

In Defense of Case Studies

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Case studies have a long and distinguished history in Chinese medicine. In 90 B.C.E., the Imperial historian, Sima Qian, recorded a case that had been orally transmitted for several hundred years. It reported the illness of the crown prince of Guo, and his cure after treatment by Bian Que, who has been linked by some later historians with authorship of the *Nanjing (The Classic of Difficulties)*. Following that precedent, innovative physicians through the ages have used cases, in addition to broader discourses on theory, to demonstrate important clinical differentiations. The importance of cases was also reflected in the classical method of training through apprenticeship, which was based on gaining the experience of watching the master work with thousands of them, as well as receiving and memorizing various texts.

Yet in our modern scientific world, case studies are generally dismissed. Many scientific people, especially outside our profession, consider the individual results presented in case studies anecdotal, and of limited value. Indeed, the only claim one can rightly make from a truthful case study is that one patient had the reported result at a particular time. To claim that other patients, or even the same patient at another time, with the same named disease would respond in a similar way is clearly a logical error of induction. Ultimately, we must recognize that case studies are much more about the willingness of “patients” to transform their lives than they are about the power or effectiveness of particular practitioners or treatment methods.

So, what’s an acupuncturist to do? Are we to give up case studies in favor of the widely recognized scientific value of double-blind, statistically analyzed, experiments?

This path appeals to many in our profession who proclaim the benefits of modernization, especially relative to scientific methodology. They follow the generally accepted standards of scientific medicine, and consider pro-active, double-blind, randomized, and controlled studies the only legitimate research. However, relative to the two thousand year written history of Chinese medicine, one can also do historical and philosophical research into its wide variety of clinical traditions, and how to apply them with contemporary patients. There is more to Chinese medicine than the modern doctrine.

In considering the use of case studies, we must remain clear that treatments discussed in them are specific to the individual. Any suggestion that they will be effective as *protocols* for other patients who somehow fit into the same diagnostic category as the patient described in the case study is an inductive error. We don’t want to fall into that trap, and risk looking simple-minded to our scientific colleagues. The only clear way to avoid that dreaded error is to explicitly recognize that protocols are not an appropriate focus or product of case studies.

Instead of trying to generalize treatment strategies from case studies, we benefit most when we use them to demonstrate clinical thinking. The analysis of an individual’s case only begins with sorting symptoms and signs into diagnostic categories. That coarse

mesh lumps together many individuals, each with his or her individual life challenges and struggles. We must refine our discrimination and clinical differentiations, and learn to creatively apply Chinese medical ideas, to determine how a specific individual developed his or her particular pathological expression, and how to facilitate its resolution.

Response to treatment is individual, and based on liberating the expression of an individual's intrinsic will to live. Healing work is the creative process of finding ways to stimulate release of entrenched patterns that have led to pathology, and thus allow the being to grow whole. The most effective treatments are the ones that most closely focus on blocks to healing, rather than those that apply the most powerful modalities. The effectiveness of acupuncture and herbs emerge from carefully discriminating what a particular individual needs, and doing no more than is necessary! Clear focus on the individual's block(s), rather than his or her disease expression, stimulates the most profound healing.

Clinical symptoms and signs express the individual's struggle with various emotional and climactic pathogenic factors. Today we recognize many external factors, such as various microbes, chemicals, electromagnetic and nuclear radiation, and the panoply of lifestyle stressors of our high paced world, which challenge our physiological responsiveness. Yet, the basic models of pathogenic process developed in the oldest classics of Chinese medicine are still important because the nature and process of individual embodiment have remained essentially the same during the past 2000 years.

No matter what the specific nature of the challenge, we can always benefit patients by better learning to identify and stimulate individuals to release their specific blocks to healing. Indeed, the Chinese medical "climatic factors" most accurately describe the individual's **experience** of struggle to resolve or immobilize stressors, rather than providing a specific and accurate description of their **physical** nature. Chinese medicine focuses on treating the individual patient, rather than the disease.

We do this by probing individuals to optimize their responsiveness to their current physiological challenges. Often that entails stimulating them to release or expel both internal and external pathogenic factors that are impeding the free flow of their vitality. Healing asks more of the individual than containing (and thus maintaining) their pathological expression. Independence from further therapy is a truer measure of healing than the patient's satisfaction with a maintenance regime. Case studies can help us learn from each other the subtle and mysterious art of disentangling an individual's diffidence with his or her embodiment, thus allowing them profound and lasting healing.

Of course, the dual dangers of case studies are that some practitioners will present them to aggrandize their egos, and others will uncritically apply their methods to patients. We must use them to teach (and learn) critical thought, or they may promote misdiagnosis and inaccurate application of treatments. We certainly want to guard against that by focusing on the thinking process, rather than the specific methods. Good case studies can help practitioners deepen and refine our understanding of the *art* of Chinese medicine, and that's something you can't get from a double-blind experiment!

What can one definitely say about a particular case? Not much! Remissions do happen, and one doesn't want to make a claim that might follow from a regression fallacy (claiming there is a causal relationship when there really isn't any), rather than an effective *reversion strategy*. In any given case of remission, a skeptic can argue with some justification that this person's condition may have simply improved. That may be true for one or a few cases, but what does one say when there are hundreds of apparent cases of reversion, some far more dramatic, and several considered medically impossible?