



Research Article

From Examination Anxiety to Panic Spectrum: Clinical and Psychosomatic Profiling, Repertorial Mapping, And Homoeopathic Therapeutic Differentiation Among BHMS Students—A Systematic Review with A Proposed Community Medicine Research Protocol

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ABSTRACT

Background: Examination-related anxiety is an important mental-health concern among undergraduate medical students. Although a moderate degree of arousal may facilitate preparation and performance, excessive anticipatory anxiety can impair concentration, sleep, memory retrieval, emotional regulation, and academic functioning. In some students, examination anxiety may progress to acute panic-like manifestations characterized by palpitations, tremulousness, sweating, gastrointestinal disturbance, breathlessness, dizziness, catastrophic thoughts, or fear of losing control. Medical students have a substantial burden of anxiety, while recent systematic-review evidence specifically identifies test anxiety as a relevant problem in undergraduate medical education.

Objective: To synthesize the clinical, psychosomatic, educational, and community-health dimensions of examination-related anxiety and panic symptoms among Bachelor of Homoeopathic Medicine and Surgery (BHMS) students; to develop a structured clinical–repertorial framework for traditional homoeopathic therapeutic differentiation; and to propose a prospective Community Medicine research protocol for future empirical evaluation.

Methods: The systematic-review component is designed according to PRISMA 2020 and Cochrane methodological principles. Literature pertaining to test anxiety, medical students, panic symptoms, psychosomatic manifestations, academic functioning, and homoeopathic management of anxiety is considered within predefined conceptual domains. Because direct evidence specifically involving BHMS students and individualized homoeopathy for examination-related panic is expected to be limited, the review distinguishes evidence derived from medical-student populations from evidence concerning homoeopathic interventions for anxiety disorders. Classical repertorial and materia medica sources are used solely for traditional therapeutic differentiation and are not considered evidence of clinical efficacy.

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Synthesis: Examination anxiety is multidimensional, incorporating cognitive, emotional, autonomic, behavioural, sleep-related, gastrointestinal, cardiovascular, and functional manifestations. A proposed Examination Anxiety–Panic Clinical Mapping Framework organizes students according to precipitating factors, anticipatory cognition, panic manifestations, psychosomatic expression, functional consequences, and individualizing characteristics. Traditional homoeopathic differentiation suggests potentially distinguishable profiles involving *Gelsemium sempervirens*, *Argentum nitricum*, *Aconitum napellus*, *Arsenicum album*, *Lycopodium clavatum*, and other medicines. Existing evidence, however, is insufficient to establish homoeopathy as an effective treatment for examination-related panic.

Conclusion: Examination-related anxiety among BHMS students represents a suitable field for collaboration between Community Medicine, mental-health services, and homoeopathic academic departments. Standardized screening combined with clinical assessment, psychosomatic profiling, transparent repertorial mapping, and validated outcome measures may provide a reproducible model for future investigation. Controlled prospective studies are required before therapeutic conclusions can be drawn.

KEYWORDS: examination anxiety, test anxiety, BHMS students, panic symptoms, Community Medicine, medical education, psychosomatic symptoms, homoeopathy, repertory, materia medica, student mental health.

1. INTRODUCTION

Anxiety is a normal adaptive response to perceived threat, uncertainty, or anticipated challenge. Within an academic setting, a certain degree of anxiety may encourage preparation and vigilance. The distinction between adaptive and clinically problematic anxiety becomes important when apprehension becomes disproportionate, persistent, difficult to regulate, or sufficiently severe to interfere with cognition, sleep, academic performance, social functioning, or physical well-being.

Anxiety disorders constitute a major global mental-health burden. The World Health Organization (WHO) describes them as conditions involving excessive fear and worry accompanied by behavioural, cognitive, and physical manifestations and reports that hundreds of millions of people worldwide are affected.

Medical education provides a particularly relevant environment in which to examine anxiety. Students face extensive syllabi, repeated assessments, competitive expectations, clinical responsibilities, fear of failure, parental or personal expectations, uncertainty regarding future careers, and limited recovery time. A global meta-analysis by Quek et al. (2019) demonstrated a substantial burden of anxiety among medical students. More recent systematic-review evidence focusing specifically on test anxiety among undergraduate medical students found a heterogeneous but meaningful problem across multiple geographical settings, including India. BHMS students experience many of the pressures common to medical education while simultaneously navigating a curriculum containing biomedical sciences, clinical disciplines, homoeopathic philosophy, *Materia Medica*, Repertory, Community Medicine, practical examinations, viva voce examinations, clinical case presentations, and university examinations. Examination anxiety in this population therefore merits systematic investigation.

The term panic spectrum in the present review does not imply that every student experiencing acute pre-examination anxiety has panic disorder. Panic disorder is a defined clinical condition, whereas students may experience isolated panic attacks or panic-like symptoms without satisfying diagnostic

criteria. Contemporary clinical guidance recognizes panic disorder as requiring appropriate diagnostic assessment and evidence-based management.

The present review therefore proposes a continuum:

Examination stress → anticipatory anxiety → clinically significant test anxiety → autonomic/psychosomatic escalation → panic-like symptoms → functional impairment

This conceptualization provides an opportunity to integrate Community Medicine, medical education, clinical psychiatry, and a research-oriented evaluation of individualized homoeopathic therapeutics.

2. Rationale

Three considerations provide the rationale for the present work. First, examination anxiety is relevant to **student health**, not merely academic performance. Persistent anxiety may influence sleep, eating behaviour, concentration, attendance, interpersonal relationships, coping behaviour, and overall well-being.

Second, examination anxiety is particularly suitable for a **Community Medicine approach**. Screening a defined student population permits estimation of burden, identification of associated factors, risk stratification, health education, preventive intervention, referral, and follow-up.

Third, traditional homoeopathic literature contains detailed distinctions between different forms of fear and anticipatory anxiety. However, remedy descriptions should not be confused with evidence of efficacy. Existing clinical research on homoeopathy for anxiety is limited. A placebo-controlled pilot trial in generalized anxiety disorder, for example, did not show a statistically significant between-group difference on its primary GAD-7 outcome, although a secondary HAM-A outcome favored individualized homeopathy.

The research opportunity is consequently not to assume effectiveness, but to determine whether the traditional process of individualization can be **defined, standardized, documented, and subjected to prospective evaluation**.

3. OBJECTIVES

The review has five principal objectives:

1. To examine examination-related anxiety and panic symptoms among medical students, with specific application to BHMS education.
2. To characterize the clinical and psychosomatic manifestations associated with pre-examination anxiety.
3. To identify educational, behavioural, psychosocial, and lifestyle factors potentially associated with severe examination anxiety.
4. To construct a transparent clinical-to-repertorial framework for traditional homoeopathic therapeutic differentiation.
5. To propose a Community Medicine-based prospective research protocol capable of empirically evaluating these relationships.

4. Review Questions

The primary question is:

What are the clinical, psychosomatic, educational, and functional characteristics of examination-related anxiety and panic symptoms among undergraduate medical students, and how may these characteristics be systematically studied among BHMS students?

The secondary question is:

Can a reproducible framework be developed for translating clinically documented examination-anxiety characteristics into repertorial domains and traditional homoeopathic therapeutic profiles?

A third evidence question concerns whether existing clinical research supports the effectiveness of individualized homoeopathy for anxiety. This question must remain analytically separate from traditional therapeutic differentiation.

5. METHODOLOGY OF THE SYSTEMATIC REVIEW

5.1 Design

The review should be reported according to the **PRISMA 2020 Statement** and conducted using principles described in the *Cochrane Handbook for Systematic Reviews of Interventions*. The Cochrane Handbook emphasizes predefined eligibility criteria, systematic searching, study selection, data collection, risk-of-bias assessment, appropriate synthesis, and transparent interpretation.

The final submitted review should be prospectively registered where eligible. PRISMA-P provides a framework for transparent systematic-review protocols.

5.2 Databases

The final review search is recommended across:

- PubMed/MEDLINE
- Scopus
- Web of Science
- PsycINFO
- ERIC
- Cochrane Library

- Google Scholar
- AYUSH Research Portal or other appropriate complementary-medicine databases

5.3 Proposed Search Strategy

A representative search strategy is:

("test anxiety" OR "examination anxiety" OR "exam anxiety" OR "anticipatory anxiety" OR "panic symptoms" OR "panic attack") AND ("medical students" OR "medical undergraduates" OR "BHMS students" OR "homoeopathic students") AND (psychosomatic OR academic OR stress OR performance OR homeopath* OR homoeopath* OR repertor*).

For the homoeopathic evidence component:

(homeopath* OR homoeopath* OR "individualized homeopathy") AND (anxiety OR "anxiety disorder" OR panic OR "test anxiety" OR "examination anxiety").

Search strings should be adapted to each database.

6. Eligibility Criteria

Inclusion criteria

Studies should be considered when they involve undergraduate medical/health-professional students and assess examination/test anxiety using recognizable or validated approaches. Studies of panic symptoms, psychosomatic manifestations, academic outcomes, risk factors, and relevant interventions may be included.

For the homoeopathic component, clinical studies examining individualized or predefined homoeopathic interventions for anxiety-related conditions may be evaluated separately.

Exclusion criteria

Editorials without primary data, anecdotal social-media reports, studies without meaningful anxiety assessment, and unrelated psychiatric populations should be excluded from the main evidence synthesis.

Classical homoeopathic literature may be used for **therapeutic interpretation**, but should not be counted as clinical-effectiveness studies.

7. Study Selection and PRISMA Flow

Two reviewers should independently screen titles and abstracts and subsequently assess potentially eligible full texts. Disagreements should be resolved through discussion or a third reviewer.

The final manuscript should report:

Records identified → duplicates removed → records screened → reports sought → full texts assessed → excluded studies with reasons → final studies included.

These numbers should **not be fabricated before the complete database search is performed.**

8. Examination Anxiety in Medical Education

Examinations evaluate competence but simultaneously create a predictable period of psychological pressure. Test anxiety is not simply fear of poor marks. It can involve anticipatory

cognition, emotional distress, physiological hyperarousal, and behavioural responses.

A recent systematic review identified 13 cross-sectional studies published between 2019 and July 2025 involving undergraduate medical students across multiple countries and reported substantial heterogeneity in test-anxiety prevalence and correlates.

Qualitative research additionally suggests that examination anxiety can range from motivating arousal to a significant obstacle to academic functioning and that emotion regulation and coping strategies influence students' experiences.

Potential determinants among BHMS students

Level	Clinical presentation	Functional implication
I	Mild anticipatory anxiety	Usually preserved performance
II	Moderate test anxiety	Concentration/sleep disturbance
III	Severe examination anxiety	Significant cognitive and somatic symptoms
IV	Panic-like episode	Acute autonomic and catastrophic symptoms
V	Recurrent clinically significant panic	Requires formal diagnostic assessment

The distinction between **panic symptoms** and **panic disorder** is critical. A panic-like episode immediately before an examination should not automatically be diagnosed as panic disorder.

10. Clinical Profiling

A multidimensional assessment is proposed.

10.1 Cognitive profile

Students may experience catastrophic predictions such as failure, forgetting learned material, inability to answer questions, humiliation during viva, or negative consequences for future career prospects.

10.2 Emotional profile

Common manifestations include apprehension, fear, irritability, helplessness, reduced confidence, emotional lability, and a subjective sense of impending failure.

10.3 Autonomic profile

Acute anxiety may involve:

- palpitations;
- tachycardia;
- sweating;
- tremulousness;
- dry mouth;
- dizziness;
- breathlessness;
- chest tightness;
- nausea; and
- sensations of heat or cold.

10.4 Behavioural profile

Avoidance, procrastination, excessive revision, repeated checking, reassurance seeking, withdrawal, irregular eating, excessive caffeine intake, and sleep sacrifice may occur.

Relevant variables may include academic workload, inadequate preparation, previous examination failure, fear of viva voce, clinical case presentation, expectations regarding university results, sleep deprivation, caffeine/stimulant consumption, poor time management, perfectionism, family expectations, peer comparison, and uncertainty about professional performance.

These should be measured rather than assumed.

9. From Examination Anxiety to Panic Spectrum

Examination-related distress may be conceptualized across increasing levels of severity:

10.5 Functional profile

Severe anxiety may interfere with attendance, preparation, recall, written performance, viva performance, clinical examination, interpersonal functioning, and recovery following examinations.

11. Psychosomatic Profiling

Psychosomatic symptoms represent a particularly important bridge between subjective anxiety and observable clinical expression.

Cardiovascular domain

Palpitations, tachycardia, chest awareness, and chest discomfort.

Gastrointestinal domain

Nausea, abdominal discomfort, urgency, diarrhoea, altered appetite, and dyspeptic symptoms.

Neuromuscular domain

Trembling, muscular tension, headache, weakness, restlessness, and fatigue.

Respiratory domain

Hyperventilation, breathlessness, chest tightness, and subjective air hunger.

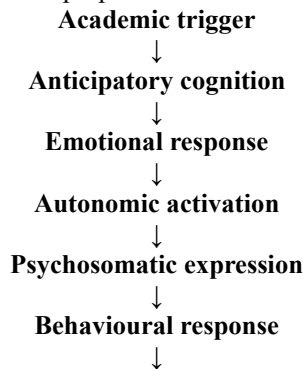
Sleep domain

Delayed sleep onset, repeated awakening, examination-related dreams, early awakening, and non-restorative sleep.

Medical causes must be considered when clinically appropriate; physical symptoms should not automatically be attributed to anxiety.

12. Proposed Examination Anxiety–Panic Clinical Mapping Framework

A novel framework is proposed:



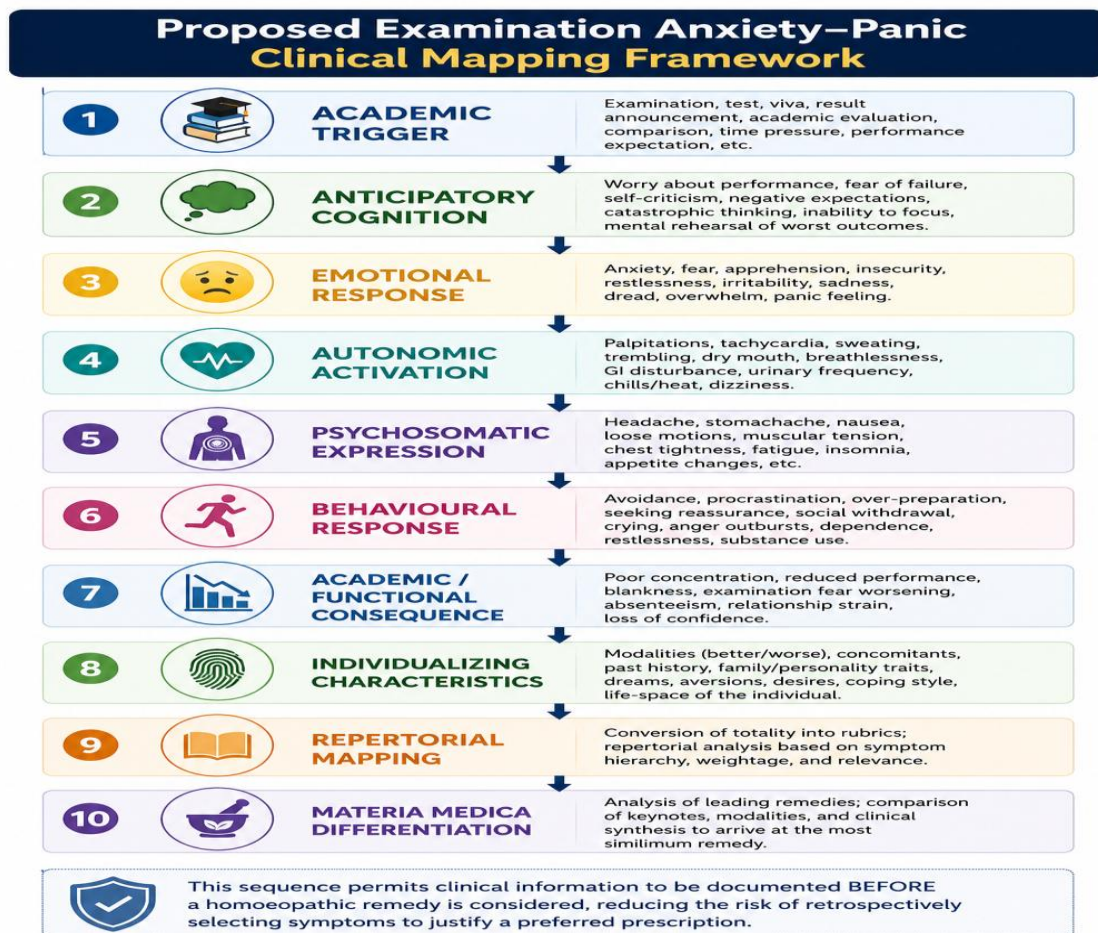
Academic/functional consequence

↓
Individualizing characteristics

↓
Repertorial mapping

↓
Materia Medica differentiation

This sequence permits clinical information to be documented before a homoeopathic remedy is considered, reducing the risk of retrospectively selecting symptoms to justify a preferred prescription.



13. Repertorial Mapping Potential repertorial domains include:

Clinical feature	Repertorial domain
Anxiety before examination	Anticipation/examination-related anxiety
Fear of failure	Fear of undertaking/failure
Fear before viva	Anticipatory/performance anxiety
Sudden intense panic	Acute fear/panic-like state
Fear of death during episode	Fear of death
Trembling from anticipation	Trembling with anxiety
Diarrhoea before examination	GI symptoms from anticipation
Sleeplessness before examination	Sleeplessness from anxiety/anticipation
Palpitations from anxiety	Cardiovascular concomitant

Mental blankness	Cognitive inhibition/confusion
Restlessness	Mental/physical restlessness
Lack of confidence	Confidence/performance-related mental domain

Exact rubric terminology varies among repertories. A research publication should therefore specify the **repertory, edition, software/version, exact rubrics selected, remedy grades, and procedure used to resolve rubric-selection disagreement.**

14. Homoeopathic Therapeutic Differentiation

The following section describes **traditional homoeopathic indications**, not established treatments for panic or examination anxiety.

Gelsemium sempervirens

Traditional literature characterizes *Gelsemium* by anticipatory anxiety accompanied by weakness, trembling, heaviness, dullness, or a sense of mental incapacity.

In examination-related research, a prospectively defined Gelsemium-like profile might include:

Anticipation → weakness/trembling → mental dullness → impaired confidence/performance.

This could be described as an anticipatory-inhibitory pattern.

Argentum nitricum

Argentum nitricum is traditionally associated with anticipation, hurriedness, apprehension, impulsive anxiety, and gastrointestinal manifestations.

A research-oriented profile could be:

Anticipation → hurried/catastrophic cognition → autonomic activation → gastrointestinal urgency.

Its distinction from Gelsemium is potentially testable because both involve anticipation but traditionally differ in psychophysiological expression.

Aconitum napellus

Aconitum is traditionally associated with sudden, intense fear, marked restlessness, acute autonomic arousal, and fear of death.

Medicine	Traditional dominant pattern	Psychosomatic association	Research profile
Gelsemium	Anticipatory anxiety	Weakness, trembling	Anticipatory-inhibitory
Argentum nitricum	Hurried anticipation	GI urgency	Anticipatory-excitatory
Aconitum	Sudden intense fear	Strong autonomic arousal	Acute catastrophic/panic
Arsenicum album	Anxiety, insecurity	Restlessness	Anxious-restless
Lycopodium	Fear before undertaking	Variable somatic symptoms	Performance/self-confidence
Kali phosphoricum	Mental exhaustion	Fatigue, sleep disturbance	Exhaustion-associated
Nux vomica	Irritable overstrain	GI/sleep disturbance	Stress-overload

This matrix is intended for **hypothesis generation and standardisation of research variables**, not as a clinical efficacy guideline.

16. Evidence for Homoeopathy in Anxiety

The distinction between traditional indications and clinical evidence is essential.

Pilkington et al. (2006) systematically reviewed research concerning homeopathy for anxiety and anxiety disorders and

Within the proposed framework it would correspond more closely to an **acute catastrophic-panic presentation** than ordinary examination nervousness.

Arsenicum album

Traditional descriptions emphasize anxiety accompanied by restlessness, insecurity, concern about health, and a need for reassurance or control.

For research purposes, merely being “anxious” would be insufficient. A coherent cluster of individualizing characteristics should be prospectively documented.

Lycopodium clavatum

Traditional homoeopathic literature frequently associates *Lycopodium* with apprehension before undertaking tasks, lack of confidence before performance, and concern about failure despite possible competence once the task begins.

This suggests a potentially researchable performance/self-confidence profile.

Kali phosphoricum

Traditional literature associates *Kali phosphoricum* with mental fatigue, exhaustion following intellectual work, reduced concentration, nervousness, and sleep disturbance.

It should not, however, be prescribed in research merely because a student is academically exhausted.

Nux vomica

Nux vomica is traditionally differentiated in states associated with mental overwork, irritability, competitive drive, sleep disturbance, and gastrointestinal complaints.

The temptation to equate “hard-working medical student” with *Nux vomica* should be avoided; individualisation requires discriminating characteristics.

15. Comparative Therapeutic Matrix

found the literature heterogeneous and insufficient for firm conclusions.

A later double-blind randomized placebo-controlled pilot trial by Parewa et al. (2021) enrolled 62 participants with generalized anxiety disorder. The primary GAD-7 outcome showed no statistically significant between-group difference, although a secondary HAM-A analysis favored individualized homeopathy.

Consequently, current evidence does **not establish individualized homoeopathy as an effective treatment for examination-related panic among BHMS students**. The proposed protocol should be understood as a means of testing a hypothesis rather than confirming an assumed therapeutic effect.

17. Proposed Community Medicine Research Protocol

Study title

Clinical and Psychosomatic Profile of Examination-Related Anxiety and Panic Symptoms Among BHMS Students: A Prospective Community Medicine Study with Exploratory Homoeopathic Therapeutic Mapping.

This title may be preferable for the actual protocol because it does not presuppose efficacy.

Study design

A **two-phase prospective study** is recommended.

Phase I

Analytical cross-sectional screening of BHMS students to estimate the prevalence and correlates of examination anxiety/panic symptoms.

Phase II

Prospective follow-up of students with clinically significant examination anxiety, with an intervention component only if separately approved and methodologically justified.

This design gives the Community Medicine department a strong epidemiological role.

18. Study Setting and Population

The study may be conducted among undergraduate BHMS students of a recognized Homoeopathic Medical College.

Students from different professional years should ideally be represented to examine whether anxiety differs according to academic stage.

Suggested age

Approximately **18–30 years**.

Timing

Baseline assessment may occur several weeks before the university examination, followed by assessment during the pre-examination period and after completion of examinations.

19. Inclusion Criteria

Participants may include:

- enrolled BHMS students aged ≥ 18 years;
- students willing to provide informed consent;
- students scheduled for the selected examination;
- participants completing baseline assessment.

For an intervention phase, a predefined threshold on an appropriate validated anxiety instrument plus clinical confirmation should be required.

20. Exclusion and Referral Criteria

Potential exclusion/referral conditions include acute suicidal risk, psychosis, mania, severe depressive illness, substance-related crisis, clinically significant medical illness mimicking anxiety, or a psychiatric condition requiring specialist management.

Students already receiving psychiatric treatment should not discontinue effective treatment for research participation.

NICE recommends structured assessment and stepped care for clinically established anxiety and panic disorders.

21. Outcome Measurement

No single instrument captures every component of the proposed construct.

Primary examination-anxiety measure

A validated **test/examination anxiety instrument** appropriate to the study population should be selected.

General anxiety

The **GAD-7** may provide a brief standardized measure of generalized anxiety symptoms.

Panic assessment

If recurrent panic symptoms are a major study component, a validated panic-specific measure such as the **Panic Disorder Severity Scale (PDSS)** may be considered where clinically appropriate. The PDSS was developed as a standardized measure of overall panic-disorder severity.

However, PDSS scores should not be used alone to diagnose panic disorder.

22. Proposed Assessment Schedule

Assessment	Suggested timing	Variables
T0	4–6 weeks before exam	Baseline characteristics
T1	7–14 days before	Examination anxiety
T2	24–72 h before	Peak anxiety/panic symptoms
T3	Immediately post-exam	Acute outcome
T4	2–4 weeks later	Recovery/follow-up

Repeated measurement would help distinguish chronic generalized anxiety from examination-linked fluctuations.

23. Variables

The study should document age, sex, BHMS year, academic performance, previous examination failure, study hours, sleep duration, caffeine/stimulant exposure, physical activity,

examination type, perceived academic pressure, family expectations, prior psychiatric history where ethically appropriate, anxiety score, panic symptoms, psychosomatic manifestations, and functional impairment.

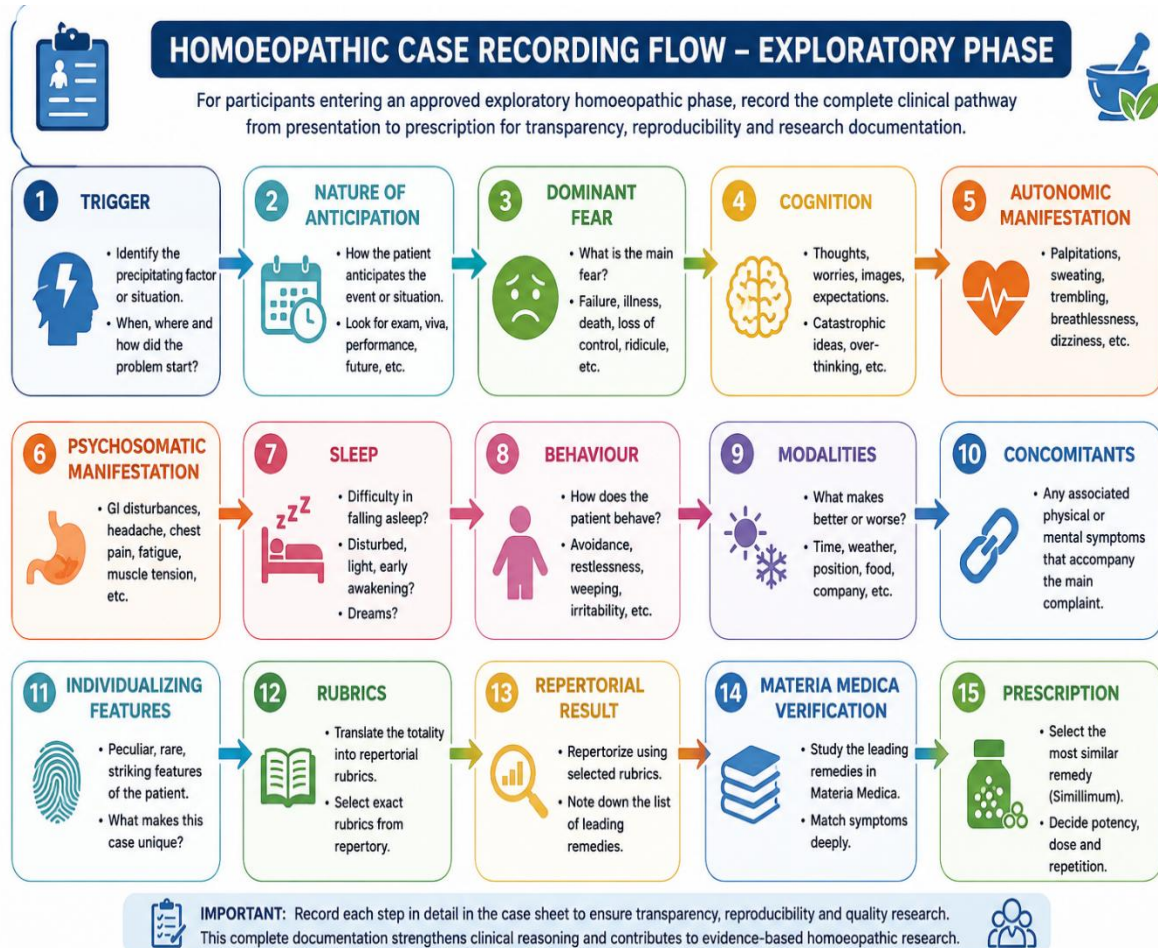
Potential confounders should be predefined rather than selected after observing statistical significance.

24. Homoeopathic Assessment Form

For participants entering an approved exploratory homoeopathic phase, record:

Trigger → **nature of anticipation** → **dominant fear** → **cognition** → **autonomic manifestation** → **psychosomatic**

manifestation → **sleep** → **behaviour** → **modalities** → **concomitants** → **individualizing features** → **rubrics** → **repertorial result** → **materia medica verification** → **prescription**.



This creates an auditable **clinical-to-prescription chain**.

Reporting of any future randomized homoeopathic trial should incorporate conventional trial-reporting standards together with the RedHot recommendations, which were developed specifically to improve reporting of homeopathic treatments and prescribing strategies.

25. Sample Size

The sample size should be calculated **before recruitment**.

For the cross-sectional phase, it should be based on the expected prevalence of clinically significant examination anxiety, desired precision, confidence level, design effect where applicable, and allowance for non-response.

For a randomized intervention phase, sample size should instead be based on a predefined clinically meaningful between-group difference in the primary outcome, expected standard deviation, alpha, statistical power, and anticipated attrition.

A convenient sample such as “40 students” should not be selected merely because it is administratively easy if the intention is hypothesis testing.

26. Statistical Analysis Plan

Descriptive variables may be reported as mean $\pm$ SD or median with interquartile range according to distribution. Categorical variables may be presented as frequencies and percentages.

Prevalence estimates should preferably include **95% confidence intervals**.

Associations between examination anxiety and candidate risk factors can initially be explored using appropriate univariate analyses, followed by multivariable regression for independently associated factors.

Repeated measurements may be evaluated with repeated-measures models appropriate to the distribution and study design.

Effect estimates and **95% confidence intervals should accompany p-values**.

For an intervention trial, the primary outcome, primary time point, analysis population, missing-data strategy, and subgroup analyses should be specified prospectively.

27. Community Medicine Perspective

The relevance of this topic extends beyond therapeutics.

A Community Medicine department can address examination anxiety through four levels:

Surveillance: periodic anonymous student mental-health screening.

Prevention: sleep hygiene, time management, physical activity, examination preparation, stress-management education, and reduction of excessive stimulant use.

Early identification: identification of students showing severe distress, repeated panic attacks, functional impairment, depression, or maladaptive coping.

Referral: establishment of confidential referral pathways to qualified mental-health professionals.

This transforms the project from a remedy-oriented study into a **student mental-health programme**, strengthening its public-health relevance.

28. Ethical Considerations

Institutional Ethics Committee approval should be obtained before prospective data collection. Participation should be voluntary, and academic staff should avoid creating any perception that participation affects marks, attendance, internal assessment, or faculty relationships.

Mental-health data require particular confidentiality.

Students identified as having severe symptoms, suicidal ideation, significant functional impairment, or other psychiatric emergencies should receive prompt professional assessment according to institutional referral procedures.

29. Quality and Reporting Standards

The systematic review should follow **PRISMA 2020** and Cochrane methodology. The observational epidemiological phase should be reported according to **STROBE**, which provides reporting guidance for cohort, case-control, and cross-sectional studies.

If a randomized trial is subsequently conducted, it should follow appropriate CONSORT standards; homoeopathic treatment details should additionally follow RedHot reporting recommendations.

30. DISCUSSION

The proposed framework conceptualizes examination anxiety as a multidimensional student-health issue rather than simply nervousness before an examination. Its manifestations may involve cognitive worry, emotional distress, autonomic hyperarousal, psychosomatic symptoms, maladaptive behaviour, sleep disruption, and functional impairment.

The Community Medicine perspective is particularly valuable because examination anxiety has identifiable exposures, a defined at-risk population, measurable outcomes, and opportunities for prevention.

At the same time, the proposed homoeopathic component raises methodological challenges. Individualization creates

substantial heterogeneity. Two students with comparable examination-anxiety scores could receive different medicines because their accompanying symptoms differ.

Rather than eliminating this complexity, future research should make it transparent.

A reproducible homoeopathic study should demonstrate:

Patient narrative → clinical characterization → individualizing symptoms → repertorial rubrics → repertorial analysis → materia medica verification → prescription → standardized outcome.

This is substantially stronger than reporting only that a particular remedy “was indicated.”

31. Strengths of the Proposed Framework

The framework integrates five domains rarely considered together:

Medical education + Community Medicine + mental-health screening + psychosomatic profiling + structured homoeopathic individualization.

It also avoids equating pre-examination panic symptoms with panic disorder and separates traditional therapeutic correspondence from evidence of treatment efficacy.

Another strength is the potential to investigate **repertorial reproducibility**. The same anonymized case could be independently repertorized by two trained homoeopathic physicians. Agreement in rubric selection and leading remedy identification could then be quantified.

Such a substudy would address an important methodological question: *Can individualized repertorial reasoning itself be reproduced?*

32. Limitations

Direct literature concerning examination-related panic specifically among BHMS students appears limited. Evidence from broader medical-student populations therefore cannot automatically be generalized to BHMS students.

Test-anxiety studies are also heterogeneous in instruments, cut-offs, cultural context, examination systems, and sampling methods. The newest systematic review in medical students similarly identifies methodological heterogeneity.

The homoeopathic evidence base represents a further limitation. Traditional Materia Medica descriptions are not equivalent to randomized clinical evidence, and the limited available clinical research does not justify claims of established efficacy for examination anxiety or panic.

Finally, self-reported anxiety may be influenced by recall, social desirability, examination proximity, and expectations.

33. Future Research

A logical research programme would progress through three stages.

Stage I: Establish the prevalence, severity, psychosomatic characteristics, and determinants of examination anxiety among BHMS students.

Stage II: Validate the proposed clinical–repertorial mapping framework and measure inter-rater agreement between homoeopathic clinicians.

Stage III: If justified by feasibility data, undertake an adequately powered, prospectively registered randomized controlled trial with an appropriate comparator, standardized background care, blinded outcome assessment where possible, and predefined primary outcomes. The third stage should only follow successful methodological validation of the first two.

34. CONCLUSION

Examination-related anxiety among BHMS students represents an important intersection of student mental health, medical education, preventive medicine, and clinical research. Although mild anticipatory anxiety may be adaptive, severe examination anxiety can involve cognitive disruption, autonomic hyperarousal, psychosomatic symptoms, sleep disturbance, avoidance, and panic-like episodes capable of impairing academic and personal functioning.

The proposed **Examination Anxiety–Panic Clinical Mapping Framework** provides a structured pathway from academic trigger to clinical manifestation and, where appropriate for research, from individualized symptom characterization to repertorial mapping and comparative Materia Medica analysis.

Traditional homoeopathic medicines such as *Gelsemium sempervirens*, *Argentum nitricum*, *Aconitum napellus*, *Arsenicum album*, and *Lycopodium clavatum* offer theoretically distinguishable symptom profiles within homoeopathic literature. These profiles should be regarded as **hypotheses for prospective testing rather than evidence of efficacy**.

The strongest contribution of Community Medicine would be to integrate population-based screening, risk-factor assessment, preventive education, confidential referral, standardized outcome measurement, and ethically designed clinical research.

Future research should therefore move from:

“Which homoeopathic medicine is useful for examination anxiety?”

toward the more scientifically testable question:

“Can clinically defined examination-anxiety patterns be measured reproducibly, mapped transparently to individualized homoeopathic prescribing constructs, and subsequently tested for clinical benefit in appropriately controlled prospective studies?”

That shift provides a more rigorous foundation for research and international publication.

Declarations

Ethics Approval

Not required for the literature-review component. Institutional Ethics Committee approval will be mandatory before implementation of the proposed student research protocol.

Informed Consent

Written informed consent should be obtained from all participants enrolled in the proposed prospective study.

Conflict of Interest

The authors should declare any relevant conflicts of interest.

Funding

The authors should state whether the study received institutional, governmental, commercial, or other financial support.

Data Availability

The systematic-review search strategy, screening records, extraction sheets, and final study database should be retained and made available according to journal and institutional requirements.

Author Contributions

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Contributions: Conceptualization of the research question and overall study framework; development of the study design and systematic comparative approach; formulation of the homoeopathic clinical and repertorial framework; interpretation of Kentian and Bogerian principles of case analysis; synthesis and integration of findings; preparation of the original manuscript; scholarly interpretation of the results; and critical revision of the manuscript for important intellectual content.

Author 2: Dr. Aarti Gorakhnath Kanchar

BHMS, MD (Homoeopathy) Practice of Medicine, Associate Professor in Department of Community Medicine.

Contributions: Development and execution of the literature-search strategy; identification and screening of potentially eligible literature; assessment of eligibility according to predefined criteria; data extraction and organization; methodological and critical appraisal of the included literature; verification of repertorial concepts, rubrics, and comparative interpretations; validation and cross-checking of references; contribution to the analytical and statistical protocol, where applicable; interpretation of findings; and critical revision of the manuscript.

Joint Author Responsibility and Accountability

Both authors contributed substantially to the conception, methodological development, analysis, interpretation, and scholarly refinement of the work. Both authors critically reviewed the manuscript, approved the final version for submission and publication, and agree to be accountable for all aspects of the work, including the accuracy, integrity, and appropriate resolution of questions related to its content.

CRedit Author Statement

Prof. Dr. Vaibhav Vijaya Ravindra Mahajan: Conceptualization, Methodology, Investigation, Formal Analysis, Interpretation, Writing – Original Draft, Writing – Review & Editing, and Supervision.

Dr. Aarti Gorakhnath Kanchar: Methodology, Investigation, Literature Search, Data Curation, Validation, Formal Analysis, Repertorial Verification, Writing – Review & Editing, and Reference Validation.

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