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Human Anatomy and Homoeopathic Pharmacy: A Multidimensional Integrative Review of Structural Organization, Biological Barriers, Pharmaceutical Formulations, Quality Standards and Educational Applications

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Abstract

Background: Human anatomy and homoeopathic pharmacy represent distinct but potentially complementary domains of medical education. Anatomy provides a structural understanding of cells, tissues, organs and biological barriers, whereas pharmaceutical science addresses the preparation, formulation, quality, stability and administration of medicinal products. A structured framework connecting these disciplines may support interdisciplinary education and more critical evaluation of pharmaceutical claims.

Objective: To develop a multidimensional conceptual synthesis linking human anatomical organization with homoeopathic pharmacy, biological barriers, dosage-form characteristics, pharmaceutical quality assurance and medical education.

Methods: An exploratory literature review was undertaken using web-indexed scholarly and institutional sources, with targeted searches concerning anatomy, histology, pharmacetics, homoeopathic preparations, pharmaceutical quality assurance, medical education and review methodology. Relevant textbooks, methodological papers, institutional guidance and evidence assessments were examined conceptually. This was a narrative synthesis rather than an exhaustive database-based systematic review. No quantitative meta-analysis or formal study-selection count was undertaken.

Synthesis: Six domains were identified for an interdisciplinary conceptual framework: structural organization, biological barriers, pharmaceutical formulation, quality assurance, scientific evidence and educational integration. The synthesis indicates that anatomical knowledge can provide context for understanding administration sites and tissue barriers, while pharmacetics supports evaluation of formulation composition, manufacturing consistency and product quality. Neither anatomical plausibility nor pharmaceutical quality independently establishes therapeutic efficacy.

Conclusion: An integrated anatomy-pharmacy framework may provide a useful foundation for interdisciplinary teaching, pharmaceutical literacy and research-question development. Its educational validity and practical effectiveness require empirical evaluation. Further research should combine reproducible literature mapping, expert consensus, product-specific analytical investigations and appropriately designed educational studies.

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KEYWORDS: Human anatomy; homoeopathic pharmacy; histology; biological barriers; pharmaceutical formulations; quality assurance; interdisciplinary education; integrative review; evidence-based practice.

INTRODUCTION

Human anatomy is a fundamental biomedical discipline concerned with the organization of the human body at cellular, tissue, organ and systemic levels. Gross anatomy and histology establish the structural basis for understanding organ relationships, epithelial organization, connective tissues, vascular arrangements and specialized biological interfaces (Mescher, 2021; Moore et al., 2023; Standing, 2020).

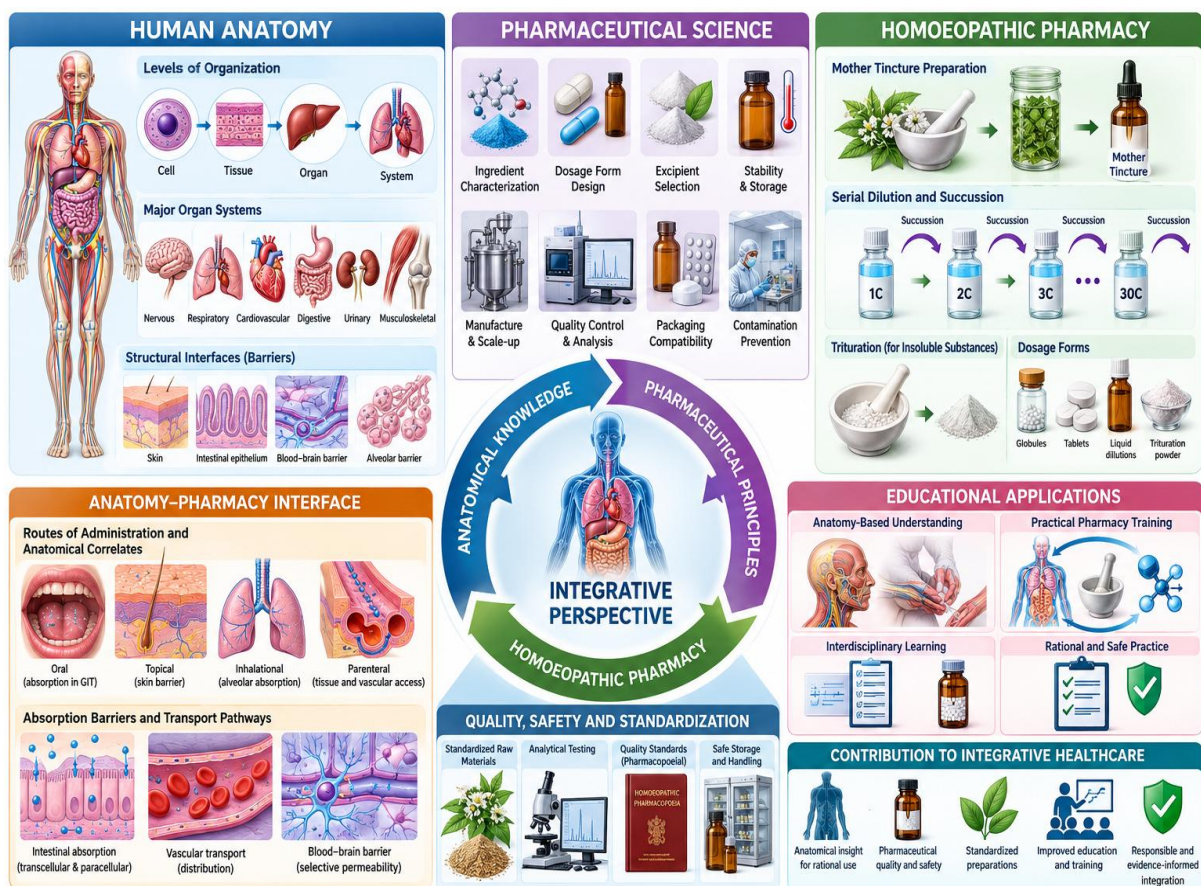
Pharmaceutical science examines the preparation, formulation, manufacture, storage, quality control and appropriate use of medicinal products. Its principles include ingredient characterization, dosage-form design, excipient selection, stability, packaging compatibility and contamination prevention (Adejare, 2020; Aulton & Taylor, 2022).

Homoeopathic pharmacy encompasses traditional procedures for preparing and dispensing homoeopathic products, including mother tinctures, serial dilutions, succussion, trituration and different dosage forms. These procedures can be studied from historical, pharmaceutical, analytical and

educational perspectives. However, traditional preparation principles, measurable product characteristics and claims of clinical effectiveness represent different categories of knowledge and require different forms of evidence.

The relationship between anatomy and homoeopathic pharmacy is therefore best examined through a critical interdisciplinary approach. Anatomical knowledge can explain the structural characteristics of potential administration sites, while pharmaceutical science can characterize the preparation being administered. Neither discipline, independently or in combination, automatically establishes that a particular preparation produces a therapeutic effect.

For example, knowledge of gastrointestinal histology helps students understand the structure and function of the oral and digestive environments. Knowledge of skin anatomy supports discussion of topical products and the skin's barrier function. Such information is relevant to pharmaceutical education, but it cannot independently establish absorption, a specific mechanism of action or clinical effectiveness.



Contemporary medical education increasingly emphasizes the integration of foundational and applied sciences. Integrating anatomical sciences with pharmaceutical and clinical teaching may help learners connect basic concepts to professional practice (Khalil et al., 2021). This approach may also provide opportunities for collaboration between anatomy, physiology,

pharmacology, pharmaceuticals and homoeopathic pharmacy faculty.

1.1 Rationale

A multidimensional review is warranted for four reasons. First, anatomical structures and biological barriers provide important

context for understanding the administration of medicinal products. Second, pharmaceutical formulation and quality assurance require systematic scientific evaluation. Third, homoeopathic pharmacy education can benefit from explicit connections with contemporary analytical and pharmaceutical principles. Fourth, interdisciplinary teaching can promote critical appraisal and clearer differentiation between established scientific knowledge and theoretical propositions requiring further investigation.

1.2 Aim

To develop a multidimensional conceptual framework connecting human anatomy and homoeopathic pharmacy across structural organization, biological barriers, pharmaceutical formulations, quality assurance, scientific evidence and educational applications.

1.3 OBJECTIVES

1. To describe anatomical and histological concepts relevant to pharmaceutical administration.
2. To examine biological barriers and their relationship to formulation and administration-site considerations.
3. To discuss homoeopathic preparations and dosage forms from a contemporary pharmaceutical perspective.
4. To distinguish product quality, biological activity and clinical effectiveness.
5. To propose an interdisciplinary framework for modern medical and homoeopathic faculty.
6. To identify priorities for future research and curriculum development.

2. MATERIALS AND METHODS

2.1 Review design

This article uses an integrative narrative review design. Integrative reviews can synthesize theoretical and empirical literature from different methodological traditions, provided that the approach to evidence identification, interpretation and synthesis is transparent (Whittemore & Knafl, 2005).

The present review is exploratory and conceptual. It does not claim to be a systematic review, scoping review or exhaustive assessment of all available studies.

2.2 Literature identification

Targeted exploratory searches were conducted using web-indexed scholarly and institutional sources. Search topics included human anatomy, histology, biological barriers, pharmaceuticals, homoeopathic preparation methods, pharmaceutical quality assurance, interdisciplinary anatomy education and the scientific evaluation of homoeopathy.

Illustrative search terms included:

- “Human anatomy” AND “homoeopathic pharmacy”
- “histology” AND “biological barriers” AND pharmaceutical administration
- “Homeopathic preparations” AND pharmaceutical quality
- “Dosage forms” AND formulation AND quality assurance
- “Integrated anatomy education” AND interdisciplinary learning

- “homeopathy” AND systematic review AND clinical evidence

Standard anatomy and pharmaceuticals textbooks, methodological publications, institutional guidance and relevant evidence assessments were considered for conceptual relevance.

This was an exploratory, web-indexed search rather than a reproducible, database-specific search. Exact database-level retrieval, duplicate removal, formal screening and a complete record of included studies were not undertaken. The article consequently does not report a PRISMA flow diagram or a numerical count of included publications.

2.3 Eligibility and relevance assessment

Sources were considered relevant when they addressed at least one of the following domains: human anatomy and histology; biological barriers and administration; pharmaceutical formulation and quality; homoeopathic preparation and product characterization; medical education; or review methodology and evidence appraisal.

Priority was given to recognized textbooks, peer-reviewed methodological publications, institutional guidance and published evidence assessments. Sources were interpreted according to their type and purpose rather than treating all publications as equivalent evidence.

2.4 Data organization and synthesis

Relevant concepts were organized into six domains:

1. Structural organization.
2. Biological barriers.
3. Pharmaceutical formulations.
4. Quality assurance.
5. Scientific evidence.
6. Educational integration.

The synthesis was conceptual and qualitative. No statistical pooling, quantitative effect estimation or formal risk-of-bias analysis was performed.

3. Multidimensional Synthesis

3.1 Structural organization and pharmaceutical relevance

Human anatomy provides a multilevel description of the organism. Each level offers a distinct educational perspective.

Cellular organization: Cell membranes, extracellular environments and cellular architecture provide a foundation for understanding biological interactions. Nevertheless, cellular structure alone cannot demonstrate that a particular medicinal preparation has a biological effect.

Tissue organization: Epithelial, connective, muscular and nervous tissues have different structural and functional characteristics. These differences help explain why biological interfaces cannot be treated as interchangeable.

Organ organization: The oral cavity, gastrointestinal tract, skin and other anatomical structures provide distinct contexts for discussing medicinal-product administration or application.

Organ-system organization: The digestive, cardiovascular, respiratory, urinary and integumentary systems provide a basis for teaching conventional concepts of absorption, distribution,

metabolism and elimination where these processes are applicable to a product.

Whole-organism organization: Anatomical integration supports clinical examination and understanding of the relationships between local findings and systemic conditions. The principal educational value lies in using anatomical knowledge to frame pharmaceutical questions accurately. It does not lie in inferring a therapeutic mechanism from anatomical relationships alone.

3.2 Biological barriers and administration sites

Biological barriers regulate interactions between external substances and internal tissue environments. Their characteristics depend on epithelial structure, intercellular junctions, mucus, local fluids, vascularity and other physiological factors.

The skin provides a protective barrier. The gastrointestinal tract has specialized epithelial surfaces involved in digestion, absorption and protection. Mucosal tissues also exhibit structural and functional characteristics that differ according to anatomical location.

These differences are relevant when discussing routes of administration and product exposure. However, actual product behaviour depends on composition, concentration, formulation, route, physiological conditions and the evidence available for the specific preparation.

For highly diluted homeopathic products, conventional assumptions about delivery of an active ingredient cannot automatically be applied. At sufficiently high dilutions, the probability of retaining molecules of the original starting substance may become extremely low, depending on the initial concentration and dilution process. Product-specific composition and analytical evidence should therefore be considered when biological activity is claimed.

Three questions should be distinguished:

1. What is known about the anatomy of the administration site?
2. What is known about the composition and behaviour of the preparation?
3. What evidence supports any claimed biological or clinical effect?

These questions are related but not interchangeable.

3.3 Homeopathic preparations and dosage forms

Homeopathic pharmaceutical practice includes mother tinctures, liquid dilutions, triturations, globules, tablets and topical preparations. These products may differ in composition, manufacturing procedures, excipients and quality requirements.

The formulation should be examined according to its actual characteristics rather than its traditional label alone. A liquid preparation may contain water, ethanol or other components, whereas a globule or tablet may contain a carrier material. Topical formulations may contain bases or excipients that influence physical characteristics and handling.

Pharmaceutics provides a framework for examining composition, manufacture, stability and quality. Anatomy

provides the context for discussing the intended administration site and its biological characteristics.

The relationship is therefore complementary, not determinative. A particular formulation cannot be assumed to be clinically superior because it is associated with a specific anatomical site. Comparative therapeutic claims require appropriate clinical evidence.

3.4 Dilution, trituration and succussion

Dilution, trituration and succussion are established procedures within traditional homeopathic pharmacy.

Serial dilution changes the concentration of a starting material according to the dilution sequence used. At sufficiently high dilution, the expected number of molecules of the original substance in a given quantity may become extremely small. This is a consequence of concentration and molecular probability, not by itself a complete evaluation of every product or every claimed mechanism.

Trituration involves mechanical processing, commonly of solid materials with a carrier. Succussion refers to vigorous shaking during specified preparation procedures.

The scientific evaluation of these processes should distinguish preparation history from experimentally measurable characteristics. Claims about altered physical properties, biological activity or clinical outcomes require appropriate methods, reproducibility and independent evaluation.

Teaching should differentiate:

- Traditional preparation procedures.
- Measurable chemical and physical characteristics.
- Analytical evidence concerning composition.
- Proposed mechanisms requiring investigation.
- Clinical evidence concerning effectiveness and safety.

This distinction enables homeopathic pharmacy faculty to teach the discipline's historical and pharmaceutical content without presenting unverified mechanisms as established scientific facts.

3.5 Pharmaceutical quality assurance

Quality assurance provides a major point of convergence between pharmaceutical science and responsible professional practice. Relevant principles include starting-material identity, preparation accuracy, process documentation, contamination control, equipment hygiene, packaging compatibility, storage stability and traceability.

The World Health Organization's guidance on the safety of homeopathic medicine preparation addresses quality and safety considerations relevant to manufacturers and regulatory authorities (World Health Organization [WHO], 2009). WHO pharmaceutical-quality guidance also emphasizes appropriate manufacturing practices, quality control, documentation and product oversight throughout the product lifecycle (WHO, 2024a, 2024b).

Quality assessment may include:

- Identity and suitability of starting materials.
- Accuracy and reproducibility of preparation procedures.
- Water and solvent quality where applicable.
- Prevention of contamination and cross-contamination.
- Equipment cleanliness and process documentation.

- Packaging compatibility and storage conditions.
- Stability and appropriate expiry information.
- Batch identification and traceability.
- Appropriate labelling, dispensing and complaint management.

The testing requirements should be product-specific and consistent with applicable standards.

Importantly, quality assurance is not equivalent to efficacy testing. A product may meet specified manufacturing requirements without having demonstrated a clinically meaningful benefit for a particular condition.

3.6 Scientific evidence and therapeutic claims

An academically rigorous review must distinguish three levels of evidence.

Anatomical and physiological evidence establishes the structure and function of human tissues and organs.

Pharmaceutical evidence addresses product identity, composition, reproducibility, stability, contamination and other measurable characteristics.

Clinical evidence evaluates whether a product produces meaningful health outcomes using appropriate study designs, comparators, outcome measures and bias assessment.

Evidence at one level cannot automatically establish a claim at another. For example, an observed physical difference between preparations does not independently establish a clinically important effect.

Published assessments of homoeopathy have raised substantial questions about the reliability and consistency of evidence supporting condition-specific therapeutic effects. Shang et al. (2005) reported findings that challenged the interpretation of specific effects in homoeopathic trials. Other reviews have evaluated the available evidence using different eligibility

criteria and methods; their findings must be interpreted in light of study quality, heterogeneity and risk of bias (Ernst, 2002; Mathie et al., 2014). The National Center for Complementary and Integrative Health likewise reports that there is little evidence supporting homoeopathy as an effective treatment for any specific health condition (National Center for Complementary and Integrative Health [NCCIH], n.d.).

These sources do not eliminate the need for further well-designed research, but they do establish the importance of avoiding unsupported therapeutic claims.

3.7 Educational integration

The proposed interdisciplinary approach brings together anatomy, histology, physiology, pharmaceuticals, pharmacology, homoeopathic pharmacy and evidence appraisal.

Modern medical faculty can contribute expertise in anatomical structure, physiological function, pharmacology and research methodology. Homoeopathic pharmacy faculty can contribute knowledge of traditional preparation procedures, pharmaceutical nomenclature and dispensing practices. Pharmaceuticals specialists can contribute expertise in formulation, manufacturing, analytical characterization and quality assurance.

Such collaboration should be based on clearly defined learning outcomes and common standards of evidence. Interdisciplinary teaching does not require all theoretical claims to be accepted as equally established.

4. Proposed Conceptual Framework

4.1 The Structure–Barrier–Formulation–Quality–Evidence–Education framework

This review proposes a six-domain framework, abbreviated as **SBFQEE**, to organize the relationship between human anatomy and homoeopathic pharmacy.

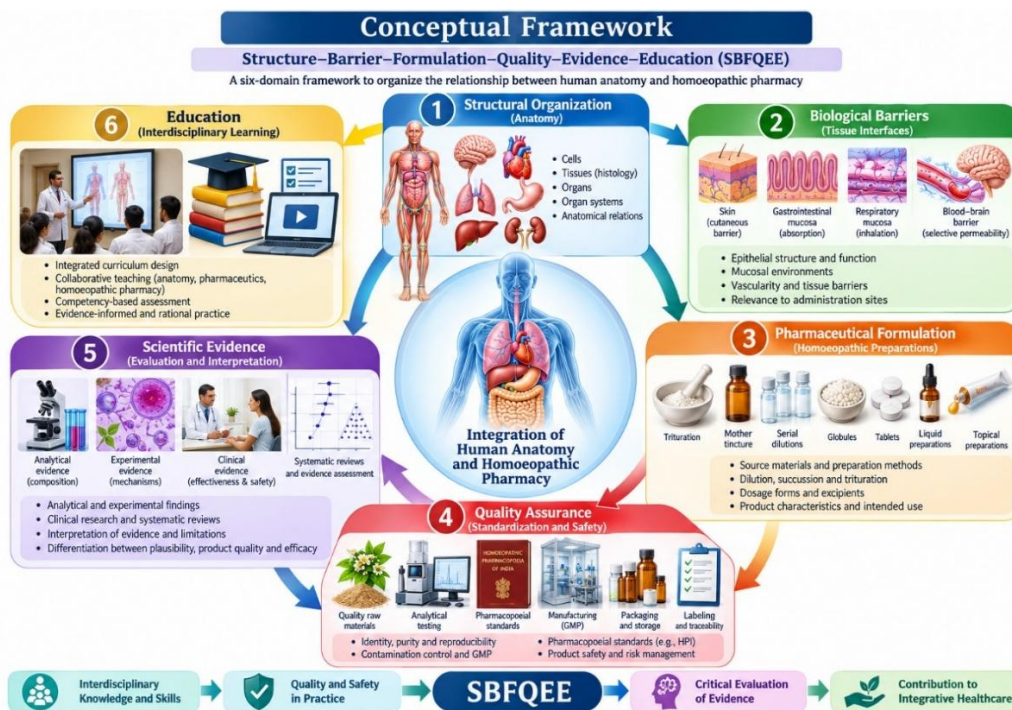


Table 1. Components of the proposed SBFQEE framework

Domain	Core content	Educational application
Structural organization	Cells, tissues, organs and organ systems	Establish anatomical foundations
Biological barriers	Skin, mucosa, epithelia and tissue interfaces	Explain administration environments and barrier physiology
Pharmaceutical formulation	Mother tinctures, dilutions, triturations and dosage forms	Examine preparation, composition and product characteristics
Quality assurance	Identity, stability, contamination control and documentation	Develop quality-assurance literacy
Scientific evidence	Analytical findings, proposed mechanisms, clinical outcomes and safety	Distinguish established findings from hypotheses
Education	Interdisciplinary teaching, assessment and competency development	Integrate foundational and pharmaceutical learning

Note. The SBFQEE framework is an author-proposed conceptual model. It has not been validated through expert consensus, psychometric testing or educational outcome research.

4.2 Interpretation

The framework is intended to organize knowledge across related but distinct domains. Structural anatomy provides the foundation for understanding biological interfaces. Pharmaceutical science characterizes the preparation and its quality. Evidence appraisal evaluates claims about biological activity and clinical outcomes. Educational integration connects these concepts through structured teaching and assessment.

The framework is not a causal model of therapeutic action. Its contribution is conceptual organization and the identification of researchable questions.

4.3 Potential applications

The proposed framework may support curriculum planning, interdisciplinary lessons, practical teaching, pharmaceutical quality education, journal clubs and research-question development.

Its effectiveness should be tested rather than assumed. Potential evaluation methods include expert consensus, content-validity assessment, student performance measures and controlled educational studies.

5. Applications for Modern Medical and Homoeopathic Faculty

5.1 Proposed teaching modules

Module 1: Anatomical foundations

Content: Gross anatomy, histology, epithelial organization and relevant organ systems.

Learning outcome: Students identify structures relevant to discussions of pharmaceutical administration.

Assessment: Labelled diagrams, practical identification and viva voce.

Module 2: Biological barriers and administration

Content: Skin, mucosa, gastrointestinal structure and barrier physiology.

Learning outcome: Students explain differences between anatomical environments and recognize the limits of inferring product behaviour from anatomy alone.

Assessment: Case-based questions and structured oral examination.

Module 3: Homoeopathic pharmaceutical preparations

Content: Mother tinctures, dilution, succussion, trituration, globules, tablets, liquids and topical formulations.

Learning outcome: Students describe preparation procedures and distinguish traditional preparation methods from evidence concerning composition or therapeutic activity.

Assessment: Supervised demonstrations, preparation records and written examination.

Module 4: Pharmaceutical quality assurance

Content: Starting materials, contamination control, stability, packaging, labelling and applicable standards.

Learning outcome: Students identify relevant quality-assurance requirements and product-safety considerations.

Assessment: Standard operating procedure review and checklist-based exercises.

Module 5: Evidence appraisal

Content: Analytical characterization, experimental design, clinical outcomes, bias and uncertainty.

Learning outcome: Students distinguish anatomical plausibility, pharmaceutical quality and demonstrated clinical effectiveness.

Assessment: Journal clubs, critical appraisal and research presentations.

5.2 Proposed competency matrix

Table 2. Interdisciplinary teaching and assessment

Competency	Lead faculty	Supporting faculty	Assessment
Anatomical identification	Anatomy	Homoeopathic pharmacy	Practical examination
Biological-barrier understanding	Anatomy/physiology	Pharmaceutics	Case-based assessment
Dosage-form characteristics	Pharmaceutics	Homoeopathic pharmacy	Viva and written examination
Preparation procedures	Homoeopathic pharmacy	Pharmaceutics	Demonstration and documentation
Quality assurance	Pharmaceutics	Homoeopathic pharmacy	Quality checklist
Critical evidence appraisal	Pharmacology/research methodology	Anatomy and homoeopathic pharmacy	Journal club
Interdisciplinary reasoning	Relevant clinical faculty	Participating disciplines	Structured case discussion

Note. This is a proposed educational matrix and should be mapped to the applicable curriculum and institutional competencies before implementation.

5.3 Educational research priorities

A prospective educational study could compare discipline-specific teaching with a structured interdisciplinary intervention.

Potential outcomes include immediate knowledge acquisition, delayed retention, practical assessment performance, pharmaceutical documentation, critical appraisal skills and faculty feasibility ratings.

A rigorous study should prespecify its primary outcome, justify its sample size, use appropriately validated or piloted assessment tools, define its statistical analysis and obtain institutional ethics approval where required.

6. DISCUSSION

This review proposes a structured interdisciplinary approach to human anatomy and homoeopathic pharmacy. Its principal contribution is the SBFQEE framework, which connects structural organization, biological barriers, pharmaceutical formulation, quality assurance, scientific evidence and education.

Anatomy provides an essential foundation for understanding the structure of tissues and organs. Pharmaceutics explains the preparation and characterization of products. Homoeopathic pharmacy provides the traditional and professional context in which particular preparation methods and dosage forms are taught. Evidence appraisal evaluates claims about composition, biological activity and clinical outcomes.

These domains should remain conceptually distinct even when integrated into a common educational framework.

The framework may be useful in curriculum development because it creates explicit connections between foundational anatomy and pharmaceutical practice. It may also improve the structure of classroom discussions by requiring learners to distinguish anatomical facts, product characteristics and therapeutic claims.

However, the framework's originality and practical contribution must be interpreted cautiously. A preliminary exploratory search cannot establish that no similar model exists in published literature. A reproducible search and comparison with existing educational frameworks are needed before claiming novelty beyond the proposed synthesis.

Similarly, the framework should not be presented as a validated educational intervention. Its domains and relationships require review by multidisciplinary experts, followed by empirical evaluation.

6.1 Implications for modern medical faculty

Anatomy and physiology faculty can contribute established knowledge of human structure, biological barriers and physiological processes. Pharmacology and pharmaceutics faculty can explain formulation characteristics, analytical

testing, quality assurance and the interpretation of pharmaceutical evidence.

Their participation may help students identify the distinction between a plausible anatomical explanation and a demonstrated therapeutic effect.

6.2 Implications for homoeopathic pharmacy faculty

Homoeopathic pharmacy faculty can use the framework to teach traditional preparation procedures alongside contemporary principles of product characterization and quality assurance.

For example, teaching about serial dilution can include dilution mathematics, expected concentrations, the limits of analytical detection and the distinction between a preparation procedure and a demonstrated mechanism of action.

Teaching about globules, tablets and topical products can incorporate composition, excipients, packaging, storage and relevant anatomical contexts.

6.3 Implications for pharmaceutical practice

The framework encourages product-specific assessment, accurate documentation, appropriate labelling and attention to contamination and storage. It also reinforces the need to evaluate product safety and clinical effectiveness independently of traditional preparation claims.

The framework should not be interpreted as supporting the substitution of homoeopathic products for evidence-based emergency care, vaccination or other necessary medical interventions.

7. Research Gaps and Future Directions

Six priorities emerge from the conceptual synthesis.

1. **Literature mapping:** Conduct a reproducible scoping or integrative review to establish the extent and quality of existing research on anatomy–homoeopathic pharmacy integration.
2. **Framework validation:** Obtain multidisciplinary expert feedback and assess content validity.
3. **Educational evaluation:** Examine whether integrated teaching improves knowledge retention, practical performance and evidence-appraisal skills.
4. **Pharmaceutical characterization:** Conduct product-specific studies of composition, stability, reproducibility and relevant contaminants.
5. **Curriculum alignment:** Map the framework to current institutional and regulatory competencies.
6. **Clinical evidence:** Evaluate therapeutic claims through appropriately designed clinical research rather than inferring efficacy from anatomical or pharmaceutical relationships.

Table 3. Proposed research agenda

Research question	Suggested design	Primary outcome
What literature exists on anatomy–pharmacy integration?	Scoping review	Evidence map
Is the framework educationally relevant?	Multidisciplinary expert consensus	Content validity
Does integrated teaching improve learning?	Controlled educational study	Prespecified learning outcome
Are preparation characteristics reproducible?	Analytical laboratory study	Measurable product characteristics

Are quality procedures implemented consistently?	Quality audit	Compliance with applicable procedures
Does a specific preparation improve a clinical outcome?	Appropriate controlled clinical study	Prespecified patient-relevant outcome

These are proposed research directions and not findings of the present review.

8. LIMITATIONS

First, the literature identification process was exploratory and web-indexed rather than an exhaustive database-based search. It therefore cannot establish that all relevant publications have been identified.

Second, no formal study-selection counts, independent screening, standardized data-extraction process or formal risk-of-bias assessment were undertaken.

Third, the proposed SBFQEE framework has not been validated through expert consensus or empirical educational research.

Fourth, the review covers broad disciplinary areas, and some specialized questions concerning pharmaceutical chemistry, pharmacokinetics, analytical methods and regulatory requirements require dedicated investigation.

Fifth, the literature on homoeopathic preparations includes historical writings, theoretical propositions, analytical studies and clinical trials. These sources differ in evidentiary purpose and quality and should not be treated as equivalent.

Finally, the manuscript proposes an educational and conceptual integration rather than demonstrating a new biological mechanism or therapeutic effect.

9. CONCLUSION

Human anatomy and homoeopathic pharmacy can be examined through a structured interdisciplinary approach that integrates structural organization, biological barriers, pharmaceutical formulations, quality assurance, scientific evidence and education.

The proposed SBFQEE framework offers a conceptual foundation for collaboration among modern medical, pharmaceutical and homoeopathic pharmacy faculty. It may support curriculum development, pharmaceutical literacy and the identification of future research priorities.

The central scientific principle is that anatomical knowledge, pharmaceutical characterization and clinical effectiveness represent distinct but related domains. Each requires appropriate evidence, and none should be used as a substitute for another.

The framework requires further validation through reproducible literature mapping, expert consensus and empirical educational studies. Such work may establish whether the proposed approach provides measurable educational or professional benefits.

10. Declarations

Ethics approval: Not applicable to this narrative review, which does not report original human-participant data.

Declarations

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Conflict of Interest: The authors declare no conflicts of interest.

Informed Consent: Not applicable, as this article is a literature review and does not involve human participants.

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11. Author Contributions

Author 1 —

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Conceptualization and critical review: Contributed to the conception of the review, development of the interdisciplinary framework, interpretation of anatomy and homoeopathic pharmacy concepts, critical revision and approval of the final manuscript.

Author 2 —

Dr Rohit Kumar Jain.

Literature review and synthesis: Contributed to literature identification, source appraisal, thematic organization, preparation of tables, manuscript drafting and reference verification.

Both authors: approved the final manuscript.

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