on one end and case reports at the other. This spectrum positions the various types of evidence along a continuum that avoids implying that any single research approach is intrinsically 'better' or 'worse' while recognising that each possesses distinct advantages which can be used to inform clinical practice in a more nuanced manner. For example, the case report by its very nature can provide guidance on how to choose or adjust the specific therapy according to the characteristics of the individual.

The ultimate goal of both biomedicine and Chinese medicine is to find an effective treatment for the individual patient. Efficacy research seeks the treatment most likely to succeed for the greatest number under ideal conditions, but effectiveness research asks whether a treatment works for a specific patient in real-world circumstances. Standardised protocols may fail to address the needs of patients who do not fit the 'average' profile, and aside from medical schooling and standard of care documents, few resources exist to increase the skill of making the leap from efficacy to effectiveness in biomedicine. In acupuncture, large-scale clinical research studies have helped establish the profession's legal standing and insurance coverage; however, relying on them as the sole basis for clinical decision-making may further widen the gap between research and real-world outcomes that can be observed in biomedical practice. What case reports offer – and randomised controlled trials cannot – is a description of the detailed problem-solving process and sophisticated application of knowledge that are essential to bridging that gap.

Selecting a patient for a case report

Selecting the right patient is the foundation of a valuable case report. To contribute new knowledge to the field, an author should choose a case that provides a clear, compelling canvas for the information they wish to convey. The choice determines both the educational value and the potential reach of the work. In biomedical journals, case reports often feature unusual presentations or successful protocols that could be replicated in clinical trials – topics that appeal to researchers seeking to strengthen the

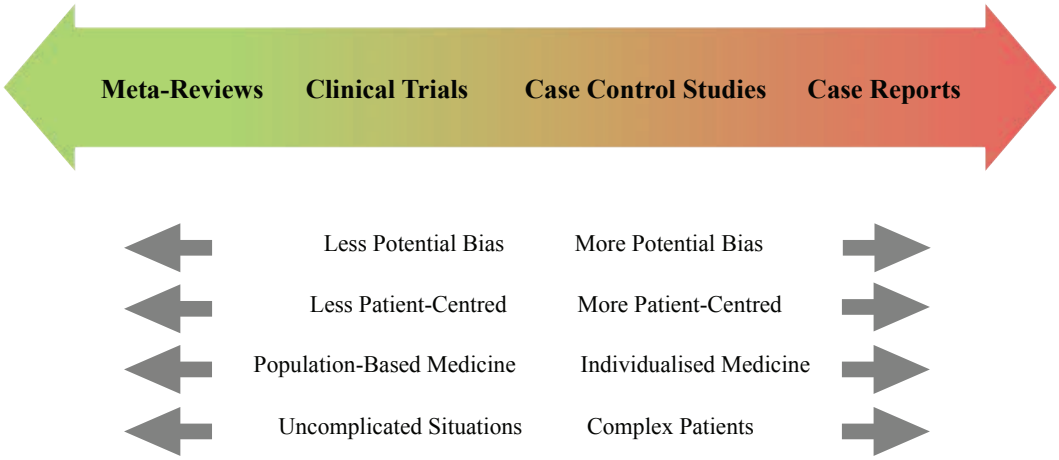

Figure 2: Spectrum of research types

evidence base. In traditional acupuncture journals, the goals can be broader. While the variety of possible objectives in writing acupuncture case reports can certainly include proposing protocols for clinical trials, when the purpose is to create a clinical teaching context, the scope of potential subjects widens considerably. In traditional acupuncture practice – where treatment is individualised and practitioner insight is central – cases can illustrate complex diagnostic reasoning, personalised treatment strategies and problem-solving approaches as a resource to both novice and experienced practitioners. For example, a case in which a patient's presentation defies textbook patterns, yet responds to a carefully reasoned individualised treatment, can offer substantial educational value that allows a reader to make the leap from efficacy to effectiveness.

Case reports can also be written to highlight innovations in technique or technology. In recent decades, practitioners have incorporated tools (eg electroacupuncture devices, laser acupuncture, topical essential oils on acupoints) to extend the therapeutic possibilities of traditional acupuncture. The case report can be a useful introduction to modalities or approaches which have not yet been described in textbooks. In contrast to biomedicine, where innovation often requires extensive investment and development, advances in acupuncture can sometimes arise from a combination of theoretical knowledge, clinical creativity and the effort it takes to document the results. If a new method is the focus, it is advisable for the author to have applied the technique to multiple patients to ensure that the results are reasonably consistent before publication.

Case reports can bridge the gap between theory and practice.

A case subject may also be selected to illustrate the success of integrative care. The term 'integrative medicine' is often used in place of 'alternative' or 'complementary' medicine to avoid less favourable connotations. When a biomedical practitioner refers a patient who is not responding to conventional treatment to an acupuncturist, who then provides effective relief using traditional methods, this positions acupuncture as an alternative or complementary medicine. The word 'integrative' implies a closer relationship than simply co-locating practitioners of different modalities in the same physical space; there must at the very least be referral. A more sophisticated form of integrative care involves the deliberate and specific combination of varied treatment approaches to achieve synergistic outcomes. For instance, a fertility patient using assisted reproductive technology treatments may simultaneously receive acupuncture, with the expectation that the combination will yield better results than either modality alone. Another category of integration involves the use of one therapy to mitigate the side effects of another, such as using acupuncture to relieve chemotherapy-induced nausea. Documenting specific examples of these types of successful therapeutic combinations can open new avenues for collaboration in clinical practice.[10]

Another valuable purpose of case reports can be to showcase diverse styles and theoretical approaches; a case subject might be chosen to demonstrate one such approach. While most acupuncture programmes today emphasise competency in the standardised TCM framework, varied interpretations of classical texts,

as well as its growing integration with biomedical knowledge have led to the development of numerous practice styles, including Tung's acupuncture, Japanese acupuncture, five element constitutional acupuncture and various microsystem approaches. Each system is rooted in the same traditional theoretical foundations, yet with distinct principles that guide point selection and treatment strategies. For a practitioner learning about a less familiar approach, these types of cases can be invaluable in demonstrating patterns of thought that are necessary for effective practice.

Case reports can bridge the gap between theory and practice. In practice, patients rarely match textbook examples exactly, and the leap from theoretical knowledge to effective application requires experience. Historically, this gap was bridged through apprenticeships, in which students observed numerous cases under the guidance of a skilled mentor. In modern times, detailed case reports can potentially serve as an alternative for such mentorship, allowing a writing practitioner's insights to reach audiences far beyond their immediate clinic. Writing a case report allows seasoned practitioners to share their thinking, not just their results, extending mentorship beyond personal circles to a global audience. Such records can continue to guide practitioners for generations, becoming part of the profession's enduring historical record.

Recommendations for case report writing

A well-structured case report adheres to an established framework. In contemporary biomedical literature, such reports typically include background information about the condition, a detailed patient history and a clear articulation of the case's significance. Most journals follow a standardised format consisting of the title, abstract, introduction, case presentation (including diagnosis, treatment and outcomes), discussion, conclusion and references. While an in-depth guide to composing each section is beyond the scope of this article, Table 1 offers a concise overview of their typical contents. In some publications, these components may not be demarcated by formal headings, yet their inclusion remains essential for producing a coherent and comprehensive document.

Title	Clear and concise title of the article, suitable for electronic searching
Abstract	150-250 word summary of the case report
Introduction	Background information of the condition being treated, the treatment modality being employed and a brief statement on how the case report adds to the current medical literature on the topic.
Case description	Patient history, diagnosis, methods/interventions and outcomes
Discussion	Explanation of the significance of the case and recommendations for future research and practice

Table 1: Components of a case report[6]

In 2013, the CARE (CAse REport) guidelines were introduced as a consensus-based checklist to promote high-quality case reporting.[11] In addition to conventional sections as listed in Table 1, the CARE checklist includes items such as keywords, a timeline, patient perspective and informed consent. While the checklist provides a valuable resource for case reports in biomedicine, several additional considerations pertinent to acupuncture case reports warrant further attention.

Justification for choosing points should be explicitly stated, whether it draws from classical sources, modern clinical manuals, peer-reviewed studies, or direct transmission from a teacher.

First, a detailed description of how acupuncture was administered to the patient is essential for a comprehensive case report. The CARE checklist, rooted in a biomedical reporting model, does not fully address the level of procedural detail necessary for a reader to be able to perform acupuncture in a manner consistent with what happened in the case. Unlike pharmaceutical interventions, manual therapies such as acupuncture require precise technical documentation. In 2001, the Standards for Reporting Interventions in Controlled Trials of Acupuncture (STRICTA) were introduced to guide rigorous reporting of acupuncture interventions used in clinical trials.[12] These guidelines require specifics such as acupuncture points used (noting laterality), needling depth and angle, needle gauge and manufacturer, stimulation techniques, treatment frequency and duration, anticipated patient response and retention time. Transparent reporting of these elements allows others to understand and, if desired, replicate the treatment approach. Unfortunately, many case report articles, especially those previously published in biomedical journals, omit such details, limiting their practical applicability.

In addition, the STRICTA guidelines recommend providing a rationale for point selection, supported by references to relevant literature. In acupuncture case reports, justification for choosing points should be explicitly stated, whether it draws from classical sources, modern clinical manuals, peer-reviewed studies, or direct transmission from a teacher. The depth and style of theoretical discussion should be tailored to the target readership. For biomedical journals, a concise explanation may be appropriate, while more traditionally-focused publications – such as the *Journal of Chinese Medicine* – typically expect a more detailed theoretical discussion. Even when writing for biomedical readers unfamiliar with Chinese medicine, a brief explanation referencing acupuncture channels or classical principles can provide valuable context and highlight the traditional roots of the intervention. Omitting any reference to traditional theory in case reports submitted to biomedical journals not only risks undermining the historical and conceptual foundation of acupuncture but also erases the potential value the traditional paradigm brings to contemporary clinical practice – particularly for patients unresponsive to standard biomedical care.

A concluding statement in the discussion should clearly articulate the report's contribution to the field.

A third recommendation is the inclusion of both qualitative and quantitative data when documenting baseline conditions and treatment outcomes. These complementary forms of evidence serve distinct but equally important purposes. Quantitative data offer objective indicators of change and enhance the credibility of the report, especially for more skeptical audiences. Such data can also support dialogue with biomedical practitioners, helping to advance more integrative approaches to care. Qualitative data, on the other hand, offer depth and nuance, capturing the patient's lived experience. Treatment of patients based only on quantitative data may benefit their lab value readings, but the real therapeutic value becomes evident only when the patient's symptoms are relieved and quality of life is improved.

In Chinese medicine case reporting, qualitative measures such as pulse and tongue findings, sensory changes and symptom narratives are essential to guiding clinical decisions, yet quantitative measures help verify progress and effectiveness. In orthopaedic acupuncture cases, describing both the location and quality of pain in relation to acupuncture channels can be used to refine treatment strategies and qualitative descriptions of functional improvements demonstrate therapeutic success. Combining these with quantitative tools such as standardised pain scales, symptom frequency logs or performance-based assessments can improve communication with biomedical practitioners and strengthen the report's impact.

In many clinical settings, acupuncturists may lack access to biomedical diagnostic tools, and follow-up lab testing or radiological study may not be routinely performed once symptoms have resolved. Supplementing physical exam findings with specific patient-reported data, such as changes in symptom duration and frequency, reduction in medication use and measurable improvement in endurance and stress capacity allow for meaningful quantification of outcomes. Secondary benefits observed during treatment can be interpreted through Chinese medicine theory to provide a broader understanding of the case's impact. When used together, qualitative and quantitative data enrich the narrative, offer a more holistic view of patient progress, and help bridge the gap between traditional and biomedical paradigms.

With these recommendations in place, we now turn to one of the most critical components of the case report – the discussion section – and consider how it can effectively highlight the case's significance while upholding clinical rigour and scholarly integrity.

The discussion section

The discussion section serves as the author's opportunity to interpret the significance of the case, highlight key teaching points, make recommendations for future work – all while maintaining appropriate boundaries regarding the generalisability of the findings.[6] It often revisits the original rationale for presenting the case, whether to propose a clinical protocol, introduce a novel technology or therapeutic style or illustrate a distinctive example of integrative care. Many case reports are rejected due to underdeveloped discussions that fail to contribute new insights or that offer unsupported conclusions.

An effective discussion is thoughtfully tailored to its intended audience. In Chinese medicine journals, particularly those with a scholarly readership, it is appropriate to engage more deeply with theoretical frameworks and clinical reasoning, providing detailed analysis of point selections or herbal formulations. This is especially relevant when the report seeks to demonstrate the practical application of a specific theoretical construct. Additionally, the discussion may elaborate on diagnostic considerations or explore the rationale behind a novel treatment approach. In biomedical journals, the discussion

may serve to contextualise the case within a biomedical framework, including potential physiological mechanisms underlying the observed outcomes. However, caution must be exercised to avoid reductive explanations that overlook the multifaceted nature of acupuncture and its traditional theoretical foundations. When integrative care is involved, the discussion may also explore how various modalities were coordinated in clinical practice. These detailed case descriptions can offer replicable models for collaborative care and inspire further innovation in team-based treatment strategies, helping to position traditional acupuncture as a valuable and relevant component of contemporary healthcare.

Ultimately, as the overarching purpose of a case report is to enhance patient care – whether through generating new research questions or by providing clinically relevant education – a concluding statement in the discussion should clearly articulate the report's contribution to the field. Rather than concluding with the generic assertion that 'acupuncture may be beneficial for the treatment of [a given condition] and further research is recommended,' authors are encouraged to articulate how the findings in the case might generate more specific research questions or influence study design. If the focus of the case report is on clinical practice, the discussion should conclude with a summary of practical recommendations supported by the case findings.

Lastly, In 2000, the National Academy of Sciences identified six core aims for healthcare: it should be *effective, safe, patient-centred, timely, efficient* and *equitable*.[13] A final statement can be made to place the case report in the context of these broader healthcare aims – for instance, the case has the potential to improve delivery of care by demonstrating improved safety, greater efficiency, or enhanced patient-centredness relative to conventional approaches. In doing so, the discussion transforms the case report into a valuable resource that informs both clinical decision-making and the evolution of healthcare practices.

Conclusion

Acupuncture case reports have the potential to serve as much more than anecdotal records. They are vehicles for preserving clinical wisdom, fostering professional dialogue and contributing to the evolution of both traditional and integrative medicine. By selecting cases with clear educational value while adhering to recognised reporting standards, authors can produce reports that are informative, credible, and impactful. Ultimately, well-constructed case reports form an enduring bridge between generations of practitioners, between traditions and modern research, and between the clinic and the broader healthcare community.

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