

# A Comprehensive Overview of Traditional Chinese Medicine (TCM)

Roshan Kumar Dubey<sup>1\*</sup>, Bablu Kumar<sup>2</sup>

<sup>1</sup>Department of Pharmaceutics, Mahatma Gandhi Institute of Pharmacy, Lucknow, Uttar Pradesh, India

<sup>2</sup>Department of Quality Assurance, Narayan Institute of Pharmacy, Gopal Narayan Singh University, Rohtas, Bihar, India

**\*Correspondence Author:**

Roshan Kumar Dubey

Assistant Professor in the Department of Pharmaceutics  
Mahatma Gandhi Institute of Pharmacy,  
Lucknow, Uttar Pradesh

Email ID – pharमारoshan95@gmail.com

Applied Physiology, 2025: e20250015

## Abstract

Traditional Chinese Medicine (TCM) represents a holistic approach to health and wellness that integrates ancient philosophies with diverse therapeutic modalities. Rooted in concepts of Yin-Yang balance, Qi (vital energy), and the Five Elements theory, TCM aims to harmonize the body, mind, and spirit to achieve optimal health outcomes. This review explores the historical development, philosophical foundations, diagnostic methods, and common practices within TCM. It highlights the integration of acupuncture, herbal medicine, dietary therapy, and mind-body practices as key components of TCM's therapeutic arsenal. Scientific perspectives on TCM emphasize ongoing research efforts to validate its efficacy, mechanisms of action, and integration into modern healthcare systems. Criticisms surrounding TCM include challenges related to scientific validation, safety concerns regarding herbal products, and cultural differences in healthcare practices. Despite these challenges, TCM continues to evolve with advancements in research methodologies, digital health technologies, and integrative medicine approaches. The future of TCM holds promise in personalized and preventive medicine, global standardization, and ethical practices, positioning it as a valuable contributor to comprehensive healthcare models worldwide.

## Keywords

TCM diagnostics, Integrative medicine, Holistic health, Traditional Chinese herbs, Meridian system

## 1. Introduction

Traditional Chinese Medicine (TCM) is an ancient, holistic healthcare system that has been practiced in China for thousands of years. It encompasses a broad range of practices, including herbal medicine, acupuncture, moxibustion, cupping therapy, Tui Na (therapeutic massage), Tai Chi, and Qigong, among others. Unlike Western medicine, which often focuses on treating specific symptoms or diseases, TCM emphasizes the balance of the body's vital energy,

known as Qi, and the interplay between the body's internal and external environments [1]. This approach aims to restore harmony within the body, thereby promoting overall health and well-being [2].

The origins of TCM can be traced back to the Shang Dynasty (1600-1046 BCE), where early evidence of acupuncture and herbal medicine has been found. However, it was during the Spring and Autumn period (770-476 BCE) and the Warring States period (475-221 BCE) that TCM began to take a more structured form. The "Huangdi Neijing" (The Yellow Emperor's Classic

DOI: 10.62958/j.cjap.2025.015  
cjap.ytbmed.net

© 2025. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (<https://creativecommons.org/licenses/by/4.0/>)

Published by Asian BioMed Innovation Press

of Medicine), written around the 2nd century BCE, is one of the most important texts in TCM [3]. This foundational work outlines key theories and practices that continue to influence TCM today, including the concepts of Yin and Yang, the Five Elements (Wu Xing), and the meridian system through which Qi flows [4].

Over the centuries, TCM has evolved and expanded, incorporating insights from various schools of thought and regional practices. For example, the Tang Dynasty (618-907 CE) saw the compilation of the "Tang Materia Medica," an extensive pharmacopeia that significantly advanced herbal medicine, Figure 1 [5]. The Song Dynasty (960-1279 CE) further contributed to the development of TCM with the establishment of state-sponsored medical schools and the publication of comprehensive medical texts [6], such as the "Kaibao Bencao."

In the modern era, TCM has continued to adapt and integrate with contemporary medical practices. The establishment of the People's Republic of China in 1949 marked a significant turning point, as TCM was formally integrated into the national healthcare system [7]. This period also saw the founding of TCM universities and research institutions, which have played a crucial role in standardizing and promoting TCM practices both in China and internationally [8].

Despite its ancient roots, TCM remains relevant today, offering a complementary approach to Western medicine. The holistic and individualized nature of TCM appeals to many people seeking alternative or integrative treatments for chronic and complex conditions. Furthermore, the World Health Organization (WHO) has recognized the importance of TCM and other traditional medicine systems, incorporating them into global health strategies [9].

Scientific research into TCM has increased

significantly over the past few decades, with numerous studies exploring the mechanisms and efficacy of various TCM practices. While some TCM treatments have been validated through modern research [10], others remain controversial, highlighting the need for ongoing investigation and rigorous clinical trials.

This review article aims to provide a comprehensive overview of TCM, exploring its historical background, philosophical foundations, diagnostic methods, common practices, and integration with modern healthcare. Additionally, it will examine the scientific perspectives on TCM, including mechanistic studies, clinical research, and the challenges faced in studying this complex and holistic system of medicine. By appreciating and integrating the insights of TCM, we can enrich our understanding of medicine and enhance our ability to care for ourselves and others [11].

## 2. Philosophical Foundations

The philosophical foundations of Traditional Chinese Medicine (TCM) are deeply intertwined with ancient Chinese cosmology, Taoist philosophy, and holistic approaches to understanding health and disease. At the heart of TCM lies the principle of Yin and Yang, a concept that represents the dualistic nature of the universe. Yin and Yang are opposing but complementary forces that exist in all aspects of life and nature. Yin is associated with qualities such as cold, darkness, and passivity, while Yang embodies warmth, light, and activity. These forces are not static but dynamically interact and transform into each other. Health, according to TCM, is a state of balance between Yin and Yang, and disease arises when this balance is disrupted. This concept is applied to understand the functional states of organs, tissues, and even emotional



Figure 1: Traditional Chinese Medicine (TCM)

states, providing a framework for diagnosis and treatment [12].

Another cornerstone of TCM is the Five Elements (Wu Xing) theory, which further elaborates on the interrelationships within the human body and between the body and the natural world. The Five Elements—Wood, Fire, Earth, Metal, and Water—are used to describe the fundamental components of the universe and their interactions. Each element is linked to specific organs, seasons, directions, emotions, and other natural phenomena. For example, Wood is associated with the liver, spring, and the emotion of anger; Fire corresponds to the heart, summer, and joy; Earth is connected to the spleen, late summer, and pensiveness; Metal relates to the lungs, autumn, and grief; and Water is linked to the kidneys, winter, and fear [13]. These elements interact through cycles of generation (Sheng cycle) and control (Ke cycle), which regulate physiological processes and can also explain the development of disease when imbalanced.

Central to TCM is the concept of Qi (Chi), the vital energy that flows through the body along specific pathways called meridians. Qi is considered the life force that animates the body and maintains its functions. The smooth, unobstructed flow of Qi is essential for health, while blockages or imbalances in Qi can lead to illness. Qi encompasses several forms, including congenital Qi inherited from parents, and acquired Qi derived from food, air, and the environment. Practitioners of TCM focus on ensuring the proper flow and balance of Qi through various therapeutic techniques such as acupuncture, herbal medicine, and Qigong.

The interconnectedness of the body and its parts is another critical aspect of TCM philosophy. The body is viewed as an integrated whole, where the mind, body, and spirit are inseparable [14]. This holistic perspective extends to the environment, recognizing that external factors like climate, lifestyle, and social relationships influence health. TCM practitioners consider these factors when diagnosing and treating patients, aiming to restore harmony within the individual and between the individual and their surroundings [15].

Moreover, TCM places significant emphasis on the concept of pattern differentiation (Bian Zheng), which involves identifying the specific imbalance of Yin and Yang, Qi, Blood, and the Five Elements in each patient. This individualized approach contrasts with the more standardized treatment protocols common in Western medicine. Pattern differentiation requires a comprehensive assessment of symptoms, pulse, tongue characteristics, and other diagnostic indicators,

leading to personalized treatment plans that address the root cause of the disorder rather than merely alleviating symptoms [16].

The philosophical foundations of TCM are also influenced by ancient texts and wisdom, notably the "Huangdi Neijing" (The Yellow Emperor's Classic of Medicine), which outlines the basic principles and theories that underpin TCM practices. This text, along with others like the "Shang Han Lun" (Treatise on Cold Damage) and the "Jin Gui Yao Lue" (Essential Prescriptions of the Golden Cabinet) [17], provides a rich theoretical framework that continues to guide TCM practitioners.

In summary, the philosophical foundations of TCM are deeply rooted in the ancient Chinese worldview, emphasizing balance, harmony, and the dynamic interactions between Yin and Yang, the Five Elements, and Qi. This holistic approach considers the individual as an integrated whole, influenced by internal and external factors, and aims to restore and maintain health through personalized, comprehensive care [18].

### 3. Diagnostic Methods in TCM

Diagnostic methods in Traditional Chinese Medicine (TCM) are detailed, holistic approaches that focus on identifying patterns of disharmony within the body, which are believed to be the root causes of disease. These methods include four primary techniques: inspection, auscultation and olfaction, inquiry, and palpation. Each of these techniques is integral to forming a comprehensive understanding of the patient's health status and guiding treatment [19].

Inspection (Wang) is a thorough visual examination of the patient's physical appearance. TCM practitioners carefully observe the patient's overall demeanor, complexion, posture, movements, and especially the tongue. The tongue is considered a microcosm of the body's internal state and provides significant diagnostic information. Practitioners examine the tongue's color, shape, size, moisture, and coating [20]. Each characteristic of the tongue corresponds to different internal organs and bodily functions. For example, a pale tongue might indicate blood deficiency, while a red tongue could suggest heat in the body. The coating of the tongue provides insights into the state of the digestive system and the presence of pathogenic factors like dampness or phlegm [21].

Auscultation and olfaction (Wen) involve listening to the sounds of the body and detecting odors. Auscultation includes assessing the patient's voice, breathing, and coughing. The quality, tone, and

strength of the voice can indicate different types of imbalances. For instance, a weak voice might suggest a deficiency of Qi, while a loud and forceful voice might indicate excess heat. Olfaction involves noticing any unusual smells from the body, breath, or excretions, which can signal various internal conditions [22]. For example, a foul odor might indicate damp-heat, whereas a sour smell could be related to liver issues.

Inquiry (Wen) is a detailed questioning process that covers a broad range of topics to gather comprehensive information about the patient's health [23]. This includes questions about the primary symptoms, their onset, duration, and nature, as well as a thorough review of the patient's medical history, lifestyle, diet, sleep patterns, emotional state, and bowel and urinary habits. Inquiry also involves understanding the patient's personal and family medical history, which can reveal hereditary predispositions to certain conditions [24]. The practitioner may ask about specific symptoms in relation to the five major organ systems: liver, heart, spleen, lung, and kidney, each of which corresponds to different aspects of bodily and emotional function.

Palpation (Qie) includes both pulse diagnosis and physical examination. Pulse diagnosis is a sophisticated technique where the practitioner feels the pulse at three locations on each wrist, using three different levels of pressure [25]. Each of these locations (cun, guan, and chi) corresponds to different organ systems and provides information about the condition of these organs. Practitioners assess various pulse characteristics, such as rate, rhythm, strength, and quality. There are up to 28 different pulse types in TCM, each associated with specific conditions. For example, a thin and rapid pulse might indicate Yin deficiency with heat, while a deep and slow pulse could suggest Yang deficiency [26].

In addition to pulse diagnosis, palpation includes examining specific areas of the body for tenderness, swelling, temperature variations, and other abnormalities. The abdomen is often palpated to assess the condition of the internal organs and detect signs of stagnation, deficiency, or excess. Palpation can also include feeling the skin's texture and temperature to determine the presence of heat, cold, dampness, or dryness [27].

These diagnostic methods are not used in isolation but are combined to form a comprehensive diagnostic picture. TCM practitioners synthesize information from inspection, auscultation and olfaction, inquiry, and palpation to identify patterns of disharmony within the body. These patterns are then used to develop a treatment plan that addresses the root causes of the

patient's condition, rather than merely alleviating symptoms. This holistic and integrative approach is fundamental to TCM, reflecting its emphasis on restoring balance and harmony within the body and promoting overall health and well-being [28].

#### 4. Common Practices in TCM

Traditional Chinese Medicine (TCM) encompasses a diverse range of therapeutic practices that have been developed and refined over thousands of years. These practices are rooted in TCM's philosophical principles [29], diagnostic methods, and understanding of the body's holistic nature. Here are some of the most common practices in TCM, each with its unique principles and therapeutic applications:

**a. Acupuncture:** Acupuncture involves the insertion of fine needles into specific points on the body, known as acupuncture points or acupoints. These points are located along meridians, channels through which Qi (vital energy) flows. The stimulation of acupoints is believed to regulate the flow of Qi and blood, harmonize Yin and Yang, and promote the body's self-healing mechanisms [30]. Acupuncture is used to treat a wide range of conditions, including musculoskeletal disorders (such as back pain and arthritis), neurological disorders (such as headaches and neuropathies), digestive issues, respiratory conditions, and emotional imbalances like anxiety and depression.

**b. Herbal Medicine:** Herbal medicine is central to TCM and involves the use of medicinal plants, minerals, and animal products to treat and prevent illness. TCM herbal formulas are carefully composed to address specific patterns of disharmony identified through TCM diagnostic methods. Each herb is selected based on its taste [31], temperature (cooling, warming), and affinity to specific organs and meridians. Herbal formulations may consist of multiple ingredients to enhance efficacy and minimize side effects. Herbs can be prescribed as decoctions (boiled herbal teas), powders, pills, tinctures, or external applications (ointments, plasters) to treat a wide range of conditions, from chronic diseases to acute infections and injuries [32].

**c. Moxibustion:** Moxibustion involves the burning of mugwort (*Artemisia vulgaris*) or other herbs on or near acupuncture points. The heat generated by moxibustion penetrates deeply into the body, warming and invigorating the flow of Qi and blood. It is used to dispel cold and dampness, strengthen Yang energy, and promote healing. Moxibustion techniques include

direct moxibustion (where moxa is placed directly on the skin) and indirect moxibustion (where moxa is burned above the skin or on top of acupuncture needles). Moxibustion is commonly used for conditions such as pain syndromes, arthritis, digestive disorders, and menstrual irregularities [33].

**d. Cupping Therapy:** Cupping therapy involves placing glass, bamboo, or plastic cups on the skin's surface to create suction. This suction draws stagnant blood, Qi, and toxins to the skin's surface, promoting circulation and relieving muscle tension. Cupping is often used for musculoskeletal pain, respiratory conditions (such as asthma and bronchitis), and conditions characterized by stagnation, such as colds and flu [34]. Cupping techniques include stationary cupping (where cups are left in place for several minutes) and sliding cupping (where cups are moved along the skin's surface).

**e. Tui Na (Chinese Therapeutic Massage):** Tui Na is a form of Chinese therapeutic massage that incorporates various techniques including kneading, rolling, pressing [35], and stretching. Tui Na techniques are applied to the muscles, tendons, and meridians to regulate Qi and blood flow, relieve muscular tension, and promote overall relaxation and well-being. Tui Na is used to treat musculoskeletal disorders, injuries, chronic pain conditions, and conditions affecting the internal organs [36]. It is often combined with acupuncture and herbal medicine for enhanced therapeutic effects.

**f. Dietary Therapy:** Dietary therapy in TCM emphasizes the therapeutic properties of food and its role in maintaining health and preventing disease. Foods are classified according to their energetic properties (such as hot, cold, warm, and cool) and their effects on the body's Yin and Yang balance [37]. TCM practitioners prescribe dietary recommendations based on the patient's individual constitution, current health condition, and patterns of disharmony identified through diagnostic methods. For example, cooling foods may be recommended for conditions of excess heat (such as inflammation), while warming foods are suggested for conditions of cold (such as poor circulation). Dietary therapy aims to support TCM treatment goals, optimize digestion, and promote overall vitality and well-being [38].

These common practices in TCM are often integrated into comprehensive treatment plans that consider the patient's unique constitution, symptoms, and underlying patterns of disharmony. By addressing the root causes of illness and promoting balance within the body's internal environment, TCM practices aim to support the body's innate healing abilities and

enhance overall health and well-being in a holistic and personalized manner [39].

## 5. Dietary Therapy in TCM

Dietary therapy is a fundamental aspect of Traditional Chinese Medicine (TCM), leveraging the therapeutic properties of food to maintain health, prevent illness, and restore balance within the body [40]. Rooted in TCM's holistic approach to health, dietary therapy considers food not only as a source of nutrients but also as a form of medicine that can influence the body's Qi (vital energy), Blood, and overall constitution. The principles of TCM dietary therapy are based on the concepts of food energetics, the Five Elements (Wu Xing), and the interplay of Yin and Yang [41].

**a. Food Energetics:** TCM categorizes foods according to their energetic properties, including taste (sour, bitter, sweet, spicy, salty), temperature (cooling, warming), and their effects on the body's Yin and Yang balance. Each type of food has specific energetic qualities that can affect the body's internal environment [42]. For instance, cooling foods such as cucumbers, watermelon, and mung beans are recommended to reduce excess heat in conditions like fever, inflammation, or hot flashes. Conversely, warming foods such as ginger, garlic, and cinnamon are used to invigorate Yang energy, improve circulation, and strengthen digestive function, particularly beneficial for individuals with coldness or deficiency patterns characterized by cold limbs, weak digestion, or chronic fatigue [43].

**b. Individualized Approach:** TCM practitioners assess each individual's constitution, which includes inherited tendencies, current health conditions, lifestyle habits, and patterns of disharmony identified through diagnostic methods like pulse diagnosis, tongue examination, and patient history. Based on this assessment [44], personalized dietary recommendations are made to address specific imbalances and support overall health. For example, individuals with liver Qi stagnation may be advised to consume foods that are soothing to the liver, such as leafy greens, citrus fruits, and vinegar, to alleviate symptoms like irritability, mood swings, and digestive discomfort [45].

**c. Organ and Meridian Affinities:** TCM dietary therapy also considers the relationship between foods and the body's internal organs and meridians [46]. Certain foods are believed to nourish specific organs and support their functions according to TCM principles. For instance, foods that benefit the kidneys,

such as black beans, seaweed, and bone broth, are recommended for individuals with symptoms of kidney deficiency [47], such as lower back pain, weakness in the knees, and frequent urination. Foods that support the spleen, such as rice, sweet potatoes, and ginger, are prescribed to enhance digestive function and address symptoms of spleen Qi deficiency, such as fatigue, poor appetite, and loose stools [48].

**d. Moderation and Balance:** TCM emphasizes the importance of moderation, balance, and mindfulness in eating habits. It encourages individuals to eat according to their body's natural rhythms, chew food thoroughly to aid digestion, and avoid overeating or consuming foods that may exacerbate existing health conditions. TCM dietary guidelines often recommend consuming meals at regular times, incorporating a variety of foods from different food groups, and making seasonal adjustments based on the body's needs during different times of the year [49].

**e. Integration with Other TCM Practices:** Dietary therapy in TCM is often integrated with other TCM

modalities such as acupuncture, herbal medicine, and lifestyle recommendations to optimize health outcomes. For example, dietary recommendations may complement acupuncture treatments by supporting the body's energy balance and enhancing the effectiveness of herbal formulations. TCM practitioners work collaboratively with patients to develop comprehensive treatment plans that address the root causes of illness, promote overall well-being, and empower individuals to take an active role in their health through dietary choices [50].

In conclusion, TCM dietary therapy offers a holistic and personalized approach to nutrition, leveraging the therapeutic properties of food to support the body's natural healing processes, restore balance and harmony, and enhance vitality and longevity. By integrating food energetics, individualized assessment, organ and meridian affinities, moderation [51], and collaboration with other TCM practices, dietary therapy in TCM aims to promote optimal health and prevent illness through nourishing and balancing the

**Table 1:** TCM Dietary Therapy Description

Aspect of TCM Dietary Therapy Description	Description
Food Energetics	<ul style="list-style-type: none"> <li>- Classifies foods based on taste (sour, bitter, sweet, spicy, salty) and thermal nature (cooling, warming).</li> <li>- Cooling foods (e.g., cucumbers, watermelon) are used for conditions of excess heat, while warming foods (e.g., ginger, garlic) are used for deficiency patterns.</li> </ul>
Individualized Approach	<ul style="list-style-type: none"> <li>- Tailors dietary recommendations to individual constitution, health conditions, and patterns of disharmony identified through TCM diagnostic methods.</li> <li>- Considers factors such as age, gender, climate, season, and lifestyle habits in dietary planning.</li> </ul>
Organ and Meridian Affinities	<ul style="list-style-type: none"> <li>- Matches foods to specific organs and meridians based on TCM principles.</li> <li>- Foods that support the liver (e.g., leafy greens, citrus fruits) are used for liver Qi stagnation. Foods for kidney support include black beans, seaweed.</li> </ul>
Moderation and Balance	<ul style="list-style-type: none"> <li>- Emphasizes moderation in food consumption to avoid excess and imbalance.</li> <li>- Encourages balanced meals that include a variety of foods from different food groups.</li> </ul>
Mindful Eating Practices	<ul style="list-style-type: none"> <li>- Promotes mindful eating habits such as chewing food thoroughly and eating at regular times.</li> <li>- Advises against overeating and encourages listening to the body's hunger and satiety cues.</li> </ul>
Seasonal Adjustments	<ul style="list-style-type: none"> <li>- Recommends adjustments in diet according to seasonal changes to support the body's needs (e.g., warming foods in winter, cooling foods in summer).</li> </ul>
Integration with Other TCM Practices	<ul style="list-style-type: none"> <li>- Combines dietary therapy with acupuncture, herbal medicine, and TCM lifestyle recommendations for holistic treatment approaches.</li> <li>- Enhances therapeutic outcomes by addressing underlying imbalances through multiple modalities.</li> </ul>
Long-Term Health Maintenance	<ul style="list-style-type: none"> <li>- Focuses on using dietary principles as a long-term approach to maintaining health and preventing illness.</li> <li>- Educates individuals on the relationship between diet and health, empowering them to make informed food choices.</li> </ul>

body from within.

## 6. TCM in Modern Health Care

Traditional Chinese Medicine (TCM) has gained recognition and integration into modern health care systems worldwide, offering a holistic approach to health that complements conventional medical practices [52]. In recent decades, TCM's efficacy and therapeutic benefits have been increasingly studied and acknowledged, contributing to its acceptance and adoption in diverse healthcare settings.

One significant aspect of TCM's integration into modern healthcare is its holistic view of health and disease. TCM emphasizes the interconnectedness of the body, mind, and environment, viewing health as a balance between Yin and Yang forces and the harmonious flow of Qi (vital energy) throughout the body [53]. This holistic perspective complements the reductionist approach of Western medicine by addressing not only symptoms but also underlying imbalances and root causes of illness.

Another strength of TCM in modern health care lies in its diagnostic methods, which include pulse diagnosis, tongue examination, and pattern differentiation [54]. These methods provide TCM practitioners with a comprehensive understanding of the patient's health status, enabling personalized treatment plans that consider the individual's constitution, lifestyle, and emotional well-being. By integrating TCM diagnostics with modern medical assessments, healthcare providers can offer more tailored and effective care [55].

TCM therapies such as acupuncture, herbal medicine, dietary therapy, and mind-body practices (e.g., Qigong, Tai Chi) are increasingly utilized alongside conventional treatments to manage a wide range of health conditions. Acupuncture, for example, is recognized for its ability to alleviate pain, reduce inflammation, and promote relaxation, making it beneficial in pain management, stress reduction, and supportive cancer care [56]. Herbal medicine offers natural alternatives for treating chronic conditions like allergies, digestive disorders, and hormonal imbalances, often with fewer side effects than conventional medications.

Furthermore, TCM's emphasis on prevention and health maintenance aligns with modern healthcare goals of promoting wellness and reducing healthcare costs. TCM practitioners educate patients about lifestyle modifications [57], dietary adjustments, and stress management techniques to prevent illness and enhance overall well-being. Integrative healthcare

models that combine TCM with conventional medicine are emerging in hospitals, clinics, and academic institutions, offering patients access to a broader range of treatment options and promoting collaborative care among healthcare providers.

Despite challenges such as standardization of practices and cultural differences in healthcare delivery, TCM's integration into modern health care represents a paradigm shift towards patient-centered, integrative medicine [58]. By embracing TCM's holistic principles and therapeutic modalities, modern healthcare systems can enhance patient outcomes, improve quality of life, and offer comprehensive care that addresses the diverse needs of patients in today's globalized world [59].

## 7. Scientific Perspectives on TCM

Scientific perspectives on Traditional Chinese Medicine (TCM) reflect a growing interest and recognition of its therapeutic potential, supported by increasing research and clinical studies [60]. While TCM is rooted in ancient philosophies and empirical observations, modern scientific inquiry seeks to validate its efficacy, mechanisms of action, and integration into evidence-based healthcare practices.

One of the key areas of scientific investigation in TCM is acupuncture. Numerous studies have explored acupuncture's effects on pain management, neurological disorders [61], and various chronic conditions. Research suggests that acupuncture may modulate neurotransmitters, hormones, and immune responses, leading to pain relief and therapeutic benefits. Functional MRI studies have shown that acupuncture can influence brain activity, supporting its role in pain perception and modulation [62].

Herbal medicine is another focus of scientific inquiry within TCM. Many herbs used in TCM formulations have been subjected to pharmacological studies to identify their active compounds and mechanisms of action. For example, herbs like ginseng, Astragalus, and curcumin have demonstrated antioxidant, anti-inflammatory, and immunomodulatory properties in laboratory and clinical settings [63]. Modern analytical techniques have enabled the standardization and quality control of herbal preparations, enhancing their safety and efficacy in clinical practice.

TCM diagnostic methods, such as pulse diagnosis and tongue examination, are also under scientific scrutiny [64]. While these methods are traditionally based on subjective observations and pattern recognition, efforts are being made to correlate them with objective physiological markers. Research into

tongue coating analysis, for instance, aims to link specific coatings with microbiome composition or metabolic disorders, providing insights into diagnostic accuracy and reproducibility.

Moreover, integrative approaches that combine TCM with conventional medicine are gaining attention in healthcare systems worldwide [65]. Integrative oncology, for instance, incorporates acupuncture, herbal medicine, and supportive care strategies to alleviate cancer-related symptoms and improve quality of life. Collaborative research initiatives and clinical trials are exploring the synergistic effects of TCM and Western treatments, paving the way for personalized and comprehensive patient care [66].

While scientific validation of TCM practices continues to evolve, challenges such as study design, placebo controls, and cultural differences in treatment protocols remain areas of debate and investigation. Nonetheless, the growing body of evidence supporting TCM's efficacy and safety underscores its potential contribution to global healthcare [67]. As research methodologies advance and interdisciplinary collaborations expand, TCM stands poised to enrich therapeutic options, promote integrative healthcare models, and address the complex health needs of diverse populations worldwide.

## 8. Criticisms and Controversies

Traditional Chinese Medicine (TCM), despite its widespread use and historical significance, faces several criticisms and controversies in both scientific and medical communities. These issues stem from challenges related to scientific validation, safety concerns, cultural differences, and integration with modern healthcare practices [68].

One of the primary criticisms of TCM is the lack of rigorous scientific evidence supporting its efficacy and safety. While some TCM practices, such as acupuncture and certain herbal remedies, have been studied extensively and shown promising results, much of TCM's traditional knowledge is based on empirical observations rather than controlled clinical trials meeting modern standards [69]. Critics argue that without robust scientific validation, the effectiveness and reliability of many TCM treatments remain uncertain, leading to questions about their appropriateness as primary healthcare interventions [70].

Safety concerns also surround certain aspects of TCM, particularly regarding the quality and contamination of herbal products. The global market

for herbal medicines lacks uniform regulations, leading to variability in product quality, purity, and dosage consistency. Instances of adulteration, contamination with heavy metals or pharmaceuticals, and improper labeling have been reported, raising significant public health concerns and highlighting the need for stringent quality control measures [71].

Another point of controversy relates to the cultural and philosophical differences between TCM and Western medicine. TCM's diagnostic methods, which include pulse diagnosis, tongue examination, and pattern differentiation based on Yin-Yang and Five Elements theory, may not align with the mechanistic, reductionist approach of Western medical practices. Critics argue that the subjective nature of TCM diagnostics and the diversity of treatment approaches hinder standardized evaluation and integration into mainstream healthcare systems [72].

Furthermore, the integration of TCM with conventional medicine poses challenges in terms of professional collaboration, training standards, and patient safety. Healthcare providers may lack sufficient knowledge and training in TCM practices, leading to potential misunderstandings or inappropriate treatment recommendations. Differences in clinical outcomes assessment and treatment protocols between TCM and Western medicine further complicate efforts to develop cohesive integrative healthcare models [73].

Despite these criticisms and controversies, TCM continues to evolve and gain acceptance in global healthcare systems. Efforts to standardize practices, enhance research methodologies, and promote evidence-based approaches are underway to address these challenges [74,75]. Collaborative initiatives between TCM practitioners, researchers, and Western medical professionals aim to bridge gaps in understanding, improve patient care outcomes, and promote informed decision-making regarding the integration of TCM into modern healthcare frameworks.

## 9. Future Directions and Trends

The future of Traditional Chinese Medicine (TCM) holds promising developments that are poised to transform its role within global healthcare systems [76]. One of the most significant trends is the increasing integration of TCM with conventional Western medicine. This integration is driven by a growing body of scientific research validating the efficacy and safety of TCM therapies such as acupuncture and herbal medicine

[77]. Collaborative efforts between TCM practitioners and Western medical professionals aim to develop evidence-based integrative medicine approaches that combine the strengths of both systems to optimize patient care outcomes [78].

Advancements in research methodologies and technologies are also shaping the future of TCM. There is a rising emphasis on conducting rigorous clinical trials and mechanistic studies to elucidate the biological mechanisms underlying TCM treatments [79]. This includes exploring TCM's effects on gene expression, cellular pathways, and the microbiome, which could lead to personalized treatment strategies tailored to individual patient profiles and health needs. Integration with digital health technologies, such as telemedicine platforms and AI-driven diagnostics, is further enhancing accessibility to TCM services and expanding its reach globally [80].

Moreover, TCM is increasingly recognized for its preventive and wellness-oriented approach to health. Emphasizing lifestyle modifications, dietary therapy, and stress management techniques, TCM promotes holistic well-being and resilience against chronic diseases [81]. This preventive focus aligns with growing public health initiatives worldwide and underscores TCM's potential to contribute significantly to population health and wellness strategies.

As TCM continues to globalize, efforts are underway to standardize practices, enhance educational curricula, and ensure quality control in herbal medicine production and distribution. International collaborations and regulatory frameworks are promoting uniform standards and guidelines, fostering trust and accountability in TCM practices across diverse cultural and geographical contexts [82].

The future of Traditional Chinese Medicine (TCM) promises exciting developments and trends that could reshape its role in global healthcare. As TCM continues to gain recognition and acceptance, several key directions and emerging trends are shaping its evolution:

**a. Integration with Modern Medicine:** There is a growing trend towards integrating TCM with conventional Western medicine within integrative healthcare models [83]. This approach seeks to combine the strengths of both systems to optimize patient care, enhance treatment outcomes, and provide comprehensive health solutions. Collaborative research and clinical trials exploring the synergistic effects of TCM therapies alongside Western treatments are paving the way for evidence-based integrative medicine practices.

**b. Advancements in Research and Evidence**

**Base:** Efforts to enhance the scientific validation of TCM therapies are advancing rapidly [84]. Increasing numbers of studies are investigating the efficacy, mechanisms of action, and safety profiles of acupuncture, herbal medicine, and other TCM modalities using rigorous research methodologies. Advances in biotechnology, genomics, and omics sciences are also contributing to a deeper understanding of TCM's physiological effects and personalized treatment approaches [85,86].

**c. Personalized and Precision Medicine:** TCM's emphasis on individualized diagnosis and treatment based on holistic assessments of patient health is aligning with trends in personalized and precision medicine. Integrating TCM diagnostics with modern technologies such as artificial intelligence (AI) and big data analytics holds promise for developing personalized treatment plans tailored to each patient's unique constitution, genetic makeup, and health status [87,88].

**d. Globalization and Standardization:** As TCM gains popularity beyond China's borders, there is a growing emphasis on standardizing practices, formulations, and training programs to ensure quality control and safety [89]. International collaborations and regulatory efforts are promoting harmonized standards for TCM education, research ethics, product quality, and clinical practice guidelines to enhance transparency and trust in TCM globally [90].

**e. Digital Health and Telemedicine:** The integration of digital health technologies and telemedicine platforms is facilitating access to TCM services and consultations worldwide [91]. Mobile health apps, virtual consultations with TCM practitioners, and online education platforms are expanding the reach of TCM beyond traditional clinic settings, making it more accessible to a diverse global population [92,93].

**f. Focus on Prevention and Wellness:** TCM's holistic approach to health emphasizes preventive strategies, lifestyle modifications, and maintaining balance within the body. Increasing recognition of TCM's role in promoting wellness, enhancing resilience to stress, and supporting mental health is driving initiatives to incorporate TCM principles into public health programs and corporate wellness initiatives [94,95].

**g. Sustainability and Ethical Practices:** There is growing awareness of the need for sustainable practices in herbal medicine cultivation, wild harvesting, and sourcing [96]. Efforts to promote ethical practices, biodiversity conservation [97], and fair trade principles in the TCM supply chain

are gaining traction, ensuring the sustainability of medicinal plants and supporting local communities [98].

## 10. Conclusion

In conclusion, Traditional Chinese Medicine (TCM) stands at a pivotal juncture poised to make significant contributions to global healthcare in the coming years. With its rich history, holistic philosophy, and diverse therapeutic modalities, TCM offers unique perspectives and practices that complement and enhance conventional medical approaches. The integration of TCM with modern medicine, supported by advancing scientific research, is fostering evidence-based practices and personalized treatment strategies that cater to individual health needs.

Looking ahead, TCM's emphasis on preventive care, wellness promotion, and patient-centered approaches aligns with evolving healthcare paradigms worldwide. As digital health technologies expand access to TCM services and facilitate international collaborations, TCM is becoming more accessible and integrated into diverse healthcare settings. Efforts to standardize practices, ensure quality control, and promote ethical considerations in herbal medicine production underscore TCM's commitment to sustainability and patient safety.

While challenges such as cultural differences, scientific validation, and integration into mainstream healthcare persist, ongoing interdisciplinary collaborations and regulatory efforts are paving the way for TCM's wider acceptance and integration. By embracing innovation, evidence-based practices, and a commitment to holistic health, TCM is well-positioned to contribute to the promotion of wellness, management of chronic conditions, and enhancement of overall quality of life for individuals globally. As we continue to navigate the complexities of modern healthcare, TCM's enduring principles and adaptive practices offer valuable insights and solutions that hold promise for the future of medicine.

### Author contribution

The authors contributed to the idea and design of the review, with drafting of the article, and revision of the article.

### Conflict of interest

The authors declare that there is no conflict of interest.

### Acknowledgement

The authors acknowledge to Mahatma Gandhi Institute of Pharmacy, Lucknow Uttar Pradesh and Narayan Institute of Pharmacy, Gopal Narayan Singh University, Rohtas, Bihar, India, for provided necessary facility.

### Funding

Not Required.

## References

1. G.M. Hamme, T. Friedemann, Greten J., Gerloff C., Schroeder S. Electrophysiologically verified effects of acupuncture on diabetic peripheral neuropathy in type 2 diabetes: The randomized, partially double-blinded, controlled ACUDIN trial. *J. Diabetes*. 2020 doi: 10.1111/1753-0407.13130.
2. Baldry P.E., Thompson J.W. Chapter 10—Treatment of myofascial trigger point pain and fibromyalgia syndromes. In: Thompson P.E.B.W., editor. *Acupuncture, Trigger Points and Musculoskeletal Pain*. 3rd ed. Churchill Livingstone; Edinburgh, UK: 2005. pp. 127–148.
3. Di Carlo M., Beci G., Salaffi F. Acupuncture for Fibromyalgia: An Open-Label Pragmatic Study on Effects on Disease Severity, Neuropathic Pain Features, and Pain Catastrophizing. *Evidence-Based Complement. Altern. Med.* 2020:9869250. doi: 10.1155/2020/9869250.
4. Seca S., Capelo P., Efferth T., Doenitz C.A., Schroeder S., Anjos A., Machado J., Greten H.J. Diagnosis and objective pain assessment of traditional Chinese medicine may be useful to demonstrate specific effects of acupuncture in low back pain: A prospective, randomized, controlled and single blinded pre-study. *J. Acupunct. Tuina Sci.* 2013;11:155–159. doi: 10.1007/s11726-013-0679-0.
5. Huang J.-F., Zheng X.-Q., Chen D., Lin J.-L., Zhou W.-X., Wang H., Qin Z., Wu A.-M. Can Acupuncture Improve Chronic Spinal Pain? A Systematic Review and Meta-Analysis. *Glob. Spine J.* 2020:2192568220962440. doi: 10.1177/2192568220962440.
6. Shi H., Fang J.-Q., Li B.-W., Cong W.-J., Zhang Y., Chen L. Efficacy assessment for different acupuncture therapies in the treatment of frozen shoulder. *World J. Acupunct.* 2012;22:6–11. doi: 10.1016/S1003-5257(12)60020-8.
7. Yan B., Zhu S., Wang Y., Da G., Tian G. Effect of Acupuncture on Chronic Pain with Depression: A Systematic Review. *Evid. Based Complement. Altern. Med.* 2020;2020:7479459. doi: 10.1155/2020/7479459.
8. Armour M., Smith C.A., Wang L.Q., Naidoo D., Yang G.Y., MacPherson H., Lee M.S., Hay P. Acupuncture for Depression: A Systematic Review and Meta-Analysis. *J. Clin. Med.* 2019;8:1140. doi: 10.3390/jcm8081140.
9. Witt C.M., Reinhold T., Brinkhaus B., Roll S., Jena S., Willich S.N. Acupuncture in patients with dysmenorrhea: A randomized study on clinical effectiveness and cost-effectiveness in usual care. *Am.*

- J. Obstet. Gynecol. 2008;198:166.e161–166.e168. doi: 10.1016/j.ajog.2007.07.041.
10. Lin J, Liao W, Mo Q, Yang P, Chen X, Wang X, Huang X, Lu D, Ma M, He F, et al. A systematic review of the efficacy comparison of acupuncture and traditional Chinese medicine in the treatment of primary dysmenorrhea. *Ann. Palliat. Med.* 2020;9:3288–3292. doi: 10.21037/apm-20-1734.
  11. Befus D, Coeytaux R.R., Goldstein K.M., McDuffie J.R., Shepherd-Banigan M., Goode A.P., Kosinski A., Van Noord M.G., Adam S.S., Masilamani V., et al. Management of Menopause Symptoms with Acupuncture: An Umbrella Systematic Review and Meta-Analysis. *J. Altern. Complement. Med.* 2018;24:314–323. doi: 10.1089/acm.2016.0408.
  12. Zhang Y, Zhang C., Yan M., Wang N., Liu J., Wu A. The effectiveness of PC6 acupuncture in the prevention of postoperative nausea and vomiting in children: A systematic review and meta-analysis. *Paediatr. Anaesth.* 2020;30:552–563. doi: 10.1111/pan.13860.
  13. Stott A. Examining the efficacy of stimulating the PC6 wrist acupuncture point for preventing postoperative nausea and vomiting: A Cochrane review summary. *Int. J. Nurs. Stud.* 2016;64:139–141. doi: 10.1016/j.ijnurstu.2016.07.004.
  14. Cheng K.J. Neurobiological mechanisms of acupuncture for some common illnesses: A clinician's perspective. *J. Acupunct. Meridian Stud.* 2014;7:105–114. doi: 10.1016/j.jams.2013.07.008.
  15. Seca S., Patrício M., Kirch S., Franconi G., Cabrita A.S., Greten H.J. Effectiveness of acupuncture on pain, functional disability, and quality of life in rheumatoid arthritis of the hand: Results of a double-blind randomized clinical trial. *J. Altern. Complement. Med.* 2019;25:86–97. doi: 10.1089/acm.2018.0297.
  16. Meyer-Hamme G., Friedemann T., Greten H.J., Plaetke R., Gerloff C., Schroeder S. ACUDIN–ACUpuncture and laser acupuncture for treatment of Diabetic peripheral Neuropathy: A randomized, placebo-controlled, partially double-blinded trial. *BMC Neurol.* 2018;18:40. doi: 10.1186/s12883-018-1037-0.
  17. Karner M., Brazkiewicz F., Remppis A., Fischer J., Gerlach O., Stremmel W., Subramanian S.V., Greten H.J. Objectifying specific and nonspecific effects of acupuncture: A double-blinded randomised trial in osteoarthritis of the knee. *Evidence-Based Complement. Altern. Med.* 2013;2013:1–7. doi: 10.1155/2013/427265.
  18. Sertel S., Bergmann Z., Ratzlaff K., Baumann I., Greten H.J., Plinkert P.K. Acupuncture for nasal congestion: A prospective, randomized, double-blind, placebo-controlled clinical pilot study. *Am. J. Rhinol. Allergy.* 2009;23:23–28. doi: 10.2500/ajra.2009.23.3380.
  19. Baldry P.E., Thompson J.W. Chapter 1—Traditional Chinese acupuncture. In: Thompson P.E.B.W., editor. *Acupuncture, Trigger Points and Musculoskeletal Pain*. 3rd ed. Churchill Livingstone; Edinburgh, UK: 2005. pp. 3–12.
  20. Deng H., Shen X. The Mechanism of Moxibustion: Ancient Theory and Modern Research. *Evid. Based Complement. Altern. Med.* 2013;2013:379291. doi: 10.1155/2013/379291.
  21. Chiu J.-H. How Does Moxibustion Possibly Work? *Evid. Based Complement. Altern. Med.* 2013;2013:198584. doi: 10.1155/2013/198584.
  22. Tsai S.-R., Hamblin M.R. Biological effects and medical applications of infrared radiation. *J. Photochem. Photobiol. B.* 2017;170:197–207. doi: 10.1016/j.jphoto biol.2017.04.014.
  23. Xu J., Deng H., Shen X. Safety of Moxibustion: A Systematic Review of Case Reports. *Evid. Based Complement. Altern. Med.* 2014;2014:783704. doi: 10.1155/2014/783704.
  24. Cui Y, Zhao B, Huang Y, Chen Z, Liu P, Huang J, Lao L. Effects of Moxa (*Folium Artemisiae argyi*) Smoke Exposure on Heart Rate and Heart Rate Variability in Healthy Young Adults: A Randomized, Controlled Human Study. *Evid. Based Complement. Altern. Med.* 2013;2013:510318. doi: 10.1155/2013/510318.
  25. Yuan T, Xiong J, Wang X, Yang J, Jiang Y, Zhou X, Liao K, Xu L. The effectiveness and safety of moxibustion for treating knee osteoarthritis: A prisma compliant systematic review and meta-analysis of randomized controlled trials. *Pain Res. Manag.* 2019;2019:2653792. doi: 10.1155/2019/2653792.
  26. Ren X.-M., Cao J.-J., Shen X.-Y., Wang L.-Z., Zhao L., Wu F., Zhang H.-M. Preliminary clinical randomized controlled trial on knee osteoarthritis treated with moxibustion. *World J. Acupunct.* 2012;22:28–33. doi: 10.1016/S1003-5257(12)60024-5.
  27. Li X., Li Z.M., Tan J.Y., Wang T., Chen J.X., Chen X., Yang L., Suen L.K.P. Moxibustion for post-stroke urinary incontinence in adults: A systematic review and meta-analysis of randomized controlled trials. *Complement. Clin. Pract.* 2021;42:101294. doi: 10.1016/j.ctcp.2020.101294.
  28. Yao F, Zhang Y, Kuang X, Zhou Q, Huang L, Peng J, Du S. Effectiveness and Safety of Moxibustion on Constipation: A Systematic Review and Meta-Analysis. *Evid. Based Complement. Altern. Med.* 2020;2020:8645727. doi: 10.1155/2020/8645727.
  29. Zhou X, Wu Q, Wang Y, Ren Q, Zhu W, Yao Z, Chen J. Moxibustion as an Adjuvant Therapy for Chronic Kidney Disease: A Systematic Review and Meta-Analysis of 23 Randomized Controlled Trials. *Evid. Based Complement. Altern. Med.* 2020;2020:6128673. doi: 10.1155/2020/6128673.
  30. Tan Y, Hu J, Pang B, Du L, Yang Y, Pang Q, Zhang M, Wu Q, Zhang Y, Ni Q. Moxibustion for the treatment of diabetic peripheral neuropathy: A systematic review and meta-analysis following PRISMA guidelines. *Medicine.* 2020;99:e22286. doi: 10.1097/MD.00000000000022286.
  31. Chen F.Q., Ge J.F., Leng Y.F., Li C., Chen B., Sun Z.L. Efficacy and safety of moxibustion for chronic low back pain: A systematic review and meta-analysis of randomized controlled trials. *Complement. Clin. Pract.* 2020;39:101130. doi: 10.1016/j.ctcp.2020.101130.
  32. Wang Y, Zhang H, Xia L, Sun Z, Xu X, Du S. Effectiveness and safety of moxibustion in treatment of

- lumbar disc herniation: A systematic review and Meta-analysis. *J. Tradit. Chin. Med. = Chung I Tsa Chih Ying Wen Pan.* 2019;39:599–608.
33. Wood S., Fryer G., Tan L.L.F., Cleary C. Dry cupping for musculoskeletal pain and range of motion: A systematic review and meta-analysis. *J. Bodyw. Mov.* 2020;24:503–518. doi: 10.1016/j.jbmt.2020.06.024.
  34. Moura C.C., Chaves É.C.L., Cardoso A., Nogueira D.A., Corrêa H.P., Chianca T.C.M. Cupping therapy and chronic back pain: Systematic review and meta-analysis. *Rev. Lat. Am. Enferm.* 2018;26:e3094. doi: 10.1590/1518-8345.2888.3094.
  35. Ying J. Combined use of acupuncture and cupping for emergency treatments. *J. Tradit. Chin. Med.* 2006;26:31–32.
  36. Cao H., Li X., Liu J. An Updated Review of the Efficacy of Cupping Therapy. *PLoS ONE.* 2012;7:e31793. doi: 10.1371/journal.pone.0031793.
  37. Cao H., Zhu C., Liu J. Wet cupping therapy for treatment of herpes zoster: A systematic review of randomized controlled trials. *Altern. Ther. Health Med.* 2010;16:48–54.
  38. Aboushanab T.S., AlSanad S. Cupping Therapy: An Overview from a Modern Medicine Perspective. *J. Acupunct. Meridian Stud.* 2018;11:83–87. doi: 10.1016/j.jams.2018.02.001.
  39. Al-Bedah A.M.N., Elsubai I.S., Qureshi N.A., Aboushanab T.S., Ali G.I.M., El-Olemy A.T., Khalil A.A.H., Khalil M.K.M., Alqaed M.S. The medical perspective of cupping therapy: Effects and mechanisms of action. *J. Tradit. Complement. Med.* 2019;9:90–97. doi: 10.1016/j.jtcme.2018.03.003.
  40. Sun S. Atlas de Movimientos Terapéuticos Para el Tratamiento de Enfermedades y la Conservación de la Salud: Una Guía Para el Masaje Tradicional Chino y la Terapia con Ejercicios. Ediciones en lenguas extranjeras; Beijing, China: 1989.
  41. Coughlin P. Principles and Practice of Manual Therapeutics. Elsevier Health Sciences; Amsterdam, The Netherlands: 2002.
  42. Fang L., Fang M. Research progress on the standardization of Chinese Tuina therapy: A short review. *Chin. J. Integr. Med.* 2013;19:68–72. doi: 10.1007/s11655-011-0755-6.
  43. Zhang P., Zhang Q., Zhu B., Xia S., Tai X., Tai X., Li B. Chinese Tuina Protects against Neonatal Hypoxia-Ischemia through Inhibiting the Neuroinflammatory Reaction. *Neural Plast.* 2020;2020:8828826. doi: 10.1155/2020/8828826.
  44. Huang F., Zhao S., Dai L., Feng Z., Wu Z., Chen J., Guo R., Tian Q., Fan Z., Wu S. Tuina for cervical vertigo: A systematic review and meta-analysis of randomized controlled trials. *Complement. Clin. Pract.* 2020;39:101115. doi: 10.1016/j.ctcp.2020.101115.
  45. Ergil K.V., Micozzi M.S. 5—Qi in China's traditional medicine: The example of tuina. In: Micozzi D.M.S., editor. *Energy Medicine East and West.* Churchill Livingstone; Edinburgh, UK: 2011. pp. 65–71.
  46. Hong T., Marina S.S., Diego F., Paola R. Tuina and Qigong in eating disorders (ED) *Eur. J. Integr. Med.* 2012;4:209. doi: 10.1016/j.eujim.2012.07.973.
  47. Yang X., Zhao H., Wang J. Chinese massage (Tuina) for the treatment of essential hypertension: A systematic review and meta-analysis. *Complement. Ther. Med.* 2014;22:541–548. doi: 10.1016/j.ctim.2014.03.008.
  48. Yang Z.-B., Liu Q., Wang C.-G. Treatment on 28 cases of pediatric allergic rhinitis by combining Tuina and Chinese herbal medicine. *World J. Acupunct.* 2014;24:66–68. doi: 10.1016/S1003-5257(15)60017-4.
  49. Yang M., Feng Y., Pei H., Deng S., Wang M., Xiao X., Zheng H., Lai Z., Chen J., Li X., et al. Effectiveness of Chinese massage therapy (Tui Na) for chronic low back pain: Study protocol for a randomized controlled trial. *Trials.* 2014;15:418. doi: 10.1186/1745-6215-15-418.
  50. Liang S.B., Lai B.Y., Cao H.J., Cai Q.H., Bai X., Li J., Zhang Y.P., Chi Y., Robinson N., Liu J.P. Pediatric tuina for the treatment of anorexia in children under 14 years: A systematic review and meta-analysis of randomized controlled trials. *Complement. Med.* 2020;51:102411. doi: 10.1016/j.ctim.2020.102411.
  51. Wang H.-L., Huang W. Quick-impact Tuina for 38 cases of pediatric muscular torticollis. *World J. Acupunct.* 2012;22:69–70. doi: 10.1016/S1003-5257(12)60049-X.
  52. Lu T., Yin L., Chen R., Zhang H., Cai J., Li M., Dai L., Zhu C., Zhang Y., Xiang F., et al. Chinese pediatric Tuina on children with acute diarrhea: A randomized sham-controlled trial. *Health Qual. Life Outcomes.* 2021;19:4. doi: 10.1186/s12955-020-01636-1.
  53. Jin C., Hu Z., Jin Z., Li P., Li G. Practical Chinese Qigong for Home Health Care. Foreign Languages Press; Beijing, China: 1996.
  54. Greten H. Handbuch des Funktionell Therapeutischen Qigong-I Diagnosengerechte Übungspraxis. Heidelberg School of Chinese Medicine; Heidelberg, Germany: 2009. pp. 973–978.
  55. Oschman J.L. The electromagnetic environment: Implications for bodywork Part 1 Environmental energies. *J. Bodyw. Mov. Ther.* 2000;4:56–67. doi: 10.1054/jbmt.1999.0136.
  56. Oschman J.L. The electromagnetic environment: Implications for bodywork: Part 2: Biological effects. *J. Bodyw. Mov. Ther.* 2000;4:137–150. doi: 10.1054/jbmt.1999.0130.
  57. Oschman J.L. *Energy Medicine—The Scientific Basis.* Churchill Livingstone; Burlington, NJ, USA: 2000.
  58. Oschman J.L. *Energy Medicine in Therapeutics and Human Performance.* Butterworth-Heinemann; Saint Louis, MI, USA: 2003.
  59. Schienle A., Stark R., Vaitl D. Biological Effects of Very Low Frequency (VLF) Atmospherics in Humans: A Review. *J. Sci. Explor.* 1998;12:455–468.
  60. Shinnick P. Qigong: Where did it come from? Where does it fit in science? What are the advances? *J. Altern. Complement. Med.* 2006;12:351–353. doi: 10.1089/acm.2006.12.351.
  61. Lee M., Jang J.-W., Jang H.-S., Moon S.-R. Effects of Qi-therapy on blood pressure, pain and psychological symptoms in the elderly: A randomized controlled

- pilot trial. *Complement. Ther. Med.* 2003;11:159–164. doi: 10.1016/S0965-2299(03)00088-8.
62. Xu M.B., Rong P.Q., Jin T.Y., Zhang P.P., Liang H.Y., Zheng G.Q. Chinese Herbal Medicine for Wilson's Disease: A Systematic Review and Meta-Analysis. *Front. Pharmacol.* 2019;10:277. doi: 10.3389/fphar.2019.00277.
  63. Wang T., Fu X., Wang Z. Danshen Formulae for Cancer: A Systematic Review and Meta-Analysis of High-Quality Randomized Controlled Trials. *Evid. Based Complement. Altern. Med.* 2019;2019:2310639. doi: 10.1155/2019/2301680.
  64. Lu C.-L., Li X., Zhou H.-M., Zhang C., Yang Y.-Y., Feng R.-L., Long C.-J., Deng F.-Y., Li J.-C., Cao Z.-M. Randomised controlled trials of traditional Chinese medicine in cancer care published in Chinese: An overview. *Lancet.* 2019;394:S26. doi: 10.1016/S0140-6736(19)32362-1.
  65. Meyer-Hamme G., Beckmann K., Radtke J., Efferth T., Greten H.J., Rostock M., Schröder S. A Survey of Chinese Medicinal Herbal Treatment for Chemotherapy-Induced Oral Mucositis. *Evid. Based Complement. Altern. Med.* 2013;2013:284959. doi: 10.1155/2013/284959.
  66. Goldschmidt A. *The Evolution of Chinese Medicine: Song Dynasty, 960–1200.* Routledge; New York, NY, USA: 2008.
  67. Lin M.L., Wu H.C., Hsieh Y.H., Su C.T., Shih Y.S., Lin C.W., Wu J.H. Evaluation of the effect of laser acupuncture and cupping with ryodoraku and visual analog scale on low back pain. *Evid. Based Complement. Altern. Med.* 2012;2012:521612. doi: 10.1155/2012/521612.
  68. Sander K.M. The Effect of Qigong on Therapeutic Balancing Measured by Electroacupuncture According to Voll (EAV): A Preliminary Study. *Acupunct. Electrother. Res.* 1994;19:119–127.
  69. Baxter G.D., Bleakley C., McDonough S. Clinical Effectiveness of Laser Acupuncture: A Systematic Review. *J. Acupunct. Meridian Stud.* 2008;1:65–82. doi: 10.1016/S2005-2901(09)60026-1.
  70. Law D., McDonough S., Bleakley C., Baxter G.D., Tumilty S. Laser Acupuncture for Treating Musculoskeletal Pain: A Systematic Review with Meta-analysis. *J. Acupunct. Meridian Stud.* 2015;8:2–16. doi: 10.1016/j.jams.2014.06.015.
  71. Cassidy C.M. *Contemporary Chinese Medicine and Acupuncture.* Churchill Livingstone; Philadelphia, PA, USA: 2002.
  72. Gori L., Firenzuoli F. Ear Acupuncture in European Traditional Medicine. *Evid. Based Complement. Altern. Med.* 2007;4:356108. doi: 10.1093/ecam/nem106.
  73. Suen L.K.P., Yeh C.H., Yeung S.K.W., Kwan J.Y.M., Wong H.F., Chan D., Cheung A.S.P., Yeung V.T.F. Association between auricular signals and the risk factors of metabolic syndrome. *Medicines.* 2017;4:45. doi: 10.3390/medicines4030045.
  74. Lin Y.-C., Hsu E.S.-Z. *Acupuncture for Pain Management.* Springer; New York, NY, USA: 2014.
  75. Romoli M., Allais G., Airola G., Benedetto C., Mana O., Giacobbe M., Pugliese A., Battistella G., Fornari E. Ear acupuncture and fMRI: A pilot study for assessing the specificity of auricular points. *Neurol. Sci.* 2014;35:189–193. doi: 10.1007/s10072-014-1768-7.
  76. Vieira A., Reis A.M., Matos L.C., Machado J., Moreira A. Does auriculotherapy have therapeutic effectiveness? An overview of systematic reviews. *Complement. Ther. Clin. Pract.* 2018;33:61–70. doi: 10.1016/j.ctcp.2018.08.005.
  77. Morais B.X., Ongaro J.D., Almeida F.O., Luz E., Greco P.B.T., Magnago T. Auriculotherapy and reducing chronic musculoskeletal pain: Integrative review. *Rev. Bras. Enferm.* 2020;73:e20190394. doi: 10.1590/0034-7167-2019-0394.
  78. Corrêa H.P., Moura C.C., Azevedo C., Bernardes M., Mata L., Chianca T.C.M. Effects of auriculotherapy on stress, anxiety and depression in adults and older adults: A systematic review. *Rev. Esc. Enferm. USP.* 2020;54:e03626. doi: 10.1590/s1980-220x2019006703626.
  79. Negarandeh R., Eghbali M., Janani L., Dastaran F., Saatchi K. Auriculotherapy as a means of managing nausea and vomiting in pregnancy: A double-blind randomized controlled clinical trial. *Complement. Clin Pract.* 2020;40:101177. doi: 10.1016/j.ctcp.2020.101177.
  80. Longhurst J.C. Defining Meridians: A Modern Basis of Understanding. *J. Acupunct. Meridian Stud.* 2010;3:67–74. doi: 10.1016/S2005-2901(10)60014-3.
  81. van Wijk R., van der Greef J., van Wijk E. Human Ultraweak Photon Emission and the Yin Yang Concept of Chinese Medicine. *J. Acupunct. Meridian Stud.* 2010;3:221–231. doi: 10.1016/S2005-2901(10)60041-6.
  82. Fei L., Cheng H., Cai D., Yang S., Xu J., Chen E., Dang R., Ding G., Shen X., Tang Y. Experimental exploration and research prospect of physical bases and functional characteristics of meridians. *Chin. Sci. Bull.* 1998;43:1233–1252. doi: 10.1007/BF02884134.
  83. Shang C. The past, present and future of meridian system research. *Clin. Acupunct. Orient. Med.* 2000;1:115–124. doi: 10.1054/caom.2000.0028.
  84. Zhou W., Benharash P. Effects and Mechanisms of Acupuncture Based on the Principle of Meridians. *J. Acupunct. Meridian Stud.* 2014;7:190–193. doi: 10.1016/j.jams.2014.02.007.
  85. Comunetti A., Laage S., Schiessl N., Kistler A. Characterisation of human skin conductance at acupuncture points. *Experientia.* 1995;51:328–331. doi: 10.1007/BF01928888.
  86. Pérez Samartín A.L. Las propiedades eléctricas del punto de acupuntura: Una reflexión más... *Rev. Int. Acupunct.* 2011;5:108–110. doi: 10.1016/S1887-8369(11)70026-6.
  87. Ahn A.C., Colbert A.P., Anderson B.J., Martinsen Ø.G., Hammerschlag R., Cina S., Wayne P.M., Langevin H.M. Electrical properties of acupuncture points and meridians: A systematic review. *Bioelectromagnetics.* 2008;29:245–256. doi: 10.1002/bem.20403.
  88. Ahn A.C., Martinsen Ø.G. Electrical Characterization of Acupuncture Points: Technical Issues and Challenges. *J. Altern. Complement. Med.* 2007;13:817–824. doi: 10.1089/acm.2007.7193.

89. Litscher G., Niemtow R.C., Wang L., Gao X., Urak C.H. Electrodermal Mapping of an Acupuncture Point and a Non-Acupuncture Point. *J. Altern. Complement. Med.* 2011;17:781–782. doi: 10.1089/acm.2011.0489.
90. Soh K.-S. Bonghan Circulatory System as an Extension of Acupuncture Meridians. *J. Acupunct. Meridian Stud.* 2009;2:93–106. doi: 10.1016/S2005-2901(09)60041-8.
91. Zhang W.-B., Wang G.-J., Fuxe K. Classic and Modern Meridian Studies: A Review of Low Hydraulic Resistance Channels along Meridians and Their Relevance for Therapeutic Effects in Traditional Chinese Medicine. *Evid. Based Complement. Altern. Med.* 2015;2015:410979. doi: 10.1155/2015/410979.
92. Langevin H.M., Yandow J.A. Relationship of acupuncture points and meridians to connective tissue planes. *Anat. Rec.* 2002;269:257–265. doi: 10.1002/ar.10185.
93. Wang G.-J., Ayati M.H., Zhang W.-B. Meridian studies in China: A systematic review. *J. Acupunct. Meridian Stud.* 2010;3:1–9. doi: 10.1016/S2005-2901(10)60001-5.
94. Oleson T. Neurophysiological Basis of Auricular Acupuncture. In: Stux G., Hammerschlag R., editors. *Clinical Acupuncture*. Springer; Berlin/Heidelberg, Germnay: 2001. pp. 97–112.
95. Bao Y., Kong X., Yang L., Liu R., Shi Z., Li W., Hua B., Hou W. Complementary and Alternative Medicine for Cancer Pain: An Overview of Systematic Reviews. *Evid. Based Complement. Altern. Med.* 2014;2014:170396. doi: 10.1155/2014/170396.
96. Bastos J.L.N., Pires E.D., Silva M.L., Araújo F.L.B.d., Silva J.R.T. Effect of Acupuncture at Tender Points for the Management of Fibromyalgia Syndrome: A Case Series. *J. Acupunct. Meridian Stud.* 2013;6:163–168. doi: 10.1016/j.jams.2013.02.001.
97. Thomas K.J., MacPherson H., Ratcliffe J., Thorpe L., Brazier J., Campbell M., Fitter M., Roman M., Walters S., Nicholl J.P. Longer Term Clinical and Economic Benefits of Offering Acupuncture Care to Patients with Chronic Low Back Pain. *Health Technol. Assess.* 2005;9:1–109. doi: 10.3310/hta9320.
98. Madsen M.V., Gøtzsche P.C., Hróbjartsson A. Acupuncture treatment for pain: Systematic review of randomised clinical trials with acupuncture, placebo acupuncture, and no acupuncture groups. *BMJ.* 2009;28:338. doi: 10.1136/bmj.a3115. [PMC free article] [PubMed] [CrossRef] [Google Scholar]