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Integrated Similia Framework: Bridging Phenomenological And Functional Therapeutic Similarity In Homoeopathy And Electrohomoeopathy

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Abstract
This article proposes an Integrated Similia Framework that reconciles the paradigms at both conceptual and clinical levels. Using qualitative comparative methodology, the study draws on classical homoeopathic texts, foundational Electrohomoeopathic literature, and contemporary insights from systems biology and pharmacology. The framework recognizes two complementary dimensions of therapeutic similarity: phenomenological resemblance, grounded in drug proving and individualized symptom correspondence, and functional resemblance, operating at the level of systemic physiological interaction. The concept of drug-disease functional likeness is introduced to explain the composite clinical responses observed when remedies interact with an already disturbed physiological system, and its epistemological limitations relative to primary drug knowledge are systematically addressed.
The study concludes that therapeutic resemblance in alternative medicine is not a singular, monolithic concept but a multi-dimensional principle operating across biological and clinical levels. The proposed framework preserves the methodological distinctions of each system while establishing a shared conceptual foundation, thereby offering a structured basis for future interdisciplinary research, clinical validation, and the development of integrative practice models.

Keywords: *Similia Similibus Curentur; Homoeopathy; Electrohomoeopathy; Phenomenological Resemblance; Functional Resemblance; Drug Proving; Systems Biology; Integrative Medicine; Dose Modulation; Cesare Matt*

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I. Introduction

Homoeopathy, established in the late eighteenth century by the German physician Samuel Hahnemann, rests upon a foundational epistemological principle: that a therapeutic substance capable of inducing a particular constellation of symptoms in a healthy individual can resolve analogous symptoms when they arise pathologically in a patient. This principle, encapsulated in the Latin dictum Similia Similibus Curentur (let likes be cured by likes), is not merely a prescribing heuristic but a systematic methodology for understanding drug action. Its primary instrument, drug proving, is a controlled observational protocol administered to healthy volunteers that generates an unconfounded record of each remedy's physiological and psychological signature, forming the empirical core of homoeopathic Materia Medica [1-5].

Electrohomoeopathy, developed by Count Cesare Mattei of Bologna in the nineteenth century, operates within a philosophically adjacent but methodologically distinct framework. Mattei attributed the origin of disease not to individualized symptom patterns but to disturbances in the quality and circulation of blood and lymph — the two primary physiological fluids he considered essential to systemic health. His therapeutic approach employed plant-derived combination remedies designed to restore the functional integrity of these systems, operating at a constitutional rather than symptomatic level [3,4]. While the terminology borrows from classical homoeopathy, the underlying model of similarity is functionally oriented rather than phenomenologically derived.

This divergence between the two systems raises three interlocking questions of both theoretical and practical significance. First, what constitutes therapeutic similarity — is it defined by the correspondence of symptoms or by the alignment of systemic functional states? Second, on what epistemological basis is the knowledge of drug action in each system constructed? Third, is conceptual integration between these paradigms possible without sacrificing the methodological integrity of either? These questions are not merely academic. As interest in integrative and complementary medicine grows globally, and as systems biology begins to offer frameworks that can bridge individualized and systemic therapeutic models, the need for a coherent theoretical architecture becomes more pressing [5,6].

This article proposes and elaborates an Integrated Similia Framework that addresses these questions systematically. By distinguishing two complementary dimensions of therapeutic similarity — phenomenological and functional — and by examining their respective epistemic grounds, the framework enables a structured dialogue between classical homoeopathy and Electrohomoeopathy. It further introduces the concept of drug-disease functional similarity as a category of clinical evidence, explores dose philosophy across both systems, and proposes a practical clinical integration model. The goal is not to collapse the two systems into a single undifferentiated approach, but to provide an analytically rigorous foundation upon which their shared principles and distinct contributions can be understood and applied.

II. Methodology

This study employs a qualitative, comparative analytical methodology designed to examine and reconcile theoretical constructs across two related but distinct therapeutic traditions. The methodological framework is structured around three complementary analytical procedures: conceptual analysis, epistemic comparison, and framework synthesis.

Sources and Data Selection

Primary sources included the foundational texts of classical homoeopathy, specifically Hahnemann's Organon of Medicine (all editions), the Chronic Diseases, and representative volumes of the homoeopathic Materia Medica. For Electrohomoeopathy, the study drew on Mattei's original treatises and subsequent systematizations by researchers including Compton Burnett and other historical expositors of the system. Secondary sources encompassed contemporary literature in systems biology,

pharmacology, network medicine, and integrative health research, retrieved from PubMed, Scopus, and Google Scholar using search terms including "homoeopathy similia," "Electrohomoeopathy," "drug proving epistemology," "systems pharmacology," and "functional similarity in medicine."

Analytical Parameters

Four core parameters were used to structure the comparative analysis across both systems:

- Epistemological basis: the foundations upon which drug knowledge is generated and validated
- Mechanism of therapeutic action: the biological or physiological model underlying clinical effect
- Dose philosophy: the principles governing remedy selection, potency, and administration
- Prescribing methodology: the clinical decision-making process employed by practitioners

Each system was assessed independently against these parameters, and then the two systems were compared systematically to identify points of convergence, divergence, and potential conceptual integration.

Framework Construction

The Integrated Similia Framework was constructed through a process of conceptual triangulation, drawing on commonalities identified in the comparative analysis and grounding them in contemporary theoretical perspectives from systems biology. The framework was structured to preserve the internal coherence and methodological identity of each system while articulating a shared conceptual language capable of supporting interdisciplinary research and clinical integration.

III. Theoretical Foundations

Phenomenological Similarity in Classical Homoeopathy

In classical homoeopathy, therapeutic similarity is a phenomenologically grounded construct. The term 'phenomenological' here refers to the systematic, first-person observational method through which drug effects are recorded: drug proving exposes healthy volunteers to a substance and documents, in precise qualitative detail, every physical, mental, and emotional response elicited. This produces a characteristic symptom portrait — the drug's individual signature — that becomes the basis for therapeutic matching [1].

The epistemological strength of this approach lies in its experimental purity. Since the proving subject is healthy, there is no pre-existing pathological state to confound the observed responses. The drug acts on an undisturbed vital milieu, and its effects are therefore attributable entirely to its own properties. This creates what

may be termed an unconfounded record of drug action - a pharmacological profile generated independently of disease [7].

The clinical application of this profile is governed by the law of similars: a remedy is selected for a patient when its proving symptoms most closely resemble the patient's symptom totality, including not only physical symptoms but also mental, emotional, and constitutional characteristics. This process of individualization — matching the unique symptom portrait of the patient to the unique proving profile of a remedy — is the defining feature of classical homoeopathic practice. The similarity sought is therefore symptom-to-symptom, specific, and individual [2].

From the perspective of contemporary philosophy of science, this method has affinities with phenomenological research traditions and with aspects of N-of-1 experimental design. It prioritizes depth and precision of observation over population-level generalization, generating knowledge that is inherently particularistic. While this raises methodological challenges for conventional evidence hierarchies, it also reflects a genuine epistemological position: that therapeutic knowledge must account for the irreducible individuality of both the drug and the patient [8].

Functional Similarity in Electrohomoeopathy

Electrohomoeopathy operates with a fundamentally different model of therapeutic similarity, one that may be characterized as functional rather than phenomenological. Mattei's system does not rely on drug proving in the classical sense. Instead, it constructs drug knowledge through clinical observation of remedy effects in patients with identified systemic disturbances — specifically, disorders of the blood and lymphatic systems. Therapeutic similarity is therefore defined not by symptom correspondence between the healthy prover and the sick patient, but by functional correspondence between the remedy's systemic action and the patient's constitutional pathology [3].

This system-level orientation has several important implications. Remedies in Electrohomoeopathy are typically combination preparations, each targeting a specific constitutional type or systemic dysfunction rather than an individual symptom pattern. The prescribing model is less individualized in the classical homoeopathic sense and more typological: patients are categorized according to the nature and location of their systemic disturbance, and remedies are selected to address that category of dysfunction [4].

From the standpoint of contemporary medicine, this approach shows interesting parallels with concepts in network pharmacology and systems medicine, which recognize that diseases frequently involve dysregulation of physiological networks rather than isolated molecular targets, and that effective therapy may need to act at the level of network dynamics rather than single-target interactions [9]. Mattei's emphasis on the blood and lymphatic systems as primary sites of constitutional disturbance — while formulated in pre-molecular terms — anticipates aspects of modern immunological and haematological understanding of systemic disease [10].

However, the epistemological limitation of this approach, relative to classical drug proving, is significant: because drug knowledge is generated through observation of effects in already-diseased subjects, the effects observed cannot be attributed solely to the drug. The pre-existing pathological state acts as a confounding variable, making it difficult to distinguish drug-specific actions from disease- modified responses. This limitation does not invalidate Electrohomoeopathy's clinical observations, but it places them in a different epistemological category — clinical evidence rather than primary pharmacological knowledge.

IV. Drug–Disease Functional Similarity

Conceptual Definition

The concept of drug-disease functional similarity is introduced in this paper to describe and analyze a specific type of therapeutic interaction: the interaction between a remedy and an already-disturbed physiological system. This interaction differs in important ways from both the phenomenological interaction of a proving drug with a healthy system and from the idealized therapeutic interaction of a perfectly matched simillimum with a patient's symptom totality.

When a remedy is administered to a patient with an existing pathological state, the clinical effects observed reflect a composite of at least three influences: the intrinsic action of the remedy, the current state of the pathological process, and the patient's individual reactivity and vital response capacity. These three factors interact dynamically, producing clinical outcomes that may include aggravation, modification, amelioration, or resolution of symptoms [2,11].

Clinical Response Patterns

Based on comparative analysis of both homoeopathic and Electrohomoeopathic clinical literature, three primary response patterns can be identified in drug-disease functional interaction:

Therapeutic aggravation refers to a temporary intensification of existing symptoms following remedy administration, typically interpreted within homoeopathic theory as evidence of correct remedy selection and

active healing response. This phenomenon, documented extensively in classical homoeopathic literature, is understood as the vital force's response to the remedial stimulus, temporarily amplifying the symptom pattern before resolution occurs [2].

Symptom modification refers to a qualitative change in the character, location, or intensity of existing symptoms, without initial amelioration. This pattern may indicate partial similarity between remedy and patient, requiring adjustment of potency, dose, or remedy selection. In Electrohomoeopathy, symptom modification may signal movement between constitutional types or systemic levels [4].

Sustained therapeutic relief refers to progressive and lasting improvement in the patient's condition, reflecting productive engagement between the remedy and the pathological process. This is the primary therapeutic objective in both systems, though the mechanisms through which it is understood to occur differ between classical homoeopathy and Electrohomoeopathy.

Epistemological Implications

The epistemological implications of drug-disease functional similarity are significant for both theoretical understanding and research methodology. The core issue is that clinical observations made in the context of drug-disease interaction — however valuable as evidence of therapeutic efficacy — cannot serve as primary sources of drug knowledge. The diseased state introduces a confounding variable that prevents unambiguous attribution of observed effects to the drug alone [7,12].

This does not diminish the value of clinical observation in alternative medicine research. Clinical evidence of therapeutic effect is valid and important, particularly in the context of complex interventions where controlled trials may not fully capture individualized treatment effects. However, it occupies a different epistemological position than the knowledge generated through drug proving: it constitutes evidence of clinical relevance rather than evidence of primary drug action. Maintaining this distinction is important for the integrity of both research methodology and clinical reasoning in homoeopathic and Electrohomoeopathic practice.

V. Dose Philosophy

The Minimal Dose Principle in Classical Homoeopathy

Hahnemann's dose philosophy is inseparable from his concept of potentization — the serial dilution and succussion of a substance to progressively attenuate its material presence while, in homoeopathic theory, enhancing its therapeutic potential. The minimal dose principle reflects Hahnemann's empirical observation that lower material doses, when prepared through potentization, are therapeutically effective and minimize the risk of harmful aggravation. This principle is theoretically grounded in the concept of the vital force — the dynamic organizing principle of life that, in Hahnemann's model, receives and responds to the therapeutic impulse of the potentized remedy [1,2].

From a contemporary perspective, the mechanism of action of ultra-high dilutions remains a subject of active scientific debate. Proposed explanatory frameworks range from water memory and electromagnetic signaling to hormesis and nanoparticle-mediated effects. While no single mechanism has achieved consensus, the clinical observations associated with potentized remedies continue to generate research interest and cannot be dismissed on purely theoretical grounds [13].

Adaptive Dose Modulation in Electrohomoeopathy

Electrohomoeopathy's dose philosophy differs significantly from classical homoeopathy's. Mattei's system employs tincture-based preparations at material dose levels, without systematic potentization in the homoeopathic sense. Dosing in Electrohomoeopathy is guided by clinical response: the practitioner observes the patient's reaction to an initial dose and adjusts the preparation, the combination, or the dosage level based on the therapeutic response obtained [3,4]. This adaptive, response-guided approach to dosing has parallels with titration-based prescribing in conventional pharmacology, where dose is calibrated to individual patient response rather than fixed at a predetermined level.

The Electrohomoeopathic approach to dose also reflects Mattei's constitutional model of disease. Since remedies are directed at systemic constitutional states rather than specific symptom patterns, dose adjustments are guided by changes in the patient's overall systemic condition — shifts in vitality, changes in the quality of secretions, modifications in the character of constitutional symptoms - rather than by changes in an individual symptom alone.

Integrated Dose Perspective

Viewed together, the dose philosophies of the two systems can be understood as complementary expressions of a shared underlying principle: that therapeutic dose should be calibrated to the minimum necessary to stimulate the vital response, and should be adjusted dynamically in response to the patient's individual reactivity. This principle, which may be expressed as 'minimal in conception, adaptive in application,' bridges the

potentization-based minimalism of classical homoeopathy with the response- guided modulation of Electrohomoeopathy [14].

Contemporary pharmacological concepts lend support to this integrated view. The phenomenon of hormesis — the non-linear dose-response relationship in which low doses of agents produce opposite effects to high doses — provides a mechanistic context within which both the minimal dose principle and the adaptive response-guided approach can be interpreted. Network pharmacology models further suggest that systemic effects of low-dose interventions may be mediated through mechanisms qualitatively different from those engaged by high-dose pharmacological interventions [9].

The Integrated Similia Framework

Dual-Level Similarity Model

The Integrated Similia Framework is founded on the recognition that therapeutic similarity in alternative medicine operates at two distinct but interrelated levels, each with its own epistemological basis, clinical expression, and methodological requirements. These two levels - phenomenological similarity and functional similarity — are not competing accounts of the same phenomenon but complementary dimensions of a multi-layered therapeutic principle.

Level	Type	Epistemological Basis	Primary Role	Clinical Expression
Phenomenological	Symptom-based similarity	Drug proving in healthy individuals	Drug knowledge generation	Individualized prescribing
Functional	System-based similarity	Clinical observation in diseased states	Clinical verification	Constitutional treatment

Table 1: Dual-Level Structure of the Integrated Similia Framework

Framework Interpretation

Within the Integrated Similia Framework, drug proving retains its epistemological primacy as the method by which primary drug knowledge is generated. It establishes the pharmacological identity of each remedy — its unique characteristic pattern of action — in conditions that minimize confounding and preserve observational clarity. This is the irreplaceable foundation of homoeopathic Materia Medica and cannot be replaced by clinical observation without loss of epistemological integrity [1,7].

Clinical practice — including both individualized homoeopathic prescribing and constitutional Electrohomoeopathic treatment — serves a different but equally essential function: it validates the functional relevance of drug knowledge in living, diseased patients. Clinical responses, including therapeutic aggravation, symptom modification, and resolution, provide evidence of the remedy's capacity to engage productively with pathological processes and support the vital response toward health. This clinical evidence does not replace proving-based knowledge but complements and confirms it within the therapeutic context [11]. Dose, in both systems, functions as the mediating variable between drug action and therapeutic response. It modulates the intensity of the drug-vital system interaction and must be calibrated to the individual patient's reactivity — a principle that the two systems express in different technical terms (potentization versus tincture-based modulation) but share at the level of underlying therapeutic logic [14].

Systems Biology as a Bridging Framework

Contemporary systems biology provides a valuable conceptual language through which the Integrated Similia Framework can be articulated in terms accessible to mainstream biomedical research. The emerging field of network medicine conceptualizes disease as the disruption of biological networks rather than the failure of isolated molecular targets, and recognizes that effective therapeutic agents often act by modulating network dynamics across multiple nodes simultaneously [9,15].

This network perspective has direct relevance to both homoeopathy and Electrohomoeopathy. Homoeopathic remedies, when viewed through a network lens, may be understood as agents that engage the organism's regulatory network at the level of its dynamic organizing principles — introducing a signal that the network recognizes as similar to its own pathological perturbation and responds to by restoring equilibrium. Electrohomoeopathic remedies, similarly, may be understood as systemic modulators acting on the network of blood and lymphatic circulation, modifying the broader physiological milieu in which pathological processes occur [10,16].

Both interpretations align with the framework's dual-level model: phenomenological similarity operates at the level of the organism's holistic dynamic response (captured through drug proving), while functional similarity operates at the level of systemic network states (addressed through constitutional prescribing). Systems biology does not validate the specific mechanisms proposed by either tradition, but it does provide a coherent conceptual context within which the therapeutic logic of both can be understood as scientifically plausible and worthy of rigorous investigation.

Clinical Integration Model

The Integrated Similia Framework generates a practical model for clinical integration that preserves the methodological integrity of both systems while enabling their complementary strengths to be deployed collaboratively. The model comprises four interrelated clinical steps:

1. Comprehensive symptom assessment: The clinician conducts a thorough homoeopathic case- taking, documenting the patient's symptom totality including physical, mental, emotional, and constitutional characteristics. This assessment forms the basis for phenomenological remedy matching.
2. Systemic disturbance evaluation: The clinician simultaneously assesses the patient's systemic constitutional state, attending to the character and quality of blood and lymphatic function as conceptualized within the Electrohomoeopathic framework. This evaluation identifies the constitutional type and the nature of systemic dysfunction.
3. Integrated remedy selection: Remedy selection is informed by both the symptom portrait identified in step one and the systemic constitutional assessment identified in step two. In cases where both dimensions are clearly defined, remedies may be selected that address both levels of similarity simultaneously. In cases where one dimension predominates, the relevant system's prescribing model takes precedence.
4. Dynamic dose adjustment: Remedy dose and potency are adjusted based on continuous monitoring of the patient's response, applying the principle of minimal effective stimulation and adapting as the patient's vital reactivity and clinical condition evolve.

This clinical integration model is intentionally flexible, acknowledging that not all patients or conditions will require or benefit from integration at all four levels. It provides a structured framework for thinking about integrative practice rather than a rigid protocol, and is designed to be refined and validated through prospective clinical investigation.

VI. Discussion

The Integrated Similia Framework proposed in this study has several important implications for both theoretical understanding and clinical practice in homoeopathy and Electrohomoeopathy, as well as for the broader project of developing a coherent scientific and philosophical foundation for alternative medicine systems. At the theoretical level, the framework demonstrates that therapeutic similarity is not a singular concept but a family of related concepts operating at different biological and epistemological levels. This recognition challenges both the exclusivist claim that symptom-based similarity alone constitutes genuine therapeutic similitude, and the reductionist claim that all therapeutic effects can be reduced to non-specific mechanisms. Instead, it suggests that different dimensions of similarity may be appropriate and effective at different levels of biological organization, and that a complete account of therapeutic action in complex biological systems may require a multi-dimensional model [5,8].

The framework's distinction between drug proving and clinical observation as sources of drug knowledge has important implications for research methodology in alternative medicine. Much of the current controversy surrounding homoeopathy and related systems concerns the interpretation of clinical evidence: does clinical efficacy evidence validate the theoretical framework of the system, or does it merely demonstrate specific therapeutic effects whose mechanisms remain unexplained? The framework suggests a more nuanced position: clinical evidence validates functional relevance, while proving-based evidence establishes pharmacological identity. Both types of evidence are necessary and valuable, but they must not be conflated [7,12].

The engagement with systems biology and network medicine in this paper reflects a deliberate effort to articulate the theoretical principles of alternative medicine in terms that are accessible to mainstream biomedical science, without distorting or misrepresenting those principles. The parallels identified between homoeopathic and Electrohomoeopathic concepts and contemporary systems-level frameworks are genuine and substantive, though they do not constitute mechanism-level explanations and should not be presented as such. They represent productive conceptual bridges that may stimulate and guide empirical research programs [9,15,16].

The proposed clinical integration model addresses a practical need that is increasingly recognized in integrative medicine: the need for structured frameworks that allow practitioners to draw coherently on multiple therapeutic traditions without creating incoherent eclecticism. The model's four-step structure provides a principled basis for integrating symptom-based and systemic-based assessment and treatment, while its flexibility ensures that it can be adapted to the specific requirements of individual patients and clinical contexts.

Several limitations of the current study deserve acknowledgment. The Integrated Similia Framework is, at this stage, primarily a conceptual and theoretical construction. It synthesizes existing knowledge and proposes a new organizing framework, but does not itself generate empirical evidence regarding the therapeutic effects of either homoeopathy or Electrohomoeopathy. The framework's clinical utility remains to be demonstrated through prospective studies using appropriate outcome measures and research designs. Additionally, the Electrohomoeopathic literature, compared to the homoeopathic literature, is considerably less extensive and less systematically organized, which introduced some limitations in the depth of comparative analysis possible for

that system.

VII. Conclusion And Future Perspectives

The principle of similia, as elaborated in this paper, extends beyond the classical formulation of symptom-to-symptom correspondence into a broader, multi-dimensional therapeutic framework encompassing both phenomenological and functional dimensions of therapeutic similarity. Classical homoeopathy's contribution to this framework lies in its rigorous, epistemologically sound method of drug knowledge generation through proving, and in its sophisticated model of individualized clinical application. Electrohomoeopathy's contribution lies in its system-level clinical insights, its constitutional prescribing model, and its adaptive approach to dose — all of which complement and extend the classical homoeopathic framework in clinically meaningful ways. The Integrated Similia Framework proposed in this study provides a unified yet analytically precise conceptual architecture that enhances both the theoretical understanding and the clinical application of therapeutic similarity in alternative medicine. By preserving the methodological distinctions of each system while articulating their shared conceptual foundations, the framework supports both intellectual integrity and practical integration. It offers a structured basis for future interdisciplinary research, clinical validation, and the development of coherent integrative practice models that can serve practitioners, researchers, and patients in the evolving landscape of global healthcare.

The Integrated Similia Framework points toward several concrete directions for future empirical and theoretical research. In the domain of clinical research, prospective observational studies and randomized controlled trials comparing integrated prescribing approaches (using both symptom-based and system-based assessment) with single-system approaches could provide direct evidence regarding the clinical utility of the framework. N-of-1 trial designs may be particularly appropriate for evaluating individualized treatment effects in both homoeopathy and Electrohomoeopathy [8,12]. In the domain of basic research, systems biology methods — including network analysis, transcriptomic profiling, and computational modeling of physiological networks — could be applied to investigate whether homoeopathic and Electrohomoeopathic remedies produce measurable effects on biological network dynamics that correspond to the theoretical mechanisms proposed in each system. Such research would not require commitment to specific mechanistic explanations in advance, but would generate hypothesis-driven empirical data relevant to evaluating those explanations [9,15]. Standardization of Electrohomoeopathic literature and clinical protocols represents an important prerequisite for the systematic research program envisaged here. The absence of widely accepted standardized descriptions of Electrohomoeopathic constitutional types, prescribing criteria, and outcome measures currently limits the precision with which the system's clinical claims can be evaluated. Collaborative efforts among Electrohomoeopathic practitioners and researchers to develop such standardization would significantly advance the field's research capacity [3,4].

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Author Contributions

Dr. Ajit Singh conceived the study, developed the theoretical framework, and drafted the manuscript. Dr. Shashi Mohan Sharma contributed to the clinical integration model and critical review. Dr. Harminder Singh Dalla contributed to comparative analysis and literature review. All authors reviewed and approved the final manuscript. Final updates were made by Prof. (Dr.) Sanjay Mishra.

Ethical Approval

This study is a theoretical and qualitative analysis and does not involve human participants, animal subjects, or patient data. Ethical approval was not required.

Disclaimer (Artificial intelligence)

Authors hereby declare that NO generative AI technologies such as large language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

Competing Interests

All authors declare that they have no competing interest, financial or otherwise, related to the subject matter of this manuscript.

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