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Short Communication

Introduction to Korea Institute of Oriental Medicine's Korean Medicine Case Report Program

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ABSTRACT

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Several modalities that have been used in Korean medicine have not undergone evaluation. The Korea Institute of Oriental Medicine (KIOM), a South Korean national research agency, launched the Korean medicine case Report (KORE) program in May 2019 to promote case reports, especially among clinicians. The aim was to (1) introduce the KIOM-initiated KORE program, (2) report the results from the KORE program, and (3) present the challenges and limitation from the KORE program. We conducted a narrative review of the cases to which KORE was applied. A total of 16 proposals were reviewed since May 2019. Five proposals were rejected, and 7 case reports were included. Case reports for 3 therapies have been created under guidance. The KORE program makes it easier for Korean medicine doctors to initiate and complete case reports.

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Introduction

Practice-based evidence involves the use of treatment approaches that are derived from, and support holistic local cultural practices and traditions, which require clinical expertise and an accumulation of evidence during practice [1,2]. Korean medicine (KM) is a traditional system of medicine that has been performed over centuries. It comprises of clinical diagnostics, methods of utilizing medicinal resources available in nature, and therapeutic modalities such as acupuncture, moderate surgery, and other physical modalities. The traditional evidence base of KM consists of literature describing the clinical experience (YiAn) [3], which are equivalent to the doctor's journal or case report. Korean medicine doctors (KMDs) record and read these case reports to improve medical care and acquire systematic knowledge of KM. Case reports can identify deficiencies in current treatments, suggest appropriate changes, and provide insights into disease progression [4-6]. Case reports also allow for the observation of different outcomes that emerge from the detailed accounts of practitioners [6]. Thus, they are the most informative accounts of KM practice. Baek et al [7] reported more than 67% of KMDs share their case reports with colleagues through study groups or private online

communities. Therefore, case reports can be considered to be the corner-stone of practice-based evidence in KM.

However, the current format of case reports which are shared in online communities has limitations in that they can only be shared with those that have access. There are no criteria to validate the quality of these case reports, most of which do not meet the expected standard. Therefore, validating and evaluating KM case reports is essential. Similarly, many complementary and alternative medicine (CAM) modalities that are already in use have not undergone evaluation. A few programs have assessed the value of various CAM modalities based on individual cases: the National Cancer Institute's Best Case Series Program for cancer in the United States [8] and the National Research Center in CAM International Registry of Exceptional Courses of Disease in Norway [9]. In accordance with the current situation, the Korea Institute of Oriental Medicine (KIOM), a government research institute specializing in KM, implemented a case report project in 2005 to gather evidence in this field through active participation of local clinics [10]. Furthermore, KIOM launched the Korean medicine case report (KORE) program in May 2019 to promote case reports, especially among local KMDs. The objectives of this program are (1) to evaluate cases of patients whose conditions

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improved with KM, (2) to publish case reports in public access journals through collaboration with KMDs, and (3) to educate KMDs on the reporting of cases. This report was developed to (1) introduce the KIOM-initiated KORE program, (2) report the results from the KORE program, and (3) present the challenges and limitations of the KORE program.

Materials and Methods

The general process for evaluating a valid case is outlined in Fig. 1, although this process may vary. Clinicians may send cases directly via e-mail (casereport@kiom.re.kr) or through the website (https://oasis.kiom.re.kr/kore/). Each case was first evaluated by 3 to 7 personnel of the KORE team using a checklist, which consists of 10 KM researchers specialized in fields such as acupuncture, psychiatry, pediatrics, gynecology, and preventive and internal medicine.

The evaluation is based on the following 3 principles including the value of the case, quantification potential, and future orientation (Table 1). If the score on the checklist is above the cut-

off (80), sample data and a 1-page overview are presented to the relevant experts to determine the possibility of conversion to an objective evaluation tool (e.g., photographs of the skin of patients with psoriasis can be converted to the psoriasis area severity index, through expert consultation). The final review is performed by the KORE team. If approved, the KORE team submits a case report protocol to the Institutional Review Board of the KIOM, and the case is published in related journals (Fig. 2). If not approved, the KORE team provides guidance or relevant evaluation tools to the KMD.

Results

A total of 16 proposals were reviewed since May 2019 (Table 2). Five proposals were rejected for the following reasons: non-disclosure of the KM therapy used, diagnostic error, and insufficient evidence. Furthermore, only 1 patient showed improvement, apart from those with rare incurable diseases. Although improvements were observed in the patients, they had not been assessed before and after treatment using objective

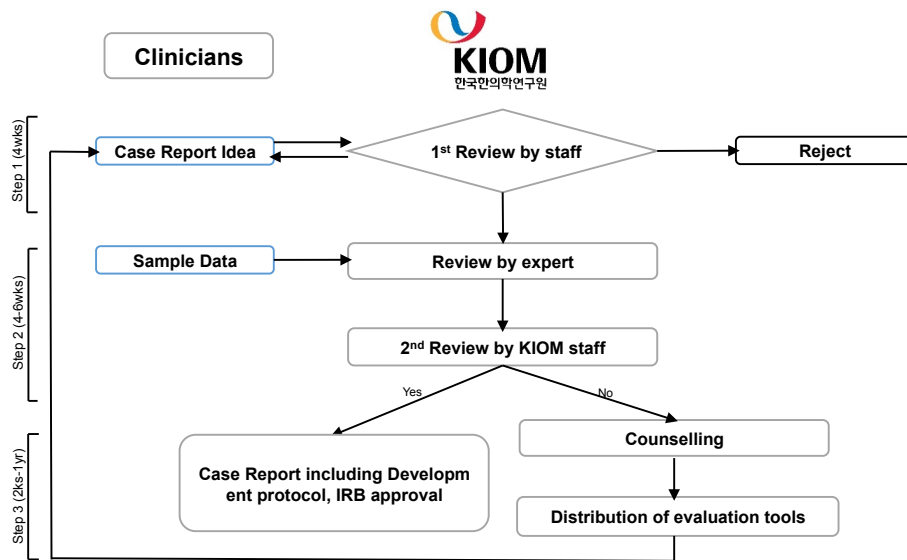


Fig. 1. Selection process conducted for the case report under the KORE program. KORE, Korean medicine case report.

Table 1. Checklist for the First Review of the Case Report Idea.

Category	Contents	Score	Total score
Value of case	The disease is worth reporting.	20	100
	The treatment is worth reporting.	20	
Quantification potential	The number of cases is appropriate for reporting.	15	
	It is possible to quantify the presented data.	15	
Future orientation	There is a possibility of developing new Korean Medicine treatment technology in the future.	15	
	It will help to build evidence of Korean Medicine treatment in the future.	15	

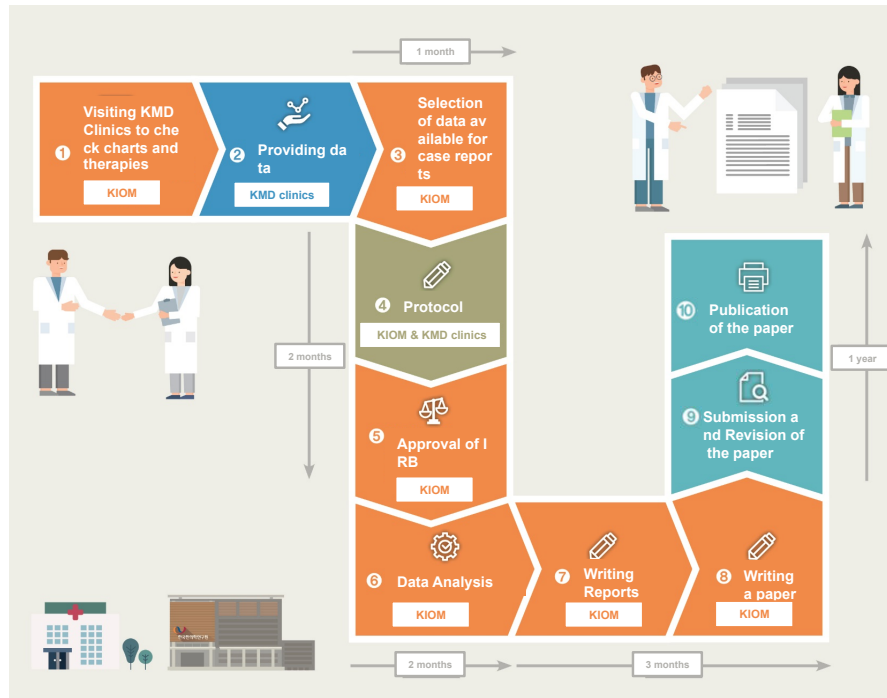


Fig. 2. Case reports process.

Table 2. Cases Reviewed Under Korean Medicine Case Report Program.

Step		n	Theme (therapies)
Step 1	Submission of case report idea	16	
Step 1	Reject	5	Edema (Complex), Impingement syndrome (Joint energy technique), Diabetes (Acupuncture), Warts (Bee venom acupuncture), Angina pectoris (Complex)
Step 2	Submission of sample data and review by expert	1	Deviatio septi nasi (Needle embedding acupuncture)
Step 3	Case report	7	Hand eczema (Snake venom pharmacopuncture), Systemic lupus erythematosus (Bee venom acupuncture), Early menopause (Complex), Adult ADHD (Complex), Atopy dermatitis (Herb medicine), Infertility (Integrative therapy), Finger joint contracture (Acupotomy)
Step 3	Counseling and distribution of evaluation tools	3	Chronic hepatitis B (Herbal medicine), Rheumatoid arthritis (Complex), Impingement syndrome (Ultrasonic guided acupuncture)

Complex, more than one Korean Medicine therapy; Integrative therapy, Korean Medicine combined with Western Medicine; ADHD, Attention deficit hyperactivity disorder.

tools (i.e., the evidence the KMDs relied only was subjective to the patient). Since May 2019, 7 case reports were included for review following approval from the Institutional Review Board for publications. Case reports for 3 therapies were created under the KIOM staff guidance including therapies for impingement syndrome (ultrasonic guided acupuncture), chronic hepatitis B (herbal medicine), and rheumatoid arthritis (complex).

Discussion

Although most submitted proposals were rejected, the KIOM plans to continue with this program. One of the obstacles is a policy regarding KMD's utilization of medical devices such as ultrasound,

magnetic resonance imaging, and computed tomography [10]. KMDs are not permitted to use these modalities. Nevertheless, other tools are available for evaluation, such as indices based on the symptoms. The KIOM provides guidance or relevant evaluation tools to each KMD to overcome these difficulties. Another obstacle is the low participation rate among KMDs. Collaborating with the KIOM staff and being the first author of studies may not be enough to incentivize KMDs' participation in the KORE program. Advertisement of this program through the press and seminars on the importance of case reports are planned, and award appreciation plaques will be given to the KMDs who complete the entire KORE process.

The KORE program can be a preliminary tool for the evaluation

of KM therapies as possible candidates for further research. KIOM researchers can initiate research such as an observational study using a practice-based research network or a randomized controlled trial subsequent to a positive KORE review. KMDs participating in the KORE program can acquire evidence of current treatments and other KMDs can benefit from evidence-based practice through KORE's objective verification. The significance of the KORE program is (1) building practice-based evidence for KM through case reports, (2) promoting case reports among KMDs, (3) educating KMDs on how to write case reports and the use of objective tools to report cases, and (4) stimulating research ideas from real-world practice. In conclusion, the KORE program makes it easier for KMDs to initiate and complete case reports, and promotes the importance and use of case reports among them.

This article introduced the KORE program, including the selection process, cases reviewed under KORE, challenges faced, and its significance. The KIOM will continue its endeavor to support this program for KMDs. The KIOM intends to accumulate practice-based evidence through this program.

Conflicts of Interest

The author has no conflicts of interest to declare.

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