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Pathological rubrics and their clinical utility: A comprehensive review in modern homeopathic practice

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Abstract

Pathological rubrics form an essential bridge between conventional clinical pathology and homeopathic symptom analysis. Their inclusion in repertoires enhances the accuracy of remedy selection, particularly in chronic, complex, or non-communicative cases where objective pathological signs dominate the clinical picture. This review traces the historical development of pathological rubrics from early Hahnemannian principles through the contributions of Boenninghausen, Kent, Boger, and modern repertoires. A clear classification including disease rubrics, tissue changes, pathological generals, nosological rubrics, and diatheses is presented to support practical understanding. Their value in differential diagnosis, remedy confirmation, and integration with clinical diagnostic findings is highlighted, alongside limitations related to over-reliance, incomplete rubric representation, and loss of individualization. The article emphasizes the need for rubric standardization to strengthen digital repertoires and improve clinical coherence. When used judiciously and blended with general and mental symptoms, Pathological rubrics significantly enhance the precision and relevance of homeopathic practice in modern healthcare settings.

Keywords: Pathological rubric, repertory, modern homoeopathy

Introduction

Homeopathy's cornerstone is the integrated assessment of the totality of symptoms encompassing mental, emotional, and physical dimensions. Pathological rubrics represent a critical gateway linking homeopathic symptom analysis with contemporary clinical diagnosis and pathology. By incorporating signs of tissue change, organ dysfunction, and pathological disease states into repertoires, homeopathy incorporates a more comprehensive, evidence-based approach.

The inception of pathological rubrics dates back to Hahnemann's recognition of bedside observable symptoms, which was further refined by Boenninghausen's methodical inclusion of functional and organic changes under doctrine of complete symptomatology. Subsequent expansions by eminent repertory authors enriched pathology-oriented rubrics, offering a spectrum of rubrics from named diseases to cellular changes.

As clinical medicine advances, the role of pathological rubrics becomes increasingly pivotal, enabling homeopaths to address complex chronic diseases, support diagnosis in non-communicative patients, and improve remedy differentiation. This article explores their evolution, classification schemas, and clinical application across repertoires, accentuating the need for rubric standardization and providing practical interpretation practical guidelines for improving therapeutic outcomes within modern homeopathic frameworks.

Understanding pathological rubrics

In most repertoires, the term "rubric" is used for the heading under which clinically related symptoms are collected to facilitate repertorial work and remedy selection.^[1] Standard texts on repertory and case-taking describe it as the basic unit or entry of a repertory, functioning as an index term or guide heading for a group of symptoms rather than for a single isolated sign.

Pathological rubrics are those entries that correspond to objective disease processes or structural changes, such as inflammation, ulceration, hypertrophy, or other diagnostic entities, and are described in works such as Phatak's Concise Repertory, Boericke's

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Repertory, Boger-Boenninghausen's Characteristics and Repertory, and Murphy's Clinical Repertory. These rubrics connect observable pathology with the totality of symptoms, offering a bridge between conventional diagnostic terminology and individualized homeopathic prescribing, particularly in chronic cases dominated by physical signs.^[3] For example, within repertoires such as Boenninghausen's Therapeutic Pocket Book, Kent's Repertory, and modern compendiums, pathological rubrics cover changes such as:

- Suppuration (pus formation)
- Ulceration
- Organ enlargement (such as enlarged liver or spleen)
- Edema or dropsy
- Necrosis or gangrene

These rubrics enable precise remedy selection by matching the pathological state and complementing mental and general symptom rubrics, thereby supporting individualized and effective homeopathic care.^{[1][2]}

Evolution

The evolution of pathological rubrics in homeopathic repertoires began with the earliest attempts to index not only subjective symptoms reported during drug proving's, but also observable clinical and pathological features of diseases.

Origins and early developments

The roots of pathological rubrics lie in Hahnemann's work, where he stressed recording and arranging all patient symptoms, including objective clinical and pathological features, so that they could be systematically consulted for bedside prescribing.

Early repertoires such as Boenninghausen's works, (including the Repertory of Antipsoric Medicines) included pathological general rubrics that categorized disease features by location, sensation, modalities, and functional/organic changes.^[2]

Hering's Guiding Symptoms and clinical experience began to supplement remedies with symptoms not just from proving's, but also those observed in clinical practice expanding the content of pathological rubrics.

Later, repertoires like those by Kent and Boger further refined the inclusion of pathological conditions as rubrics, sometimes even highlighting diseases or tissue changes as primary entries (e.g., "cancer," "tuberculosis," "ulcers"), especially in chapters like "Generals," "Mouth," and "Stomach"^[1].

Key milestones

Hahnemann's foundations (Early 1800s): Established the necessity of considering the totality of symptoms, including pathological and clinical features, in remedy selection^[3, 9].

Boenninghausen's doctrine of complete symptoms (1832, 1846): Introduced the systematic use of location, sensation, modalities, and concomitants thereby enabling inclusion of functional and organic (pathological) changes as rubrics^[2, 7].

Jahr's manual and modifications (1859): Added rubrics and gradations for pathological conditions like bladder and bronchial affections, thereby integrating clinical observations into repertorial structure^[4].

Hering's guiding symptoms (Late 1800s): Clinically confirmed many pathological symptoms not seen during drug proving's, making the repertory more comprehensive and relevant for clinical use^[5].

Kent's repertory expansion (1880s-1900s): Refined the concept of general and particular rubrics and integrated detailed disease and tissue rubrics, expanding repertoires far beyond initial subjective symptom lists.

Kent's repertory introduction (1897-1899): Arranged symptoms with an expanded section for pathological and tissue rubrics, allowing for disease and tissue-based differentiation^[1].

Boger's synoptic key and characteristic repertory (1905 onwards): Connected complete symptom method with pathological entities, creating richer and more clinically relevant rubrics^[6].

Integration in modern repertoires

Synthesis Repertory (based on Kent, with expanded rubrics for modern clinical and pathological states).

Phatak's Concise Repertory (1963, later editions): Explicitly included pathological rubrics and entities missed in Kent.

Recent Clinical Repertoires: Modern repertoires (e.g., Complete Repertory, Synthesis, Clinical Repertory) continue to add and refine disease/pathological rubrics.

Classification of pathological rubrics: This classification helps practitioners understand the level at which each rubric operates whether as a direct diagnosis, tissue change, systemic effect, or tendency leading to better case analysis and remedy selection.

1. Disease or diagnostic rubrics

Direct references to specific diseases or clinical diagnoses (e.g., tuberculosis, diabetes, cancer, epilepsy).

Example: "Abscess," "Cancer," "Tuberculosis," and "Eclampsia".

2. Tissue or pathological change rubrics

Rubrics based on anatomical or histopathological changes (e.g., ulceration, suppuration, necrosis, sclerosis, hypertrophy).

Example: "Ulcer, chronic," "Enlarged liver," "Fibrosis," "Suppuration," "Haemorrhage".

3. Pathological generals

Generalized disease processes or systemic expressions (e.g., cachexia, paralysis, dropsy, anaemia).

Example: "Cachexia," "Edema/Dropsy," "Emaciation," "Anaemia" and "Senility".

4. Nosological rubrics

Rubrics drawn from the nosology or clinical diagnosis, as defined by conventional medicine (often overlap with the first category).

Example: "Asthma," "Ascaris infestation," "Cholera," and "Diphtheria".

5. Tendency or diathesis rubrics

Indicate hereditary or acquired tendencies toward certain pathologies (e.g., haemorrhagic diathesis, gouty diathesis, suppurative diathesis).

Example: "Haemorrhagic tendency," "Suppurative diathesis," "Uric acid diathesis".^[10]

The following are examples of pathological rubrics and their representations in major homeopathic repertoires:

1. Boenninghausen's Therapeutic Pocket Book (BTPB) ^[2]

Pathological rubrics follow the Doctrine of Complete Symptoms and are classified according to location, sensation, and modalities.

Examples

- “Abscess; suppuration”
- “Liver enlargement”
- “Ulceration”

BTPB emphasizes functional and organic changes as rubrics that are closely related to clinical observation.

2. Kent's repertory ^[1]

Rubrics are arranged under organs, diseases, and symptoms with extensive pathological entries.

Examples

- “Ulcer, chronic”
- “Splenomegaly” (enlargement of spleen)
- “Erysipelas” (acute skin infection)

Kent's repertory integrates pathological findings with general and mental rubrics for a holistic case analysis.

3. Boger's characteristics and synoptic key ^[6]

Focuses on characteristic symptoms along with pathological tissue states.

Examples

- “Suppuration; inflammatory”
- “Necrosis”
- “Fibrosis of lung”

Boger's repertory supports differentiation based on the presence of pathology and modalities.

4. Synthesis repertory ^[9]

Combines classical and modern rubrics, including detailed pathological states.

Examples

- “Liver, cirrhosis”
- “Brain haemorrhage”
- “Ulcer, bleeding”

Synthesis expands upon classical rubrics by incorporating modern clinical inputs for accurate representation.

5. Murphy's repertory (Clinical repertory) ^[11]

Places emphasis on clinical oriented diagnostic rubrics.

Examples

- “Bronchitis; suppurative”
- “Nephritis”
- “Thrombosis”

Murphy's repertory is designed specifically for clinical homeopathy with a focus on pathology.

Each repertory structures pathological rubrics according to its philosophy and clinical focus, but they all include rubrics denoting tissue changes, organ pathology, and named diseases, facilitating effective prescription aligned with pathological understanding.

Named disease rubrics vs pathological rubrics: The distinction between named disease rubrics and pathological rubrics in homeopathic repertory practice is as follows:

Named disease rubrics

Refer to rubrics that directly name or identify a specific disease or clinical diagnosis as recognized conventionally (e.g., “Tuberculosis,” “Diabetes,” “Epilepsy,” “Pneumonia”).

These rubrics categorize symptoms or signs related specifically to the named disease and are often used to guide remedy selection in relation to an established clinical diagnosis.

They help focus the repertory search on recognized clinical entities rather than general symptomatic expressions and are useful for diagnostic correlation.

Pathological rubrics

Are broader and more general rubrics that describe pathological changes or tissue alterations without necessarily naming a specific disease (e.g., “Ulceration,” “Suppuration,” “Fibrosis,” “Organ enlargement”).

They represent anatomical or physiological changes seen in a variety of disease processes and often serve as an adjunct in understanding the disease state and severity.

Pathological rubrics assist in remedy differentiation, especially in complex, chronic, or late-stage diseases where named conditions overlap in symptoms but differ in tissue involvement or disease progression.

Both kinds are complementary, with pathological rubrics enriching understanding of disease severity and states, while named disease rubrics orient repertorization around the established clinical diagnosis.

This dual application strengthens the precision in case analysis and remedy selection ^[1, 2].

Application in practice

The application of pathological rubrics in clinical homeopathic practice plays a critical role in patient evaluation, individualized remedy selection and assessment of therapeutic response. Here are the main ways these rubrics are used in practice:

1. Facilitating diagnosis in complex or late-stage disease

Pathological rubrics help identify key organ, tissue, or disease-state changes when characteristic symptoms are masked or general symptoms are vague.

This is particularly important in chronic, degenerative, or systemic illnesses where pathology defines the clinical picture ^[10].

2. Aid in non-verbal or non-communicative patient assessment

In ICU patients, infants, or patients with cognitive impairment who cannot articulate symptoms, pathological rubrics guide remedy choice based on observable signs such as organ enlargement or severe tissue changes ^[12].

3. Supporting remedy confirmation and differential diagnosis

Pathological rubrics help validate remedy selection, especially when multiple remedies overlap in symptom coverage.

They assist in differentiating remedies in advanced pathological conditions by scrutinizing signs such as ulcerations, sclerosis, or hypertrophy patterns ^[13].

4. Bridging clinical diagnosis with homeopathic prescribing

These rubrics translate conventional pathology terminology into homeopathic repertorial language, bridging clinical diagnosis and remedy selection.

This makes integrative and evidence-based homeopathy more effective and accessible to practitioners focused on clinical outcomes.

5. Enhancing assessment in clinical case-taking and follow-up

Pathological rubrics help monitor disease progression and guide remedy adjustment during follow-up. This dynamic use ensures the remedy remains appropriate and helps identify the need for remedy changes^[14].

Case examples

- **Phyllodes tumor (Benign breast tumor):** Reported as a clinically documented case showing improvement in tumor-related parameters following homoeopathic intervention. The use of pathological rubrics assisted in individualized remedy selection including tumor and tissue-specific rubrics.

Remedies selected based on this combined rubric approach were associated with clinical and radiological improvement as reported in the case record^[15].

Advanced liver disease with cirrhosis and enlarged spleen

- **Pathological rubrics:** Abdomen; cirrhosis liver, Abdomen; enlarged spleen, Abdomen; dropsy.
- **Remedy selected:** Iodum 6C based on pathological rubric correspondence and clinical assessment. This approach helped address the dominant pathology in the absence of marked general symptoms^[16].
- **Chronic plantar psoriasis with fissures and pustules:** Assessed using pathological skin rubrics (psoriasis, fissures, pustules) along with general and mental symptoms; individualized remedy selection was followed by sustained clinical improvement and reduction in PASI score, as reported in published case literature^[17].

These examples illustrate how pathological rubrics complement mental and general rubrics in individualized homeopathic management especially in complex and chronic cases.

Methodology

The methodology for utilizing pathological rubrics in homeopathic clinical practice and repertorisation generally follows these steps:

Methodology for the use of pathological rubrics

1. Comprehensive case taking

Collect a detailed patient history including both subjective symptoms and objective clinical and pathological findings. Pay particular attention to signs of tissue alteration, organ involvement, and available diagnostic data such as laboratory reports and imaging studies^[10].

2. Identification of pathological rubrics

Select rubrics corresponding to observed pathological changes (e.g., ulceration, inflammation, organ enlargement). include relevant named disease rubrics when a clinical

diagnosis is clearly established and aligns with the patient's presentation^[6].

3. Symptom hierarchy and prioritization

Prioritize rubrics based on:

Dominance of Pathological rubrics in the clinical picture (especially in chronic or non-communicative patients).

Peculiarity and individuality of general and mental symptoms.

Maintain a balance between pathological and general rubrics to preserve individualization without losing focus on the pathological reality^[11].

4. Repertorisation

Enter selected pathological rubrics along with confirmed general and mental rubrics into the repertory.

Identify remedies that cover the complete rubric combination, giving appropriate weight to pathological rubrics where indicated^[18].

5. Analysis and remedy selection

Analyse the medicines covering pathological rubrics carefully, focusing on the remedy covering the greatest extent of pathological involvement and individualized symptoms.

Consider remedy confirmation based on pathological rubric coverage and clinical response^[10].

6. Follow-up and dynamic repertorisation

At follow-up, reassess pathological signs and symptoms.

Add or remove pathological rubrics as pathology improves or worsens.

Adjust prescription accordingly to the changing clinical status^[14].

Advantages

- **Useful in advanced and atypical cases:** Pathological rubrics are particularly valuable where characteristic (peculiar) general or subjective symptoms are minimal or absent, such as in late-stage disease, chronic pathology, or non-communicative patients^[1].
- **Anchors prescription to objective change:** They enable prescribing when overt clinical or tissue changes dominate, helping focus repertorisation on objectively verifiable findings (e.g., ulcers, organ hypertrophy, dropsy)^[19].
- **Facilitates remedy confirmation and differentiation:** Pathological rubrics help confirm a remedy's suitability to the gross pathology present, and assist in differentiating between remedies with similar symptom pictures but differing tissue affinities^[10].
- **Saves time in acute or poorly communicative cases:** In emergency or critical situations with limited symptom expression, reliance on pathological changes permits faster and more practical remedy selection.
- **Bridge to integrative and clinical medicine:** Pathological rubrics translate conventional diagnostic terminology into repertorial language, supporting integrative and evidence-based homeopathy^[19].

Limitations

- **Risk of over-simplification:** Overreliance on pathology can overlook individualizing features; remedies based solely on diagnosis or tissue change

- may not address the patient as a whole, leading to suboptimal outcomes^[19].
- **May overlook characteristic symptoms:** If pathological rubrics are used without balancing mental, general, or peculiar symptoms, prescriptions may become less individualized or superficial.
- **Incomplete or inexact representation:** Remedies grouped under pathological rubrics are often based on clinical observation and may be incomplete; some rubrics include only a limited numbers of remedies or derive from secondary *Materia Medica* sources^[10].
- **Potential for forced or inappropriate use:** Pathological generals should not be imposed when the totality is otherwise clear, as this may distort repertorisation and lead to remedy failure^[6].
- **Dependent on diagnostic skill:** Misinterpretation or misidentification of pathological findings may result in inappropriate rubric selection and uncertain outcomes.
- **Limited representation in proving-based repertoires:** Some classical repertoires lack detailed pathological rubrics, necessitating reliance on modern clinical repertoires in contemporary practice^[19].

The judicious use of pathological rubrics balanced with general, mental, and characteristic symptoms maximizes clinical utility while minimizing limitations in homeopathic practice.

Integration with clinical diagnosis

The Integration of pathological rubrics with clinical diagnosis enhances the accuracy and relevance of homeopathic prescribing by bridging classical symptom-based analysis with modern clinical understanding. This approach ensures that pathological findings are meaningfully incorporated without compromising the principle of individualization.

Integrating pathological rubrics with clinical diagnosis

1. Correlation between pathology and symptoms

Clinical diagnosis enables precise identification of organ involvement, tissue pathology, and disease processes, which can be translated into corresponding pathological rubrics found in the repertory.

This correlation validates clinical findings within a homeopathic framework and strengthens remedy selection by aligning pathology with repertorial representation^[20].

2. Using diagnostic data in repertorisation

Incorporate diagnostic results such as laboratory reports, imaging studies, and biopsy findings into repertory analysis by correlating observed changes with appropriate pathological rubrics (e.g., “Liver cirrhosis,” “Brain haemorrhage”).

This approach ensures that the selected remedy addresses not only expressed symptoms but also the underlying pathological process, thereby improving therapeutic outcomes^[14].

3. Bridging conventional and homeopathic terminology

Pathological rubrics serve as bridge between conventional diagnostic language and homeopathic remedy evaluation, making clinical communication clearer and more consistent. They assist in explaining case analysis and prescriptions to patients and colleagues, thereby promoting an integrative approach to healthcare^[22].

4. Enhances remedy differentiation

In clinical situations involving multiple differential diagnosis, pathological rubrics assist in narrowing remedy selection by emphasizing tissue involvement and pathology-specific features.

Remedies that correspond most closely to the dominant pathological process are thus given higher priority^[13].

5. Supports evidence-based practice

The combined use of Clinical diagnosis and pathological rubric repertorisation exemplifies an evidence-informed homeopathic approach, where diagnostic data guides treatment decisions without compromising individualization^[20].

6. Clinical monitoring and dynamic repertorisation

Clinical changes assessed by diagnostic investigations during follow-up can be translated back into evolving pathological rubrics, enabling refinement of remedy selection and potency as pathology progresses or resolves.

-This integrative approach strengthens clinical decision-making and positions homeopathy as a complementary discipline alongside conventional medicine through alignment of pathological understanding with classical repertorial principles^[14].

Conclusion

Pathological rubrics are integral to modern homoeopathic practice, offering a structured framework for linking observable disease pathology with remedy selection. They enhance the precision of prescribing, particularly in complex, chronic, or non-communicative cases where general symptoms may be limited. By integrating pathological rubrics with clinical diagnosis, practitioners bridge conventional medicine and homoeopathy, promoting individualized and evidence-informed care.

The evolution and classification of pathological rubrics reflect continued advancement in repertory science, supported by increasing standardization, improved consistency, and integration within digital platforms. Although their use strengthens diagnostic accuracy and remedy confirmation, pathological rubrics must be carefully balanced with mental and general symptom analysis to preserve holistic individualization and prevent oversimplification.

Overall, pathological rubrics empower homoeopaths to practice with greater clinical confidence and relevance, enabling homoeopathy to adapt to contemporary healthcare challenges while remaining rooted in its foundational principles.^[14]

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