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The Role of Mental and Physical Generals in Homoeopathic Case Analysis: A Scoping Review Protocol

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ABSTRACT

Background: Mental and physical general symptoms are commonly discussed within classical Homoeopathic case analysis, but terminology, prioritisation, and practical application may vary across teaching texts and published literature. A structured map of how these concepts are defined and used may clarify the available literature and identify areas requiring further methodological discussion.

Objective: To map published and eligible scholarly literature describing the meaning, identification, prioritisation, documentation, and use of mental and physical general symptoms in Homoeopathic case analysis.

Methods: This scoping review will be developed in accordance with the JBI approach to scoping reviews and reported using the PRISMA Extension for Scoping Reviews (PRISMA-ScR). Searches will be planned for bibliographic databases and relevant grey literature. Eligible sources may include conceptual papers, books, historical texts, educational literature, and empirical studies that explicitly discuss mental or physical general symptoms in Homoeopathic case analysis. Two reviewers should independently screen records and chart data where feasible. Findings will be summarised descriptively and thematically; no pooled effect estimate is planned.

Ethics and dissemination: As the review will use publicly available literature and involve no human participants, formal participant consent is not applicable. Institutional requirements for ethics review or exemption should nevertheless be confirmed. Results are intended for submission to a peer-reviewed journal and presentation in academic settings.

Protocol status: The database search and screening have not been completed in this draft. Results and conclusions must not be reported until the review is conducted.

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KEYWORDS: *Homoeopathy; case analysis; mental generals; physical generals; symptom evaluation; scoping review; Organon of Medicine.*

1. INTRODUCTION

Individualised Homoeopathic case analysis places emphasis on collecting and evaluating the patient's symptom picture. Classical Homoeopathic texts discuss the relative value of symptoms and the importance of considering the case as a whole. Within this tradition, mental and physical general symptoms are often distinguished from local or particular symptoms and may be assigned a prominent role during case analysis. However, descriptions of these categories and the practical rules used to recognise, compare, and prioritise them may differ across authors, schools, and educational resources.

For postgraduate education and scholarly discussion, it is useful to identify how the literature defines mental and physical generals, what criteria are proposed for distinguishing them from particular symptoms, and how these symptoms are documented and integrated into repertorisation and remedy selection. A scoping review is appropriate when the purpose is to map concepts, source types, and gaps in a broad body of literature rather than to estimate the effectiveness of a clinical intervention.

This review will describe the literature as literature about Homoeopathic theory and practice. It will not assume that the theoretical categories are validated diagnostic constructs or that their use demonstrates clinical efficacy. Such distinctions are important for clear, transparent academic reporting.

2. Review question

How are mental and physical general symptoms defined, identified, prioritised, documented, and used in Homoeopathic case analysis in the available scholarly and educational literature?

3. Objectives

1. To map definitions and descriptions of mental and physical general symptoms in eligible Homoeopathic literature.
2. To identify proposed criteria for distinguishing general symptoms from particular symptoms.
3. To describe how authors recommend prioritising and documenting these symptoms during case analysis.
4. To map the reported role of mental and physical generals in repertorisation and remedy selection.
5. To identify areas of agreement, disagreement, and gaps in the literature that may inform education and future research.

4. Methods

4.1. Design and reporting framework

The review will follow the methodological guidance of the Joanna Briggs Institute (JBI) for scoping reviews and will be reported with reference to PRISMA-ScR. The protocol should be finalised before screening begins. If feasible, the protocol may be deposited in an appropriate open repository; authors should not describe it as prospectively registered unless a registration record exists.

4.2. Eligibility criteria

Population/concept/context: Sources addressing the concepts or use of mental and/or physical general symptoms in Homoeopathic case-taking, case analysis, repertorisation, or remedy selection.

Types of sources: Peer-reviewed articles, reviews, dissertations or theses accessible to the reviewers, relevant academic books, classical Homoeopathic texts, and other clearly identifiable scholarly or educational sources. Editorials and opinion pieces may be included if they directly address the review question, but their source type will be recorded.

Inclusion: English-language sources, unless the team has the resources to screen and extract other languages; sources that explicitly discuss at least one target concept; and sources with enough accessible text to chart relevant information.

Exclusion: Sources that mention Homoeopathy only incidentally; sources solely about biomedical general symptoms without a Homoeopathic case-analysis context; duplicate records; and material for which relevant content cannot be accessed after reasonable attempts.

The team should specify the publication-year range before searching. If no date restriction is used, this should be stated explicitly.

4.3. Information sources

Potential sources include PubMed/MEDLINE, Scopus, Web of Science, Google Scholar, and relevant institutional repositories or library catalogues, depending on access. Reference lists of included sources and key textbooks will be checked for additional eligible material. The final manuscript must name only the databases and repositories actually searched, with the date each search was run.

4.4. Draft search strategy

A preliminary search string for adaptation to each database is:

(homoeopath* OR homeopath*) AND ("mental general*" OR "physical general*" OR "general symptoms" OR "symptom evaluation" OR "case analysis" OR repertoris* OR repertoriz*)

Search terms should be tested and refined with a librarian or information specialist where possible. The complete, database-specific strategies, limits, and search dates should be reported in an appendix to the final article. Google Scholar should be searched using a prespecified screening limit or procedure, as its results are dynamic.

4.5. Study/source selection

Search results will be exported to a reference manager and duplicates removed. Titles and abstracts will be screened against the eligibility criteria, followed by full-text assessment. Ideally, two reviewers will screen independently and resolve disagreements through discussion or a third reviewer. Reasons for full-text exclusion will be recorded. A PRISMA-ScR flow diagram will report the number of records identified, deduplicated, screened, excluded, and included. Do not insert estimated or invented counts.

4.6. Data charting

A piloted charting form will capture: author and year; country or scholarly context where available; source type; stated definition of mental generals; stated definition of physical generals; criteria for identifying a general symptom; proposed hierarchy or prioritisation rules; case-taking and documentation recommendations; stated use in repertorisation or remedy selection; theoretical source cited; and limitations or disagreements noted by the source. The

form may be refined during charting, with changes documented.

4.7. Synthesis

The review will provide descriptive numerical summaries of source types and publication periods where meaningful. A narrative and thematic synthesis will group the literature under themes such as definitions, symptom differentiation, prioritisation, documentation, repertorisation, and unresolved conceptual issues. The authors will distinguish direct statements from source texts from the review team's interpretation. No clinical effectiveness conclusion will be inferred from theoretical texts alone.

4.8. Critical appraisal

Formal critical appraisal is not mandatory for all scoping reviews and may not be suitable for heterogeneous historical and conceptual sources. If appraisal is undertaken, the authors should state the tool, rationale, and how appraisal influenced interpretation. If it is not undertaken, this should be acknowledged as a limitation and the source type and provenance should be described transparently.

4.9. Ethics and dissemination

The planned review uses existing literature and does not recruit participants or collect identifiable patient data. The authors should confirm local institutional requirements concerning ethics review or exemption before submission. Findings will be prepared for peer-reviewed publication and may be shared at academic meetings.

5. Anticipated contribution

The review is expected to organise the available literature on mental and physical general symptoms into a transparent map of definitions, practical recommendations, and conceptual differences. Its contribution will depend on the breadth and quality of the sources located. It may support clearer postgraduate teaching and identify where operational definitions, reproducible case-analysis methods, or empirical evaluation are lacking. These are anticipated contributions, not findings.

6. Strengths and limitations

A scoping approach can accommodate diverse source types and clarify how a concept is used across a field. The review will also make its search and selection process reproducible. Potential limitations include inconsistent terminology, limited indexing of Homoeopathic literature, restricted access to books or non-English sources, and variation in the scholarly status of included materials. The review maps published claims and concepts; it does not by itself validate the clinical effectiveness of Homoeopathic treatment.

7. Author contributions

Proposed roles, to be confirmed by all authors: Dr Prasanna Khara—conceptualisation, methodology, screening, data charting, and original draft; Dr Arpita Sheth—supervision, methodology review, and critical revision; Dr Dhaval Karkare—methodology input, screening/data-charting support, and critical revision. Final contributions must reflect the work actually performed and comply with the target journal's authorship criteria.

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