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Allostasis and Korean Medicine Revisited: A Protocol for Mapping Concepts, Measurement, and Translational Hypotheses

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Abstract

This protocol re-examines claims advanced in the 2012 series “Allostasis and Korean Medicine” using contemporary conceptual scholarship, biomedical literature, classical Korean-medicine sources, and counter-evidence. It does not equate Korean-medicine concepts with allostasis; instead, it distinguishes analogy, operational correspondence, mechanistic bridges, and testable translational hypotheses. Only public literature is used, and no treatment recommendation or patient-level conclusion is produced.

Keywords: allostasis · allostatic load · Korean medicine · evidence map · translational research · psychoneuroimmunology

Background

The 2012 series asked whether psychoneuroimmunology, systems biology, and complexity science could generate researchable connections with Korean-medicine theories of disease, pattern identification, and intervention. This project is neither commemorative nor defensive. It is a reappraisal designed to determine which propositions remain supportable, which require qualification, and which should be abandoned.

Research questions

- How have the definitions and measurements of allostasis and allostatic load changed since 2012?
- Which 2012 claims are supported, qualified, or contradicted by current evidence?
- At what relational level do proposed connections with Korean-medicine concepts belong, and do they generate new predictions?
- Can these connections add measurement or predictive value beyond existing clinical indicators?

Methods

Concept genealogy, modern biomedical retrieval, classical-source retrieval, domain evidence mapping, and counter-hypothesis searches will be conducted as independent lanes. Every substantive claim will be linked to persistent source and passage records, with support, contradiction, qualification, and context represented separately.

Relations between classical and modern concepts will be graded as analogy, operational correspondence, mechanistic bridge, or translational hypothesis. Lexical similarity and isolated passages will not be treated as evidence of mechanistic identity.

Safeguards and stopping rules

The original authors' propositions receive no preferential treatment. Counter-evidence receives an equivalent search budget. Searching ends only after each core question has foundational sources, a contemporary evidence corpus, at least one critical or qualifying source, verified passages, and two saturation checks that do not materially change the conclusion.

Planned outputs

- A Claim Ledger and citation network for the 2012 series
- An evidence map of allostasis concepts and measurement
- A Korean-medicine correspondence paper without claims of equivalence
- Domain reviews of sleep, metabolism, immunity, reproductive health, and licorice safety
- A counter-perspective paper and a future observational-study protocol

Declarations

Author contributions (CRediT)	Yeonseung Choe: Conceptualization, Methodology, Clinical framing, Research-system design · Baekrokdam Research Commons (BRC): Investigation, Data curation, Writing – original draft
Data availability	This protocol uses public literature only. Search records and the Claim Ledger are intended for release with the resulting papers.
Funding	No external funding.
Competing interests	This protocol was prepared by Baekrokdam Research Commons (BRC) using ClinicOS research infrastructure. The clinical and commercial interests of BRC and Baekrokdam Korean Medicine Clinic are disclosed and reviewed separately from any claims about clinical effectiveness.
AI use disclosure	AI tools are used to assist search planning, structuring, and drafting. AI is not listed as an author; human editors remain responsible for source verification and final judgments.
Ethics	This public-literature study contains no patient data. Any future human-participant research will require separate ethics review before commencement.

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