AHA | AUSTRALIAN HOMOEOPATHIC ASSOCIATION

Similia Case Report Guidelines Checklist

- **Case Reports - essential guidelines based on HOM CASE reporting standards**
- All case reports need to ensure that the following elements are reported in the case, either under specific headings or easily identifiable within the case itself
    - **Title**—The area of focus and "case report" should appear in the title.
    - **Keywords**—Two to five keywords that identify topics in this case report.
    - **Abstrac**t—(structured or unstructured) Introduction—What is unique and why is it important? The patient's main concerns and important clinical findings. The main diagnoses, interventions, and outcomes. Conclusion—What are one or more "take-away" lessons?
    - **Introduction**—Briefly summarize why this case is unique, with medical literature references.
    - **Patient Information** De-identified demographic and other patient information.Main concerns and symptoms of the patient. Medical, family, and psychosocial history, including genetic information. Relevant past interventions and their outcomes.
    - **Clinical Findings**—Relevant physical examination (PE) and other clinical findings.Clinical history details (homeopathic symptoms used for the decision, etc.).
    - **Timeline**—Relevant data from this episode of care organized as a timeline (figure or table).
    - **Diagnostic Assessment** Diagnostic methods (PE, laboratory testing, imaging, surveys). Diagnostic challenges. Diagnostic reasoning, including differential diagnosis. Prognostic characteristics when applicable.
    - **Therapeutic Intervention** Types of intervention (pharmacologic, surgical, preventive). Administration of intervention (dosage, strength, duration). Changes in the interventions, with explanations.

- **Type of homeopathy**: individualized/formula; single- or multi-constituents/isopathy medication(s); nomenclature (list individual prescriptions or constituents þ trade names), manufacture, potency, scale, and galenic form.
- **Follow-up and Outcomes** Clinician and patient-assessed outcomes, when appropriate. Important follow-up diagnostic and other test results. Intervention adherence and tolerability (how was this assessed?) Adverse and unanticipated events.
    - (a) Objective evidence: Findings that reflect expert external observation of any measurement of the patient. Objective evidence includes laboratory tests, X-ray reports, health care provider examinations or observations, or other similar data (proposed by the HPUS Clinical Data Working Group).
    - (b) Homeopathic aggravation: Criteria should be specified, e.g., as defined in the glossary of the HPUS Clinical Data guideline (https://www.hpus.com/HPCUS-Clinical-DataGuidelines-Draft-08-2018.pdf): an expected, mild, transient increase in pre-existing signs or symptoms that occurs shortly after HMP administration, resolves quickly, and is associated with improvements in clinical complaints and/or general health.
    - (c) Causal attribution of changes: For assessment, consider using the "Modified Naranjo Criteria" or the updated MONARCH criteria.
- **Discussion** Strengths and limitations in your approach to this case. Discussion of the relevant medical and homeopathic literature. The rationale for your conclusions. The primary "take-away" lessons from this case report.
- **Patient Perspective**—The patient can share their perspective on their case.
- **Informed Consent**—The patient has given written informed consent and this can be supplied on request.