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CARE extension guideline for acupuncture case reports

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Abstract

Existing reporting checklists lack the specificity and comprehensiveness required to effectively guide the documentation of acupuncture case reports. Therefore, we developed a reporting guideline tailored specifically for acupuncture case reports, building upon the CAse REport (CARE) statement. A multidisciplinary group of international experts including clinicians, researchers and methodologists was convened to draft the initial checklist in accordance with the methodology recommended by the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network. Through an extensive literature review and a series of expert interviews, the final CARE for acupuncture checklist comprised of 30 items. 38 experts from diverse disciplines participated in three rounds of modified Delphi surveys to refine and clarify these items. CARE for acupuncture is a comprehensive reporting guideline focused on acupuncture case reports developed with rigorous methodology. We hope that CARE for acupuncture will further guide authors, editors, peer reviewers and readers to enhance the transparency, completeness and accuracy of reporting of case reports in acupuncture.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Acupuncture is an effective treatment for a range of diseases, based on unique theoretical principles and practical methods. These characteristics have hindered the application and development of randomised controlled trials in acupuncture.
⇒ CAse REport (CARE) is a reporting guideline for care reports. There are various extended versions of CARE, but there is currently no reporting guideline available for acupuncture case reports.

WHAT THIS STUDY ADDS

⇒ A standardised and normative reporting guideline for acupuncture case reports, consisting of 30 items across 13 domains.
⇒ This guideline, considering the characteristics of acupuncture—such as its principles, types and acupoints—serves as a complementary extension of care and provides a valuable reference for other researchers.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ We provide a minimum set of information for healthcare researchers to use in writing acupuncture case report manuscripts, which helps standardise their writing and enhance the reliability and quality of the study.
⇒ Comprehensive and standardised research evidence can further enhance the impact of acupuncture research.

Background

Case reports are a common form of patient-oriented research,[1] encompassing detailed accounts of novel aspects related to the manifestation, mechanism, diagnosis and treatment of diseases by documenting one or more specific cases. They contribute to evaluating the benefits and risks of interventions, identifying previously unreported drug-related adverse effects,[2] recognising rare disease manifestations and promoting the investigation of underlying disease mechanisms.[1 3] Therefore, well-constructed case reports and case series play an essential role in evidence generation and in clinical practice.[1] In 2013, Gagnier *et al* introduced the CARE (CAse REporting) guidelines, aimed at enhancing the completeness and transparency of case reports.[4] The development of CARE further advanced the role of case reports in clinical research.

Acupuncture is a globally recognised medical intervention known for its effectiveness, safety and cost-effectiveness. To enhance the consistency and quality of acupuncture research, several

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guidelines have been developed worldwide, such as the Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA)[5–8] and reporting guidelines for Traditional Chinese Medicine (TCM)-featured acupuncture systematic reviews and meta-analyses.[8–11] Although these guidelines primarily target randomised controlled trials, challenges in randomisation, control group selection, blinding and sample size limit their applicability to acupuncture research.[12–14]

Given that acupuncture is grounded in unique theoretical principles, case reports play a vital role in showcasing its specific characteristics. These reports not only preserve patient individuality but also serve as a crucial resource for understanding rare diseases.[15] Additionally, they offer insights into treatment methods, new therapeutic options, patient responses, management strategies, long-term follow-up and unexpected adverse events (AEs).[16] However, acupuncture case reports lack standardised reporting guidelines, and many often omit critical details such as needle type,[17 18] prognostic characteristics[19] and AEs.[18] This lack of standardised and detailed documentation compromises the reproducibility and reliability of acupuncture research.[20 21]

To address these gaps, there is an urgent need to develop a CARE extension specifically tailored for acupuncture case reports. This study aims to develop a reporting tool for acupuncture case reports, complementing the existing CARE guidelines.

Methods

We registered CARE for acupuncture on the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network on 26 October 2018 following its recommended method.[22] A detailed protocol has been published in June 2019 (https://doi.org/10.1016/j.ctim.2019.06.004).[23]

The development process of CARE for acupuncture consisted of three key steps: (1) project initiation, (2) pre-consensus and consensus and (3) publication and implementation.

Step 1: The project initiation phase involved the formation of three key groups: (1) the development group, (2) the advisory group and (3) the Delphi panellists. The development group comprised clinicians, researchers and methodologists with expertise in acupuncture and case reporting, primarily based in Guangzhou, Lanzhou and Beijing. The advisory group consisted of five international researchers with substantial experience in guideline development. The Delphi panel was composed of up to 30 international experts in acupuncture and case report methodology.

The selection of Delphi panellists follows three approaches: (1) clinical researchers and journal editors in the field of acupuncture identified through the baseline survey; (2) acupuncture policymakers affiliated with traditional Chinese medicine authorities, evidence-based research centers and government agencies; (3) experts affiliated with the EQUATOR network. A snowball sampling method was employed, whereby initial invitees recommended additional specialists. Invitations were sent via email, and written consent to participate in this project was obtained. The Delphi panellists were required to hold MD and/or PhD degrees and possess expertise in acupuncture research or closely related fields. All participants had at least one of the following experiences, including publishing and reviewing case reports, acupuncture clinical practices or methodological studies related to reporting guidelines.

Step 2: In this phase, the initial checklist items were drafted based on existing reporting guidelines including CARE,[24] Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) for acupuncture,[25] Reporting Items for practice Guidelines in HealThcare (RIGHT) for acupuncture[26] and STRICTA,[27] through literature reviews and consultations with the development and advisory groups. Three rounds of modified Delphi surveys, in which participants rated each item and provided suggestions, were conducted via email. The consensus rate among Delphi experts was determined using a 5-point Likert scale, and items were included, excluded or reassessed based on predefined consensus criteria. Items attaining a consensus rate of 80% or higher were retained, those with consensus rates between 50% and 80% were subject to revision and items below 50% were excluded. A face-to-face consensus meeting was deemed unnecessary if consensus had already been reached through the modified Delphi process.

Step 3: Following the modified Delphi process, the development group revised the checklist, incorporating feedback from the Delphi panellists and advisory group. After publication, the CARE for acupuncture guideline will be disseminated through websites, academic conferences and journals. Further, we will collect feedback on the guideline and update CARE for acupuncture within the next 5 years.

Results

A total of three rounds of modified Delphi surveys were conducted. Between May and August 2024, 38 panellists participated in the first round of the modified Delphi survey. In September 2024, we conducted the second round of the modified Delphi survey, in which 30 panellists completed the questionnaire. And the third round of the modified Delphi survey involved 24 experts and was completed in October 2024. The panellists came from 16 countries or regions across 4 continents. Of the participants, 18 (47.4%) were women, and 21 (55.3%) had more than 10 years of experience in medical service. Most of them specialised in traditional and integrative complementary medicine (35, 92.1%), and evidence-based medicine (22, 57.9%). 32 (84.2%) were clinicians, 37 (97.4%) were researchers and 9 (23.7%) were journal editors.

Based on the statements from CARE, STRICTA, PRISMA and RIGHT for acupuncture, and supplemented by the literature review, we formulated an initial checklist containing 31 items, which were subsequently confirmed through discussion with the development group and the advisory group. The initial checklist included 14 items directly derived from the CARE guideline, 16 items adapted from the CARE guideline in accordance with STRICTA, PRISMA and RIGHT for acupuncture guidelines, considering the characteristics of acupuncture, and 1 newly introduced item.

Three rounds of modified Delphi surveys were conducted via email to rate each item and provide suggestions for additional items. Through the modified Delphi survey, 1 item reached 100% agreement, 5 items scored between 95% and 100%, 7 items scored between 90% and 95%, 13 items scored between 85% and 90% and 4 items scored between 80% and 85%. Item 8b (8b. Diagnostic challenges (such as access, financial or cultural)) was excluded due to its low consensus rate. In total, 414 suggestions were collected from 38 experts. All suggestions and responses are presented in online supplemental files 1–3.

Following the modified Delphi survey and discussion, the final checklist consisted of 13 items (30 subitems). We conducted a sensitivity analysis and consistency evaluation, and the results revealed a Kendall's coefficient of 0.163 ($p<0.001$) and a coefficient of variation of 15.1%, indicating

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that the checklist exhibits good stability and internal consistency. The final checklist is shown in table 1.

Item 1. Title

CARE checklist description

The words 'case report' or 'case series' should be in the title along with the area of focus.

Explanation

The title enables the reader to quickly identify the study type (case report) in the title.

Example

Acupuncture treatment for the management of urolithiasis: a case report.[17]

Item 2. Keywords

CARE checklist description

Two to five keywords—include 'case report' and 'acupuncture'.

Explanation

Include the word 'case report' and 'acupuncture' or its subordinate words as keywords to identify the type of publication and aid database searches.

Example

Keywords: Chronic migraine; Medication overuse headache; Acupuncture; Electroacupuncture; Case report.[28]

Item 3. Abstract

CARE checklist description

3a. Introduction

What is unique about this case? What does it add to the medical literature?

3b. Main symptoms

The main symptoms of the patient and the important clinical findings should be described both in conventional medicine and traditional medicine (TM), if applicable.

3c. Diagnoses and interventions

Define the main diagnoses and therapeutic interventions. Provide both conventional medicine diagnosis and TM diagnosis with TM pattern, if applicable. Interventions add selection of points, operation, treatment procedures and auxiliary intervention measures.

3d. Conclusion of this case

Explanation

The abstract is located before the body of the article, is the first part of the reader to read, is a high degree of summary of the content of the whole article. A good abstract can help readers determine whether the article meets their research needs and interests. In addition, the abstract should help the researcher index and identify case reports in the database.

The abstract section should begin with a brief background to highlight the value and necessity of this study. Second, it should primarily describe the main symptoms and clinical presentation of the case, the diagnosis made and interventions imposed by the physician, and summarise this phase of care. And the diagnosis prior to acupuncture treatment and the principles related to acupuncture treatment (such as TM or Western medical acupuncture) should be mentioned. The conclusion should be a brief description of the experience from the case report and highlight an important finding.

Example

Background: *Use of acupuncture for treatment of functional constipation is well studied; however, studies examining use of acupuncture for opioid-induced constipation are limited. Case Description: A 70-year-old woman with newly diagnosed multiple myeloma discovered after presentation to the emergency room with severe back pain. Pain management required use of opioids, escalating to effect. The hospital course was complicated by opioid-induced constipation causing abdominal pain, nausea and ileus despite aggressive titration of stimulant and osmotic laxatives as well as administration of suppositories and enemas on multiple occasions. Prior to nasogastric tube placement for the ileus, the patient requested acupuncture treatment in an attempt to relieve constipation. Shortly after the acupuncture session, the patient passed multiple stools with improvement in abdominal pain and nausea and avoidance of the nasogastric tube. Conclusion: Acupuncture for opioid-induced constipation may provide symptom relief through use of non-pharmacological interventions; however, further studies are needed to determine the optimal therapeutic approach.*[29]

Item 4. Introduction

CARE checklist description

Summarising the background of the case and the reason why this case is unique or meaningful with references.

Explanation

This section should summarise the essential information about the disease, including its epidemiology, clinical features, uniqueness or other relevant characteristics.

Example

Ataxia is characterised by uncoordinated movement and loss of balance during voluntary activity due to poor muscle control. Ataxia can be categorised into several types, including primary ataxias, secondary ataxias and idiopathic degenerative ataxias. Spastic ataxia of Charlevoix-Saguenay type is one of the types of primary ataxia, also known as the autosomal recessive spastic ataxia of Charlevoix-Saguenay (ARSACS). ARSACS is caused by mutations in the sacsin molecular chaperone (SACS) gene and typically presents during early childhood or adolescence. The incidence of ARSACS worldwide is currently unknown. However, the incidence is estimated to be 1 in about 2000 individuals. Originally, ARSACS had an elevated frequency in two northeastern Quebec regions, namely Saguenay-Lac-St-Jean and Charlevoix, before being identified in patients worldwide. The diagnosis of ARSACS involves careful history taking, evaluation of family history, physical examination and genetic testing to identify mutations in the SACS gene. The treatment of ataxia aims to address spasticity, tremor, dystonia, pain, cognition or depression, including physiotherapy, deep brain stimulation, transcranial magnetic stimulation and acupuncture.[30]

Item 5. Patient information

CARE checklist description

5a. De-identified demographic information and other patient-specific information.

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Table 1 CARE for acupuncture checklist

Domain	Item no.	Item	CARE
Title	1	The words 'case report' or 'case series' should be in the title along with the area of focus.	The words 'case report' should be in the title along with the area of focus
Keywords	2	Two to five keywords—include 'case report' and 'acupuncture'.	Two to five keywords that identify areas covered in this case report
Abstract	3a	Introduction—What is unique about this case? What does it add to the medical literature?	Introduction—What is unique about this case? What does it add to the medical literature?
	3b	The main symptoms of the patient and the important clinical findings should be described *both in conventional medicine and traditional medicine*, if applicable.	The main symptoms of the patient and the important clinical findings
	3c	Define the main diagnoses and therapeutic interventions. Provide *both conventional medicine diagnosis and TM diagnosis with TM pattern, if applicable. Interventions add a selection of points, operation, treatment procedures and auxiliary intervention measures*.	The main diagnoses, therapeutic interventions and outcomes
	3d	Conclusion of this case.	Conclusion—What are the main 'take-away' lessons from this case?
Introduction	4	Summarising the background of the case and the reason why this case is unique or meaningful with references.	One or two paragraphs summarising why this case is unique with references
Patient information	5a	De-identified demographic information and other patient-specific information.	De-identified demographic information and other patient-specific information
	5b	Main concerns and symptoms of the patient *and/or TM-related symptoms should be included (eg, night sweats, afternoon tidal fever and aversion to heat (or cold))*, if applicable.	Main concerns and symptoms of the patient
	5c	Medical, family and psychosocial history including relevant genetic information (also see timeline), if applicable.	Medical, family and psychosocial history including relevant genetic information (also see timeline)
	5d	Relevant past interventions and their outcomes.	Relevant past interventions and their outcomes
Clinical findings	6	Describe the relevant physical examination (PE) and other significant clinical findings, *especially TM signs on tongues and pulse, eg, string pulse, red tongue, pale face*, if applicable.	Describe the relevant PE and other significant clinical findings
Timeline	7	Patient's history organised in a timeline.	Important information from the patient's history organised as a timeline
Diagnostic assessment	8a	Diagnostic methods shall be described *both/either in conventional medicine method and/or TM syndrome differentiation (eg, eight principles differentiation, Zang-fu organs differentiation and six meridians differentiation).*	Diagnostic methods (such as PE, laboratory testing, imaging, surveys)
	8b	Diagnostic reasoning including *the analysis process of conventional medicine and/ or TM differentiation based on its relevant symptoms and signs.*	Diagnostic challenges (such as access, financial or cultural)
	8c	Prognostic characteristics (such as staging in oncology) where applicable.	Diagnostic reasoning including other diagnoses considered

Continued

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Table 1 Continued

Domain	Item no.	Item	CARE
Therapeutic intervention	9a	*Style/principle of acupuncture treatment (eg, Traditional Chinese Medicine, Korean Medicine, Japanese Medicine, Western medical acupuncture), type of acupuncture (eg, electroacupuncture, fire acupuncture, ear acupuncture or scalp acupuncture) and combined therapy of acupuncture or other interventions (eg, moxibustion, herbs, lifestyle advice, Western medicine).*	Types of intervention (such as pharmacological, surgical, preventive, self-care)
	9b	*Acupuncture prescription (eg, type of needle, selection of points, operation, depth and angle of insertion, direction of twitch, the manipulation method (involving thrusting, lifting and rotating techniques), intensity of these manipulation methods, response sought, needle retention time, treatment procedures and auxiliary intervention measures).*	Administration of intervention (such as dosage, strength, duration)
	9c	*Any changes in acupuncture prescription (eg, acupuncture points, manipulation, needle types) during the treatment should be clearly explained, with its TM theory* if applicable.	Changes in intervention (with rationale)
	9d	Practitioner background regarding acupuncture (eg, qualification-training hours, work place, practice history, education background, other relevant experience).	
Follow-up and outcomes	10a	Clinician and patient-assessed outcomes (when appropriate).	Clinician and patient-assessed outcomes (when appropriate)
	10b	Describe important follow-up diagnostic *and acupuncture treatment, especially the changes of TM syndrome differentiation* and other test results if applicable.	Important follow-up diagnostic and other test results
	10c	Intervention adherence and tolerability (How was this assessed?).	Intervention adherence and tolerability (How was this assessed?)
	10d	Adverse and unanticipated events. *Specific adverse events of acupuncture,* eg, fainting during acupuncture treatment, needle breakage, stuck needle should be reported if applicable.	Adverse and unanticipated events
Discussion	11a	Discussion of the strengths and limitations in your approach to this case. *Description of the potential advantages and disadvantages of acupuncture compared with conventional treatment, if applicable.*	Discussion of the strengths and limitations in your approach to this case
	11b	Discussion of the relevant medical literature.	Discussion of the relevant medical literature
	11c	The rationale for conclusions (including assessment of possible causes). *Please be cautious in drawing general conclusions in unique cases.*	The rationale for conclusions (including assessment of possible causes)
	11d	The primary 'take-away' lessons of this case report.	The primary 'take-away' lessons of this case report
Patient perspective	12	*The retrospective survey of acupuncture (eg, therapeutic efficacy, accessibility, advantages, cost and individualised treatment experience) should be emphasised.*	When appropriate, the patient should share their perspective on the treatments they received
Ethics and informed consent	13	Please provide *ethics* and informed consent if requested.	Did the patient give informed consent? Please provide if requested

The changes on CARE have been marked in italics and bold.
TM, traditional medicine.

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5b. Main concerns and symptoms of the patient and/or TM-related symptoms should be included (eg, night sweats, afternoon tidal fever and aversion to heat (or cold)), if applicable.

5c. Medical, family, and psychosocial history including relevant genetic information, if applicable (see timeline).

5d. Relevant past interventions and their outcomes.

Explanation

Patient information should include demographic information related to the patient's condition while protecting the patient's privacy, including but not limited to: age, gender, race, occupation, disease history and other information. When appropriate, the patients' own description of their chief concern or symptoms should be included, detailing the duration, frequency, intensity, location and aggravating or alleviating factors, specifying TM relevant symptoms (this may be obtained by questioning from acupuncture practitioners).

The patients' experiences of relevant past interventions and outcomes, particularly acupuncture treatment and other complementary or alternative therapies, should be reported. If applicable, the patient's history of psychosocial disorders or a family history of genetic conditions (eg, relatives with similar disorders) should be noted, along with any relevant genetic information.

Example

5a and 5b. Demographic information and main concerns and symptoms

An 88-year-old man with a chief concern of abdominal pain for 15 hours was admitted to our emergency department by his family. Since 16:00 on 17 November 2021, he suddenly developed a pain in the right lower abdomen, presenting with persistent colic. His symptoms were not relieved after he took stomach medicine. He had no vomiting, diarrhoea, fever, cough, chest tightness or other discomforts. The patient denied a history of hypertension, diabetes, coronary heart disease, drug and food allergy. The patient did not have a history of smoking or drinking.[31]

5c. Psychosocial history and genetic information

In terms of family history, both parents were healthy with unremarkable medical history. The patient has a younger brother who is generally healthy, but her maternal uncle had a history of epilepsy for 28 years and is on Depakin 200 mg two times a day.[30]

5d. Past interventions and outcomes

In August 2018, a 74-year-old female underwent resection of the right calf mass, followed by chemotherapy and local radiotherapy. Postoperative pathology reported: right calf spindle cell malignant tumour, rhabdomyosarcoma. After surgery, rhabdomyosarcoma of the right leg recurred and metastasised to superficial inguinal lymph nodes, so thigh amputation and inguinal lymph node dissection were performed under remifentanil-propofol anaesthesia on 8 June 2020. Routine antibiotics, analgesia, dressing change and symptomatic support were used after operation. The phantom limb pain could not be well-managed by several analgesics, including dezocine injection, flurbiprofen axetil injection, parecoxib sodium for injection, loxoprofen sodium tablets, diclofenac sodium sustained release tablets and tramadol hydrochloride tablets.[32]

Item 6. Clinical findings

CARE checklist description

Describe the relevant physical examination (PE) and other significant clinical findings, especially TM signs on tongues and pulse (eg, string pulse, red tongue, pale face), if applicable.

Explanation

In TM therapy, the method used to describe the PE (eg, tongue) is unique, and the description of the examination should be explained.

Example

She continued to receive daily treatment with acupuncture and traditional Chinese herbal medicines, and on admission day 11, her chest CT showed that 'pneumonia has some absorption'. The patient was still experiencing some shortness of breath and poor sleep, but her dry mouth with bitter taste had significantly improved. On March 6, the CT scan showed 'obvious absorption'.[33]

Item 7. Timeline

CARE checklist description

Patient's history organised in a timeline.

Explanation

A timeline means a figure/table or any words to present the relevant events or key steps in the patient's history in chronological

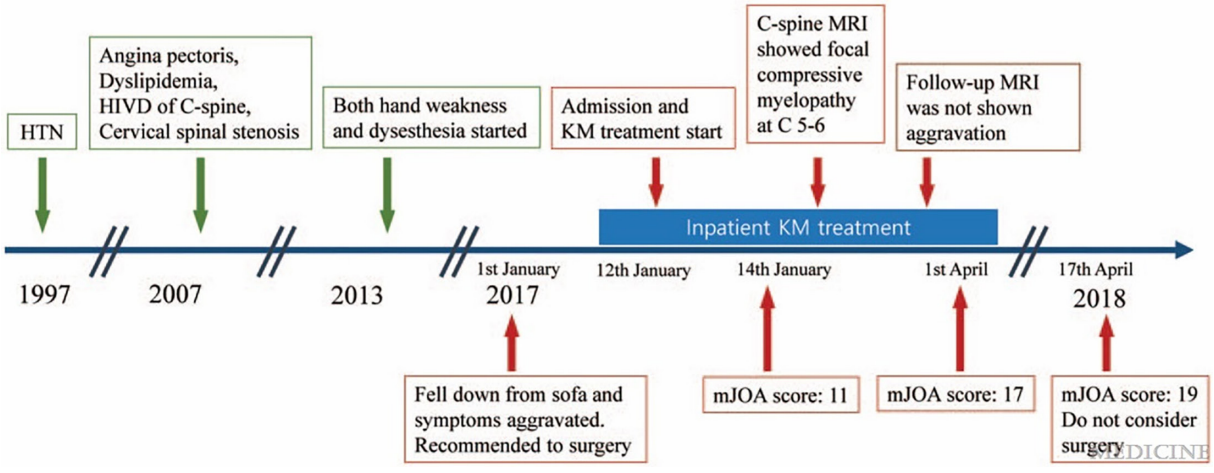


Figure 1 Timeline. HIVD of C-Spine, herniated intervertebral disk of cervical spine; HTN, hypertension; KM, Korean medicine; mJOA, modified Japanese orthopaedic score.[41]

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order, enabling the reader to gain core information of this case report clearly and intuitively. The information may be included as follows with short descriptions: the patient and family medical history; chief concerns; factors related to susceptibility; diagnostic evaluations, therapeutic interventions, outcomes and adverse effects received from other clinicians or former treatment, if applicable.

Example

Figure 1.

Item 8. Diagnostic assessment

CARE checklist description

8a. Diagnostic methods shall be described both/either in conventional medicine methods and/or TM syndrome differentiation (eg, eight principles differentiation, Zang-fu organs differentiation and six meridians differentiation).

8b. Diagnostic reasoning including the analysis process of conventional medicine and/or TM differentiation based on its relevant symptoms and signs.

8c. Prognostic characteristics (such as staging in oncology), where applicable.

Explanation

Most acupuncture case reports aim to present the efficacy of certain acupuncture therapy. It is important to establish a diagnostic process, especially in TM diagnostic methods, for helping practitioners with their decision. Therefore, authors should provide a complete and detailed diagnosis and treatment process. Whether it is a rare manifestation of a confirmed disease or a previously unknown disease, the author should describe the process of reasoning and judgement in detail according to the relevant symptoms and signs of the patient's disease, using the conventional medicine and/or TM differentiation. If necessary, the prognostic outcome of the case should be briefly summarised.

Example

He was diagnosed with Tourette syndrome when he was 9 years old. The Acupuncture and Oriental Medicine diagnosis was liver Yang rising with wind due to liver and kidney Yin deficiency. Based on his facial tics and involuntary head and shoulder movements, internal wind was indicated. Macio Cia stated that the main manifestations of internal wind included tremors, tics, vertigo and severe dizziness. Furthermore, he explained that liver Yang rising could give rise to internal wind in chronic patients. The patient's pulse was wiry and thin in all positions. According to pulse diagnosis in Macio Cia's book, a wiry pulse could be clinically significant for liver disharmony, pain or phlegm. In addition, a thin pulse indicated Yin Xu. The red tip of the tongue indicated heat in the heart and absence of tongue coating indicated stomach or kidney Yin deficiency. Since a headache was located in the vertex area, which usually occurred around 11:00, it was identified as either heart fire or liver Yang rising based on the Chinese clock and the location of a headache.[34]

Item 9. Therapeutic intervention

CARE checklist description

9a. Style/principle of acupuncture treatment (eg, Traditional Chinese Medicine, Korean Medicine, Japanese Medicine, Western medical acupuncture), type of acupuncture (eg, electroacupuncture, fire acupuncture, ear acupuncture or scalp acupuncture) and combined therapy of acupuncture or other interventions (eg, moxibustion, herbs, lifestyle advice, Western medicine).

9b. Acupuncture prescription (eg, type of needle, selection of points, operation, depth and angle of insertion, manipulation method, needle retention time, treatment procedures and auxiliary intervention measures).

9c. Any changes in acupuncture prescription during the treatment should be clearly explained, with its TM theory if applicable.

9d. Practitioner background regarding acupuncture (eg, qualification, training hours, workplace, practice history, education background and other relevant experience).

Explanation

Therapeutic interventions are the focus of the case report and can provide critical diagnostic information. We suggest that therapeutic interventions should be described in as much detail as possible to facilitate replication. Acupuncture treatment covers a large field of interventions such as electroacupuncture, fire acupuncture, ear acupuncture or scalp acupuncture. Therefore, it is necessary to accurately describe the type of acupuncture used, the treatment principle and the combination of other interventions. During the acupuncture process, the physician's specific procedures such as the size of the needles used, the depth and angle of the needles, the method of operation, the duration of needle retention and other information need to be recorded in detail. If there is an adjustment to the acupuncture prescription, the reason should also be stated. If possible, practitioner qualifications and clinical experience that may affect the effectiveness of acupuncture treatment should also be reported.

Example

9a and 9b. Style/principle of acupuncture treatment and acupuncture prescription

Acupuncture treatment was performed on-site on admission day 1 (February 20; in Leishenshan Hospital). Bilateral acupoints of Taixi, Metabolic (Metabolic-point), and Zhichuan (Breathless-relief point) were used at depths varying from 1.5 to 2.5 cm, depending on the point. Hwato 0.25 mm × 40 mm disposable needles (Suzhou Huatuo Acupuncture Equipment General Factory, Suzhou, China) were used for all points, and needling was performed for about 15–30 s with twisting and lifting until the Deqi reaction was achieved, before the needles were removed.[35]

9c. Changes in acupuncture prescription

Because the patient's poor sleep quality affected her recovery, the herbal decoction Guizhi Gancao Longgu Muli Tang (a classic herbal formula, including Cinnamomi Ramulus, Glycyrrhizae Radix et Rhizoma, dragon bone and Ostreae Concha) was also added to her treatment plan (one dose per day of a decoction made by the Leishenshan Hospital Pharmacy, Wuhan, China) for a course of 5 days.[34]

9d. Practitioner background

The acupuncture and herbal medicine remedies were administered by a doctor (JJ) of Korean medicine with 5 years of clinical and research experience.[36]

Item 10. Follow-up and outcomes

CARE checklist description

10a. Clinician and patient-assessed outcomes (when appropriate).

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10b. Important follow-up diagnostic and acupuncture treatment, especially the changes in TM syndrome differentiation and other test results, if applicable.

10c. Intervention adherence and tolerability.

10d. Adverse and unanticipated events.

Specific AEs of acupuncture (eg, fainting during acupuncture treatment, needle breakage, stuck needle) should be reported, if applicable.

Explanation

Physicians should keep track of the progress and changes in the disease (or symptoms) throughout the process and keep records. We recommend reporting TM symptoms throughout the course of care, to track changes in the outcomes of interest. patient adherence to acupuncture and how this information was obtained (eg, face-to-face consultation in the clinic, diary/log, telephone call, electronic methods) should be reported. If there are AEs during treatment, the harm caused by the intervention should be described, and the clinical presentation of the patient should be recorded, reporting what the adverse outcome was, its frequency and intensity. All case reports should explicitly mention the presence or absence of AEs.

Example

10a. Clinician and patient-assessed outcomes

1 week after the acupuncture treatment, urinalysis and ultrasound examination revealed no abnormalities. The patient reported he did not seek other treatment or take any medication after the acupuncture treatment to manage the condition.

10b. Follow-up diagnostic and acupuncture treatment

The patient continued the fire acupuncture treatment for another 2 months, and all of the patient's cognitive functions recovered significantly, and the patient's weight increased due to taking hormone drugs for several months, and her emotional impatience and menstrual disorder also gradually returned to normal. After complete discontinuation of hormones, another month of fire acupuncture treatment alone, the patient's condition was more stable than before, with no abnormalities, reaching a stable stage of clinical recovery and follow-up observation was recommended. To date, the patient has been followed up for 10 months without recurrence. Cranial MRI was reviewed for abnormal signalling of both anterior temporal lobes with a slight swelling of the medial left temporal lobe. Repeat EEG showed no obvious electrical abnormalities during the interictal period.[37]

10c and 10d. Intervention adherence and adverse events

The intervention included 60 min of TES (transcutaneous electrical stimulation), followed by 60 min of TRT (task-related training). The patient was required to conduct the programme at home, 5 days a week for 4 weeks. The patient also attended eight instruction sessions: five times in the first week, twice in the second week and once in the third week. In the first instructional session, the patient learnt how to use the equipment and how to perform the prescribed exercises. The subsequent sessions were to evaluate, modify and progress the exercises as necessary. The instruction sessions helped to ensure that the patient followed the home programme properly and allowed the physical therapist to progress the exercise level as necessary. The patient was instructed to record the time and duration of his daily home programme sessions in a logbook. To ensure adherence to the treatment protocol, the physical therapist gave telephone reminders three times a week and checked the client's logbook daily at every instruction session.[38]

Item 11. Discussion

CARE checklist description

11a. Strengths and limitations in your approach to this case: Description of the potential advantages and disadvantages of acupuncture compared with conventional treatment, if applicable.

11b. Discussion of the relevant medical literature.

11c. The rationale for conclusions (including assessment of possible causes). Be cautious in drawing general conclusions in unique cases.

11d. The primary 'take-away' lessons of this case report.

Explanation

The discussion section should fully address the main features of the case and the lessons learnt from it. Discuss the advantages and limitations of case reports, as well as the key lessons learnt from the case. Explain why this particular case report is unique. It provides valuable insights and implications for future research and practice. Authors should compare the results of case reports with those of clinical trials and other published studies. Support recommendations for additional research with published references. In addition, the underlying mechanism or rationale of the case should be described, which would be more helpful in explaining the observations.

The conclusion can explain in one or two sentences the knowledge learnt from the case report and outline its generalisations, which can be used as a reference for subsequent similar cases.

Example

11a. Strengths and limitations

1. *Our case demonstrates that scalp fire acupuncture can improve memory and cognitive function in autoimmune encephalitis, attenuate the side effects of hormonal drugs, improve patients' quality of life and, most importantly, reduce disease recurrence.*[37]
2. Limitations of this case include the inability to obtain long-term follow-up to reassess post-treatment laxation frequency, titration of laxatives to maintain stool regularity and outcomes of repeat acupuncture treatment (if indicated) caused by discharge home shortly after treatment and death a limited number of weeks later.[29]

11b. Relevant medical literature

Study has shown that acupuncture has a positive effect on the recovery of cerebral perfusion, reducing the degree of neurological damage and improving prognosis for neurological function after stroke, which may relate to the fact that acupuncture promotes blood vessel regeneration through the regulation of haemodynamics and the release of vasoactive substances.[39]

11c. The rationale for conclusions

It is possible that acupuncture helped to promote ureteral smooth muscle relaxation, thereby achieving pain relief and also played a positive role in promoting spontaneous stone passage.[40]

11d. The primary 'take-away' lessons of this case report.

Moreover, patients who have experienced electrical trauma may present with abnormal mental states, and managing PTSD

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(post-traumatic stress disorder) and complex electrical trauma can be challenging for clinicians. Therefore, clinicians should pay extra attention to this issue and provide timely intervention.[19]

Item 12. Patient perspective

CARE checklist description

The retrospective survey of acupuncture (eg, therapeutic efficacy, accessibility, advantages, cost and individualised treatment experience) should be emphasised.

Patient perspective is a very essential factor in acupuncture treatment. According to TM theory, patients' preference and individualised treatment are deep-rooted principles in TM theory.

Explanation

Patient perspective is a very essential factor in acupuncture treatment. According to TM theory, patients' preference and perception (or experience) on the individualised treatment are deep-rooted principles in TM theory.

Example

My family and I had deep concerns about having surgery done on my neck, so I postponed the surgery as long as possible and opted to try conservative treatment instead. One day I was told that there was a Korean medicine treatment option, and I decided to be hospitalised in a Korean medicine hospital with a vague hope. During the hospitalisation, I received various treatments from morning to sundown. I was very satisfied with how the symptoms gradually improved. I especially felt my constipation getting better and memory improving. 1 year after the inpatient treatment, there is still a little numbness in my right hand, but there is no problem with my daily life.[41]

Item 13. Ethics and informed consent

CARE checklist description

Please provide ethics and informed consent if requested.

Explanation

Before publishing a case report, it is essential to obtain the patient's informed consent. Patient's consent to the publication of his (or her) case records with at least a preliminary draft of the case report. *Ensure that the patient's details are anonymised as much as possible to avoid causing any harm to the patient or their family*. Any information on the ethical review of the case report needs to be suggested as well.

Example

Informed consent is obtained from the patient on the use of personal medical information for publication. This study was approved by the Institutional Review Board at Dunsan Korean Medicine Hospital of Daejeon University (Deliberation number: DJDSKH-18- E-09).[42]

Discussion

The CARE for acupuncture is the first comprehensive framework to provide a detailed list of items for reporting acupuncture case reports. A standardised reporting framework would enhance the quality, completeness and transparency of these reports, thereby facilitating the generation of evidence regarding the effectiveness and safety of acupuncture.[43 44] This explanation and elaboration paper justifies and elaborates on the selected reporting recommendations for acupuncture case reports.

Checklist generation process

CARE for acupuncture consists of 13 items with 30 subitems. Compared with the original CARE checklist, we made several adjustments to better tailor it to acupuncture and TM-related case reports. First, both conventional and traditional medicine are considered, requiring the reporting of TM principles and characteristics such as diagnosis with TM patterns, TM-related symptoms and signs, TM syndrome differentiation. However, following feedback from Delphi experts, there are many acupuncturists whose practices are based on Western medicine theory, so these items are eventually optional for different occasions. Second, acupuncture-related details are emphasised with descriptions such as the type of acupuncture, acupuncture prescriptions including acupoint selection, depth and angle of specific operation and AEs associated with acupuncture.

In drafting the initial CARE for acupuncture, we referred to several guidelines to gain more details and professionalism, such as the STRICTA, PRISMA and RIGHT for acupuncture guidelines.[45] We drew on elements from the STRICTA, PRISMA and RIGHT for acupuncture guidelines regarding the characteristics of acupuncture, such as needle type, acupoint location, needle depth and manipulation techniques, as well as the description of acupuncturists, in our original checklist. These aspects contribute to providing more detailed and professional information in acupuncture case reports. Furthermore, we incorporated additional clinical characteristics from traditional Chinese medicine, such as tongue and pulse signs, as well as the patient's clinical responses and acupuncture-related AEs, building on the STRICTA, PRISMA and RIGHT for acupuncture guidelines. Therefore, our CARE for acupuncture guideline not only differs from existing guidelines in study design, with a focus on acupuncture-related case reports, but also integrates elements from the existing guidelines while incorporating specific features of acupuncture, making it more aligned with the needs of acupuncture case reports.

By systematically summarising inadequate quality of many published case reports, these guidelines can provide recommendations to standardise the detailed information in case reports, thereby avoiding the diminishing usefulness of case reports due to inconsistent and incomplete reporting.[44 46] Additionally, CARE for acupuncture presents the minimum and most important criteria for writing, and authors are free to provide additional information that they consider important.[47] Moreover, we have fully considered the varied background and theoretical knowledge of acupuncturists, making some items optional.

How to use the CARE for acupuncture checklist

CARE for acupuncture checklist aims as a supplement to CARE statements, designed to assist acupuncture researchers, journal editors and others in effectively implementing case reports within their research context. And international experts were involved in the drafting process, so the checklist can accommodate regional variations in acupuncture practice, which could aid broader adoption.

Each item in the CARE for acupuncture checklist is accompanied by an explanation and at least one example to help users understand. To enhance clarity, some examples have been slightly edited, such as the removal of citations or URLs. Additionally, we have emphasised key points specific to acupuncture, such as the needle type, acupoint location, needle depth and manipulation techniques. The checklist serves as a valuable reference for acupuncture researchers, journal editors and other stakeholders involved in the field.

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We have retained the citations or hyperlinks in the examples to enable users to access the original sources of evidence. The citations have been renumbered and are listed in the reference section of this article. These items and examples provide guidance on the minimum information that should be reported in acupuncture case reports.

Pilot test

In the pilot test, we employed the CARE for acupuncture checklist to systematically assess case reports pertaining to acupuncture published between 2024 and 2025. Experts from diverse national and professional backgrounds were invited to conduct independent assessments. Inter-rater consistency was measured using *Fleiss' kappa* and *Cronbach's α* coefficient, thereby enabling an empirical examination of the checklist's reliability and practical utility.

Limitations

However, it also has some limitations. First, while the modified Delphi survey process involved three rounds of email-based surveys, some expert perspectives may not have been fully captured due to the absence of a face-to-face consensus meeting. Second, we acknowledge that future studies are required to evaluate the usability and practicality of the guideline in a real-world practice. Third, although we conducted sensitivity analysis in advance, which indicated the stability of the final checklist, the drop-out of some Delphi experts may still pose a potential impact on the final checklist.

Future promotion

Considering the long-term significance of case reporting, we aim to establish these reporting standards to guide healthcare stakeholders worldwide. Future efforts to promote CARE for acupuncture will focus on the following key areas: (1) enhancing its influence through academic conferences and publications[48]; (2) seeking endorsement from scientific journals, such as mandatory adoption for specific submissions and training modules for authors; (3) facilitating multilingual translations of the checklist for broader dissemination; and (4) incorporating CARE for acupuncture into the educational modules for authors and supplementing the key points in the clinical training programmes to improve the cognition of case reports.

To maintain and enhance CARE for acupuncture's relevance and credibility, we will monitor its adoption, collect feedback from researchers and incorporate updates based on emerging research needs and advancements. This iterative process will ensure that the checklist remains a robust and widely accepted reporting guideline in the field of acupuncture research.

Conclusion

This explanation and elaboration file can promote a deeper understanding of the CARE for acupuncture, which is a pertinent reporting guideline focused on acupuncture case reports developed using rigorous methodology. We hope that CARE for acupuncture will further guide authors, editors, peer reviewers and readers in enhancing the transparency, completeness and accuracy of reporting of case reports in acupuncture.

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