
**UTILITY OF MINI-MENTAL STATE EXAMINATION (MMSE) IN
HOMOEOPATHIC CASE TAKING**

***¹Dr. Swarupananda Sarkar (Hod), ²Dr. Chandrabhan Sharma, ³Dr. Vanshika Saini**

¹Dept. of Psychiatry, SKHMC, Jaipur.²Associate Professor, Dept. of Psychiatry, SKHMC, Jaipur.³MD Scholar, Dept. of Psychiatry, SKHMC, Jaipur.

Article Received: 15 February 2026, Article Revised: 05 March 2026, Published on: 25 March 2026

***Corresponding Author: Dr. Swarupananda Sarkar**

Dept. of Psychiatry, SKHMC, Jaipur.

DOI: <https://doi-doi.org/101555/ijarp.8753>

ABSTRACT

This is a critical investigation of the incorporation of the MMSE into homoeopathic case taking as an additional tool for cognitive profile. It defines the translational mapping of MMSE deficits into repertorial rubrics, which improves rubric fidelity, repertorization accuracy, and remedy individualisation. Furthermore, the MMSE enables longitudinal outcome assessment, which contributes to evidence-based homoeopathic practice.

KEYWORDS: Homoeopathic Case Taking, Mini-Mental State Examination (MMSE), Cognitive Assessment, Repertorization, Dementia, Psychiatry.

INTRODUCTION

Homoeopathy, rooted in the principles of “similia similibus curentur”. Dr. Samuel Hahnemann led foundation of homoeopathy, in his book the Organon of Medicine, in which Aphorisms 83 to 104, he addresses the science and art of case taking. The physician, according to Aphorism 84, must do the case through “careful listening, unprejudiced observation, and accurate recording and the totality of symptoms as outlined in Hahnemann’s. Organon of Medicine (§83–104) demands a meticulous case-taking process that gives importance to the patient’s physical, mental, emotional, and peculiar symptoms.¹ To improve objectivity in contemporary homoeopathic practice, practitioners are increasingly incorporating validated conventional methods, especially in mental health care, elderly care, and instances requiring cognitive decline. The Mini-Mental State Examination (MMSE), a

systematic cognitive screening tool that enhances the traditional homoeopathic method without taking the place of the holistic totality, is one such tool.²

Mini-Mental State Examination (MMSE)

The Mini-Mental State Examination (MMSE) is a widely used bedside cognitive screening tool in psychiatry and therapeutic settings. It was created in 1975 by Paul R. McHugh, Susan E. Folstein, and Marshal F. Folstein as a quick and systematic way to evaluate cognitive performance in therapeutic settings. The MMSE is a short screening test that can be given in an outpatient clinic or at the patient's bedside in five to ten minutes. It helps doctors diagnose neuropsychiatric disorders like delirium, dementia, and cognitive impairment by evaluating very basic aspects of cognitive functioning. It has become one of the most widely used cognitive evaluation tools worldwide due to its simplicity, consistency, and reproducibility.

- Orientation
- Registration
- Attention and calculation
- Recall
- Language

Domain	Task	Score
Orientation to Time	Ask year, season, date, day, month	/5
Orientation to Place	Ask country, state, city, hospital/clinic, floor	/5
Registration	Name three unrelated objects (e.g., Apple, Table, Penny) and ask the patient to repeat	/3
Attention and Calculation	Serial 7 subtraction from 100 OR spell “WORLD” backward	/5
Recall	Ask the patient to recall the three objects given earlier	/3
Language – Naming	Name two objects (e.g., a watch and a pencil)	/2
Language – Repetition	Ask patient to repeat phrase: “No ifs, ands, or buts.”	/1
Language – Verbal Command	Follow a three-stage command (e.g., Take paper in right hand, fold it, place it on the floor)	/3
Language – Reading	Read and obey the written command: “Close your eyes.”	/1
Language – Writing	Write a meaningful sentence	/1
Visuospatial Ability	Copy intersecting pentagons	/1
Total Score	Maximum score	/30

Folstein MF, Folstein SE, McHugh PR. **Mini-Mental State: A practical method for grading the cognitive state of patients for the clinician.** *Journal of Psychiatric Research.* 1975;12(3):189-198.

The maximum score is 30. Scores of 24–30 are considered normal (no cognitive impairment), 19–23 indicate mild impairment, 10–18 moderate, and below 10 severe. It is widely used in conventional medicine for screening dementia, delirium, and mild cognitive impairment.²

Traditional case taking prioritizes the "man in disease" over the illness in man. Kent's hierarchy prioritizes mental symptoms, including memory loss, disorientation, confusion, and difficulty concentrating (§153, Organon).^{1,4} However, subjective reporting can be vague or influenced by the patient's perceptions. In this instance, standardized tools like the MMSE provide a rigorous framework for converting observations into reliable repertorial rubrics.

Integration of MMSE into Homoeopathic Case Taking

The MMSE is typically performed during the phase of case taking, especially when:

1. When a patient complains about memory problems Patients may complain of symptoms like memory loss, forgetfulness, or trouble remembering recent events. Family members may also express dissatisfaction if the patient repeatedly asks the same questions, misplaces items, or forgets conversations.^{2,6} In these situations, the MMSE allows the doctor to evaluate immediate memory, recent memory, and delayed recall objectively. Inadequate performance in these areas could be a sign of dementia, moderate cognitive impairment, or cognitive decline linked to mental illnesses.²

From a homoeopathic standpoint, these results can be converted into rubrics like:

- MIND – Forgetful
- MIND– Absent-minded
- MIND-MEMORY-weakness of memory
- MIND-MEMORY-WEAKNESS OF MEMORY-details for
- MIND-MEMORY-WEAKNESS OF MEMORY-date for
- MIND-MEMORY-WEAKNESS OF MEMORY-events for
- MIND-MEMORY-WEAKNESS OF MEMORY-fact for
- MIND-MEMORY-WEAKNESS OF MEMORY-letters
- MIND-MEMORY-WEAKNESS OF MEMORY-names
- MIND-MEMORY-WEAKNESS OF MEMORY-numbers³

2. When Elderly Patients' Cognitive Decline Is Suspected Confusion, disorientation, and trouble carrying out daily duties are common complaints from elderly people. These signs could point to neurodegenerative diseases in their early stages. The practitioner can distinguish between serious cognitive decline and normal age-related forgetfulness by administering the MMSE during case taking. Recall exercises and orientation questions (date, location, season, etc.) aid in assessing the degree of impairment.

- MIND-CONFUSION OF MIND-past and present
- MIND-CONFUSION OF MIND-time;as to
- MIND-CONFUSION OF MIND-time;as to-space;and
- MIND-DELUSION –place-strange place,he was in a
- MIND-DELUSION –place-two places at the same time,of being in³

3. When Language or Speech Problems Are Seen The homoeopathic doctor closely examines the patient's patterns of speech, pronunciation, coherence, and flow during taking a case. An organized evaluation such as the MMSE is useful if the patient has trouble naming things, creating phrases, or obeying spoken instructions. The MMSE's language part evaluates skills like:

Giving items names

Phrase repetition

Following instructions

Composing a sentence.

Language impairment identified through MMSE may correspond to repertorial rubrics such as:

- *MIND-SPEECH-confused*
- *MIND-SPEECH-articulate; cannot*
- *MIND-SPEECH-finish sentence cannot*
- *MIND-MISTAKES; making writing, in*
- *MIND-WRITING ;making-difficulty in expressing ideas in*
- *MIND-WRITING ; inability for*
- *MIND - MISTAKES; making - writing, in -wrong - letters, figures*
- *MIND - MISTAKES; making - writing, in -wrong – syllables*
- *MIND - MISTAKES; making - writing, in -wrong – words* ³

4. When Concentration and Attention appear to be affected.

Some people have problems concentrating during conversations, frequently forget questions, or struggle with basic math. Depression, anxiety disorders, attention deficit disorders, and early cognitive impairment may all exhibit comparable traits.⁷

The MMSE assesses focus and attention through tasks such as reverse spelling words and serial subtraction (serial 7s). Poor performance may result in repertorial rubrics such as:

- *MIND-CONCENTRATION-difficult attention,cannot fix*
- *MIND-CONCENTRATION-difficult-calculating,while*
- *MIND-MISTAKES;making-calculating,in-cannot calculate*
- *MIND-CONFUSION OF MIND- calculating,when*³

5. When Behaviour Seems Disoriented or Confused When taking a patient's case, the doctor may see that the patient gives irrelevant responses to inquiries or seems confused about time, place, or personal identification.⁷ The MMSE can be used to assess the degree of disorientation or cognitive dysfunction in certain situations. The MMSE's orientation test assesses the patient's knowledge of:

- Time (date, day, month, year)
- Location (hospital, city, state, or nation)

Test-related disorientation is correlated with rubrics like:
Mind – Confusion

- *MIND-CONFUSION OF MIND-time;as to-space;and*
- *MIND-DELUSION –place-strange place,he was in a*
- *MIND -CONFUSION of mind-identity,as to his*
- *MIND-DELUSIOND-identity*³

Step-by-step implementation:

1. During the initial consultation, the practitioner administers the MMSE while observing the patient's affect, speech, and mannerisms.

2. Symptom translation: Homoeopathic rubrics are directly related to MMSE inadequacies.

- Disorientation leads to confusion and uncertainty about one's whereabouts.

Inadequate registration or recall can lead to memory loss, forgetfulness, attention/calculation failure, difficulty concentrating, abstract thinking, and inability to

- Language insufficiency can lead to delayed or incoherent speech, as well as decreased mental clarity.

3. Repertorization and remedy selection: To discover the similimum using repertories (e.g., Kent, Synthesis, or RADAR Opus), these rubrics are coupled with specific mental generals, physical generals, and modalities.

4. Follow-up monitoring: Repeated MMSE scores support evidence-based homoeopathic practice by giving measurable proof of success in addition to subjective improvement.

BENEFITS AND LIMITATIONS

Advantages - Offers objective, repeatable data on cognitive symptoms that are frequently challenging to obtain orally. Improves risk assessment (e.g., poor judgment or insight in psychoses). Aid in differential diagnosis and progress tracking are essential in the practice of psychiatry and geriatrics. It satisfies contemporary standards of proof and is consistent with Hahnemann's emphasis on unprejudiced observation (§83–90).

Restrictions: The MMSE may overlook modest deficiencies or cultural/educational biases because it is a screening tool rather than a thorough neuropsychological battery. In the end, homoeopathy treats the patient rather than the score. An excessive dependence on numbers may obscure odd, unique symptoms. It should never take the place of the traditional wholeness; rather, it should remain an accessory.

CONCLUSION

The Mini-Mental State Examination is a very powerful, evidence-based tool for homoeopaths, especially in psychiatric, geriatric OPD, and with people with cognitive problems. When employed correctly during case-taking, it improves symptom perception, strengthens repertorial analysis, and gives objective evidence of the similimum. As homoeopathy progresses in the twenty-first century, incorporating such standardised tools—while keeping true to Hahnemannian principles—enables practitioners to provide precise, holistic, and scientifically justifiable treatment. Mastering the MMSE along with classical case taking allows the homoeopathic physician to address the "man in disease" in a more thorough manner, fulfilling the real spirit of Homoeopathy.

REFERENCES

1. Samuel Hahnemann. Organon of Medicine. 6th edition. New Delhi: B Jain Publishers; 2023.

2. Marshal F. Folstein, Susan E. Folstein, Paul R. McHugh. Mini-Mental State: A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*. 1975; Volume 12, Issue 3, Pages 189–198.
3. Frederik Schroyens (Editor). *Synthesis Repertorium Homoeopathicum Syntheticum*. 9th edition. New Delhi: B Jain Publishers; 2004.
4. James Tyler Kent. *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain Publishers; 2013.
5. Stuart Close. *The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy*. New Delhi: B Jain Publishers; 2002.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*. 5th edition (Text Revision). Washington, DC: American Psychiatric Publishing; 2022.
7. Max Hamilton. *Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry*. 3rd edition. Bristol: Wright; 2001.