

Guidelines for case reports

Dear authors,

The presentations and case reports under the heading *Praxis Anthroposophische Medizin* (Practice of Anthroposophic Medicine) is an essential component of the journal *Der Merkurstab*. They provide insights into clinical practice, in special courses of patient medical conditions, and often stimulate the therapeutic practice of readers.

The quality of case reports can be significantly improved through the orientation towards simple guidelines, especially with regard to the completeness and comprehensibility of presentation.

For the case reports from anthroposophic medicine it is important that anthroposophic-anthropological considerations are described in a comprehensible manner which contribute towards the understanding of illness and have led to therapeutic measures.

Moreover, the assessment of efficacy in the course of treatment obtains a special significance. If “conventional” treatment procedures are deviated from, you should cite an ethical-medical justification, because otherwise misunderstandings about the approaches of anthroposophic medicine arise.

Literature recommendations

- Kienle GS, Hamre HJ, Portalupi E, Kiene H. Improving the quality of therapeutic reports of single cases and case series in oncology – criteria and checklist. *Altern Ther Health Med* 2004;10(1078–6791):68–72.
- Gagnier JJ, Riley D, Altman DG, Moher D, Sox H, Kienle GS. The CARE guidelines: consensus-based clinical case reporting guideline development. *Dtsch Arztebl Int* 2013; 110(37):603–608.

Structure of the case report

The structure is oriented towards the checklist of the CARE guideline:

1. Title: the term “case report / casuistry”

should appear in the title; the main focus should also be mentioned.

2. 5–10 keywords
3. Brief summary/abstract of the entire article (max. 150 words)
4. Introduction: brief overview on the case background
 - a. General characterisation of the clinical picture, including anthroposophic-anthropological aspects (threefold nature of the human being and/or effects of the levels of human existence etc.)
 - b. General description of therapeutic procedures or a special focus of the case report (doctor-patient relationship, biographical, spiritual, ...)
5. Patient information: age, gender, activity/exposure/burden, family history, main symptoms
6. Clinical examination findings, diagnosis
7. Timeline: presentation of important dates in the course of disease/therapy (possibly as a graphic or table)
8. Special diagnostic methods, challenges, finding remedies
9. Therapy with justification, particularly against the background of anthroposophic-anthropological aspects
10. Course under/after therapy
11. Discussion of important aspects of the case, assessment of efficacy, strengths and weaknesses
12. Description of special aspects from the patient perspective
13. Informed consent: Did the patient, parents or legal guardian give informed consent for publication of the case?
14. Bibliography

Title

The title should be informatively structured and give the reader an overview (in concise words) of the description. In the title it should be mentioned that the article is about a case report.

Brief summary / abstract

Please place a brief summary in English (max. 150 words) in front of the case report. This should briefly outline what the case presentation is about.

Keywords

Please state 5 to a maximum of 10 keywords in English. Keywords are terms which designate the subject of the article, i.e. what the article is about. Please do not cite terms which are already included in the title as keywords. Keywords are brief and concise, and ideally consist of one word (*chronobiology*), sometimes also two words (*rhythmic massage*), but not of entire word groups (*importance of temperature*). They serve the classification of the article for the reader and faster retrieval during the search in the *Merkurstab* digital archive.

Discussion including ethical justification

An additional ethical justification in the course of discussion is particularly necessary if anthroposophic medicine is not applied as a

supplement (patient request, request of relatives, medical judgement etc.), but as an alternative to conventional medical recommendations (e.g. guidelines).

Informed consent

Because casuistries involve the publication of patient data, this should occur in anonymous form. A prerequisite for publication of the case report in the journal *Der Merkurstab* is that the patient (for deceased persons: the next of kin / authorised representative) has given informed written consent for publication of the case record and, if applicable, pictures.

A template for such a consent form is available for you on the *Merkurstab* website in the author section.

Bibliography

Please format the bibliographical references in accordance with the *Merkurstab* author's guidelines. You will find this on our website in the author section.