Ayurvedic Clinical Case Reporting: Need for Development of Consensus-based Supplementary Guidelines to Case Reporting Guidelines

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ABSTRACT

Introduction: A clinical case report is a detailed narration that describes a medical problem for medical, scientific, or educational purposes, experienced by a medical practitioner in one or several patients. The case report (CARE) guidelines are designed to increase the completeness, accuracy and transparency of the case reports and also provide early signals of benefit, harm and value. Though many of the authors are publishing Ayurvedic case reports based on CARE guidelines but there is no uniformity of reporting Ayurvedic parameters among them. And till date no reporting guidelines based on Ayurvedic framework exists for Ayurvedic case reports. Diagnostic assessment and therapeutic intervention aspects of CARE checklist require Ayurvedic Specific Extension guidelines for Case reporting (AYUR-CASE).

Materials and methods: All the relevant material for developing Ayurvedic specific extension to the CARE clinical case reporting guidelines are collected from the major Ayurveda texts with their commentaries. Electronic databases such as “PubMed,” “Google scholar search” and “Google search” were also used.

Results: A list of important diagnostic as well as therapeutic aspects viz., Panchalakshana nidana, Ashtasthana pariksha, Dashvidh pariksha, Sodhana, Shamana, Rasayana, etc., mentioned in various samhitas are collected. As the related information is extensively documented in Ayurveda scriptures so it is critical to prioritize and select the necessary parameters, for which expert consensus need to be arrived at and hence the techniques like Delphi can be adopted for successful development of the AYUR-CASE guidelines.

Conclusion: Ayurveda practice in the present day gives more valid results that are reproducible when the clinical approach and research protocol are based on fundamental principles of Ayurveda rather than the modern science. Hence to start a new chapter in the field of Ayurvedic Research—AYUR-CASE guidelines for case reporting has been proposed. These guidelines will help to achieve complete, accurate and transparent qualities of reporting clinical case reports in Ayurveda.

Keywords: Ayurveda, Ayurvedic case reporting guidelines, CARE guidelines, Case report, Delphi technique.


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INTRODUCTION

A clinical case report is a detailed narration that describes a medical problem for medical, scientific, or educational purposes, experienced by a medical practitioner in one or several patients. The acronym CARE was created from the words case reports. It was developed by an international group of experts and first presented at the International Congress on Peer Review and Scientific Publication in 2013.1 The CARE guidelines are designed to increase the completeness, accuracy, and transparency of the case reports and also provide early signals of benefit, harm, and value. They provide evidence for effectiveness in a real-world setting, whereas clinical trials provide evidence for the efficacy of interventions in a controlled setting.2 As a supplement in the year 2015, HOM-CASE guidelines were developed to improve the quality of reporting clinical case reports in homeopathy.3 Till date, no reporting guidelines based on Ayurvedic parameters exist for Ayurvedic case reports. Although many of the authors are publishing Ayurvedic case reports based on CARE guidelines, there is no uniformity of reporting Ayurvedic parameters among them.

MATERIALS AND METHODS

All the relevant material for developing Ayurvedic specific extension to the CARE clinical case reporting guidelines are collected from the major Ayurveda texts with their commentaries. Electronic databases, such as PubMed, Google Scholar Search, and Google search were searched using the following keywords: CARE guidelines, consensus methods, Homeopathic care guidelines,

**CARE CHECKLIST AND DEVELOPING AYUR CASE GUIDELINES**

The CARE checklist (2013) has included a list of 13 items, the information of which is to be recorded while writing a case report (Table 1). The CARE checklist item numbers 8 and 9: Diagnostic assessment and therapeutic intervention respectively, require Ayurvedic specific (AYUR-CASE) extension to the CARE clinical case reporting guidelines. These AYUR-CASE guidelines are required to achieve complete, accurate, and transparent qualities of reporting clinical case reports in Ayurveda.

**Clinical Diagnosis in Ayurveda**

Across various *Samhitas* (scriptures), the information related to the diagnostic aspects has been mentioned, as pertinent to the point of discussion/study. Attempt is made to list such important diagnostic aspects here:

**Panchalakshana Nidana**

Five factors of identification of diseases:
1. *Nidana/Hetu* (etiology/causative factors)
2. *Poorvarupa* (prodromal symptoms)
3. *Rupa/Linga* (cardinal signs and symptoms)
4. *Upashaya/Anupashaya* (assuagement)
5. *Samprapti* (pathogenesis of disease). A timeline for depicting *samprapti* of the disease can be proposed.

**Ashtasthana Pariksha**

It considers eight various aspects for diagnosis purpose:
1. *Nadi Pariksha* (examination of the pulse)
2. *Jivha Pariksha* (examination of the tongue)
3. *Shabda Pariksha* (examination of voice and sound)
4. *Sparsha Pariksha* (examination by touch)
5. Drka Pariksha (examination of eyes)
6. Akruti Pariksha (examination of general appearance)
7. Mutra Pariksha (examination of urine)
8. Mala Pariksha (examination of stool)

**Dashvidh Pariksha**

This approach utilizes following 10 factors for making decision regarding the bala (strength) of the roga (disease) and rogi (patient):

- **Prakriti** (physical constitution)
- **Vikruti** (pathological condition)
  - **Dosha** (deranged regulatory functional factors of the body)
  - **Dushya** (deranged major structural components of the body)
  - **Sthana** (site of localization)
  - **Agni** (digestive/metabolic factors)
  - **Srotas** (structural or functional channels)
  - **Avastha** (stage of disease)
  - **Rogamarga** (pathway of disease manifestation)
  - **Sadhyaasadhyata** (prognosis)
- **Sara** (excellence of tissues)
- **Samhanana** (body compactness)
- **Pramana** (measurements of body parts)
- **Satmya** (homologation)
- **Sattva** (mental constitution)
- **Aharashakti** (capacity to ingest food and capacity to digest and assimilate the food)
- **Vyayamashakti** (capacity to exercise)
- **Vaya** (age)

**Therapeutic Intervention in Ayurveda**

The following parameters may be included for reporting in the therapeutic section of the CARE checklist as part of AYUR-CASE guidelines:

- Line of treatment planned based on the samprapti of the disease
- Rationality of therapeutic administration based on the avashta of the disease
- Antarpurimarjana (internal therapies)
- Bahirparimarjana (external therapies)
- Shastrapranidhana (surgical procedures)
- Shodhana (bio-cleansing therapy/major purification therapy)
- Shamana (palliative procedures)
- Rasayana (rejuvenation and revitalization therapy)
- Daivavyapashraya (spiritual therapy)
- Yuktivyapashraya (logic-based treatment)
- Sattvacajaya (subjugation of mind/counseling)
- Pathyapathya (regulation of diet and regimens)

**Delphi Technique: Consensus Method for Medical Research**

To develop AYUR-CASE extension guidelines, a consensus needs to be arrived with respect to various Ayurveda parameters related to diagnosis and therapeutics. And one of the better methods to arrive consensus for medical research is Delphi technique. It is mainly developed by Dalkey and Helmer at the Rand Corporation in the 1950s which is a widely used and accepted method for achieving convergence of opinion concerning real-world knowledge solicited from experts within certain topic areas.

The Delphi process takes its name from the Delphic oracle's skills of interpretation and foresight, and proceeds in a series of rounds as follows:

**Round 1**

Either the relevant individuals are invited to provide opinions on a specific matter, based on their knowledge and experience, or the team undertaking the Delphi expresses opinions on a specific matter and selects suitable experts to participate in subsequent questionnaire rounds. These opinions are grouped together under a limited number of headings and statements drafted for circulation to all participants on a questionnaire.

**Round 2**

Participants rank their agreement with each statement in the questionnaire. The rankings are summarized and included in a repeat version of the questionnaire.

**Round 3**

Participants rerank their agreement with each statement in the questionnaire, with the opportunity to change their score in view of the group’s response. The rerankings are summarized and assessed for degree of consensus: if an acceptable degree of consensus is obtained, the process may cease, with final results fed back to participants; if not, the third round is repeated.

**DISCUSSION**

Ayurveda is a holistic science specified by its own galaxy of universally acceptable scientific principles and terminologies. The need for thorough clinical examination of the patient, for diagnosis, has been given paramount importance and is stated to be a prerequisite before planning a meticulous treatment.

Further, it has been documented that if a physician is unable to diagnose a particular disease by name, he/she should not feel ashamed because it is not always
possible to give a definite name to all diseases. The same Dosha when aggravated may cause various diseases depending upon the various etiological factors and sites of manifestation. So, the physician needs to examine the three important factors, viz., Samutthanavishesha (the specific causative factors for disease manifestation), Adhistanavisesha (the site of manifestation of disease), and Vikaraprakriti (the nature of disease pathway) for successful management of the patient.11

The precision and accuracy of organizing medical care to a patient in a systemic manner is well described in Ayurveda at various points of relevance. In fact, the classical documents of Ayurveda clearly emphasize that the clinical success of a case without following the prescribed essential standard norms should be discarded as chance effect and not as treatment effect.12

Hence, the two key aspects of case reporting, viz., diagnosis and therapeutics, are given prime importance and were documented meticulously in various scriptures of Ayurveda, making quite a strong case for developing Ayurveda extension guidelines for case reporting.

But the information relating to diagnosis and intervention are extensively documented in Ayurveda scriptures and hence, it is critical to prioritize while selecting the necessary parameters to include in reporting guidelines, for which expert consensus need to be arrived at. So, to develop AYUR-CASE guidelines the techniques, such as Delphi can be adopted to arrive at consensus for medical research.

CONCLUSION

From the above details, it can be inferred that Ayurveda practice in the present day gives more valid results that are reproducible when the clinical approach is based on fundamental principles of Ayurveda rather than the modern science. Hence, the science with such a rich tradition of scientific knowledge, principally in the context of diagnosis and management, should be explored to create new horizons for contemporary Ayurvedic scholars and enable them to document their research work appropriately. So, to start a new chapter in the field of Ayurvedic Research, AYUR-CASE extension guidelines supplementary to the CARE guidelines for case reporting has been proposed.

REFERENCES

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आयुर्वैदिक चिकित्सकीय केंसर रिपोर्टिंग: केंसर रिपोर्टिंग दिशानिर्देशों में सहायता—
आयुर्वैदिक दूरक दिशानिर्देशों के विकास की आवश्यकता

'अभिवन' से चिकित्सक, *सुभा के चित्रुके, *भज्ज्योपकार की राम

प्रश्नांक: केंसर रिपोर्ट एक या अनेक संगीतों द्वारा अनुभव किए गए एक चिकित्सकीय समस्या का एक विस्तृत जोखिम होता है जिसका उपयोग चिकित्सकों, वैज्ञानिकों या शास्त्रीय उद्देश्यों के लिए किया जा सकता है। CARE दिशानिर्देशों का निर्माण केंसर रिपोर्ट की समस्या, स्टैटिस्टिकल पररीशन एवं वर्गीकरण में व्यक्ति का साथ—साथ लंबा, नुकसान एवं महत्व के प्रावकित रिपोर्ट को उजागर करने के लिए किया गया है। हलांकि कई संस्थाओं द्वारा CARE दिशानिर्देशों के अनुसार आयुर्वैदिक केंसर रिपोर्ट प्रकाशित किए जाते हैं, किंतु उनमें आयुर्वैदिक एवं भिदार्द्वयों के अनुभव एक स्कल्प नहीं पाई जाती। और, अब तक, आयुर्वैदिक समस्याओं के अनुसार कोई केंसर रिपोर्ट दिशानिर्देश नहीं बना है। इसके लिए मैंने आयुर्वैदिक CARE दिशानिर्देशों में सूचित राजनैतिक परीक्षण (Diagnostic assessment) एवं चिकित्सकीय कार्य (therapeutic intervention) के पहलुओं में आयुर्वैदिक वैश्विक दृष्टि का नए सुग्रीव (AYUR-CASE) की आवश्यकता है।

सारांश में बिंक़: मैंने आयुर्वैदिक CARE दिशानिर्देशों में आयुर्वैदिक वैश्विक दृष्टि का नए सुग्रीव (AYUR-CASE) हेतु सम्बन्धित विषयों का संकलन आयुर्वैदिक के सूचक ग्राह्यों एवं उनकी टीकाओं से किया गया। साथ ही, इंटरनेट डेटाबेस के लिए "PubMed", "Google scholar search" एवं "Google search" का भी उपयोग किया गया।

परिणाम: विभिन्न स्थितियों में उल्लिखित नैदानिक एवं चिकित्सकीय खून से महत्वपूर्ण पहलुओं जैसे कि पंखांकन निदान, अध्ययन परीक्षा, दशकिंग परीक्षा, शंन, शान, सारांश इत्यादि का संकलन किया गया। पूर्व समुच्चय विषयों का उद्धरण स्थितियों में बहुत ही विरोध है, अतः नैदानिक मानदंडों के निर्देशों की प्रक्रिया को विस्तारित देने वाले, जिसके लिए विद्यार्थियों की सहायता और आवश्यक है। इस राजनीति के लिए डेल्पी (Delphi) के तकनीक का उपयोग करके AYUR- CASE दिशानिर्देशों को सकारात्मक विश्लेषित किया जा सकता है।

निष्कर्ष: आयुर्वैदिक परीक्षण में आयुर्वैदिक वैश्विकिय दिशानिर्देशों के निर्देश के अनुसार नैदानिक एवं महत्वपूर्ण स्थितियों के अनुसार के संबंधित परीक्षण एवं रिपोर्ट—प्राप्त आयुर्वैदिक सुविधाओं को निम्नलिखित विचारों पर आधारित होते न का आयुर्वैदिक विवरण पर। अतः आयुर्वैदिक तत्त्वों के लिए एक नया आयुर्वैदिक की सुरक्षा करने के लिए AYUR-CASE दिशानिर्देशों को प्रस्तुति किया जाता है। उन दिशानिर्देशों के प्रयोग से आयुर्वैदिक केंसर रिपोर्ट की प्रस्तुति में समृद्धता, सटीकता एवं परवर्तित विश्लेषित होने में मदद हो सकती है।

शुल्क नाम: आयुर्वैदिक, आयुर्वैदिक केंसर रिपोर्टिंग दिशानिर्देश, CARE दिशानिर्देश, केंसर रिपोर्ट, डेल्पी तकनीक