

## PAPER

# Recent Clinical Advances and Integrative Chinese-Western Medicine Practices in Geriatric Care: A Review from the Perspective of Traditional Chinese Internal Medicine

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## ABSTRACT

With the accelerating global population aging, older adults face complex health challenges, including chronic diseases, multimorbidity, functional decline, and mental health disorders, which place substantial burdens on healthcare and long-term care systems. Traditional Chinese Internal Medicine (TCIM), grounded in holistic, individualized, and preventive principles, offers integrative strategies tailored to the physiological and functional needs of the elderly. This paper reviews recent theoretical developments and clinical applications of TCIM in managing cerebrovascular disorders, degenerative arthritis, gastrointestinal dysfunction, and late-life depression, emphasizing evidence-based outcomes. Integrating TCIM with Western medicine enhances rehabilitation, emotional regulation, and healthcare resource utilization. Experiences from China and Taiwan demonstrate the benefits of incorporating TCIM into home-based and long-term care models, including delayed functional decline, reduced hospitalization, and improved care efficiency. The paper also discusses current challenges, such as insufficient standardized outcome measures, integration barriers with biomedicine, and gaps in professional education, and provides recommendations to promote the systematic development and international adoption of TCIM in geriatric healthcare.

## KEYWORDS

Traditional Chinese Internal Medicine (TCIM), geriatric diseases, preventive treatment, integrative medicine, chronic disease management, functional rehabilitation, holistic regulation

## 1 INTRODUCTION

With the accelerating global trend of population aging, the demand for elderly healthcare has risen sharply, particularly due to chronic diseases, multimorbidity, functional decline, and mental health disorders. In China, over 200 million people

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are aged 65 and above, with nearly 70% having two or more chronic conditions, highlighting the need for comprehensive medical strategies [1].

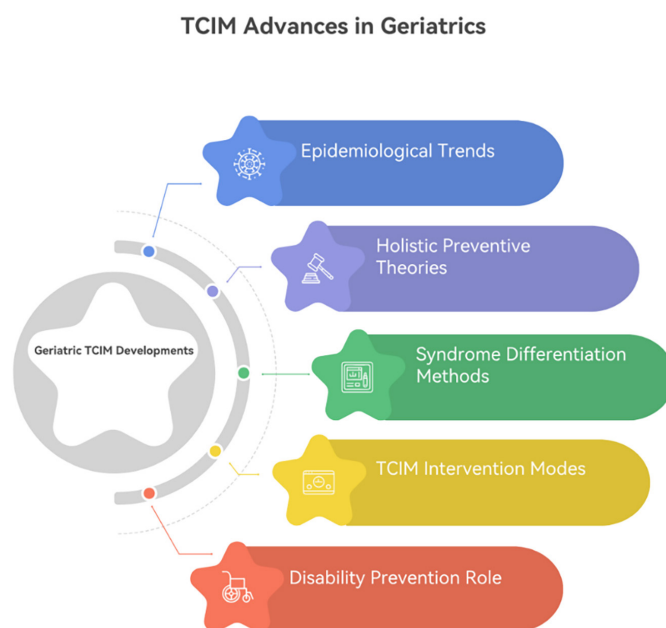
Traditional Chinese Internal Medicine (TCIM), based on holistic principles, pattern differentiation, and preventive medicine, emphasizes balancing physiological and pathological states, making it suitable for elderly multi-system dysfunctions [2]. TCIM offers individualized approaches for common geriatric constitutions, such as gastrointestinal weakness and qi-blood deficiencies, helping restore function and slow disease progression [3].

Recent integrative medicine policies have expanded TCIM's role in community care, primary healthcare, rehabilitation, and home-based services. Conditions such as post-stroke sequelae, degenerative arthritis, and geriatric depression show improved outcomes when acupuncture and herbal medicine are combined with modern rehabilitation and pharmacotherapy [4–6]. Home-based TCIM models also provide early intervention, functional maintenance, and resource optimization [7–9].

The integration of TCIM and Western medicine is evolving from a complementary approach to a mainstream model, forming a distinctive integrative healthcare framework. This paper reviews recent theoretical developments, clinical applications, and integrative practices in geriatric medicine, highlighting challenges and future directions for evidence-based integrated care.

## 2 RECENT ADVANCES IN TCIM FOR GERIATRIC DISEASES

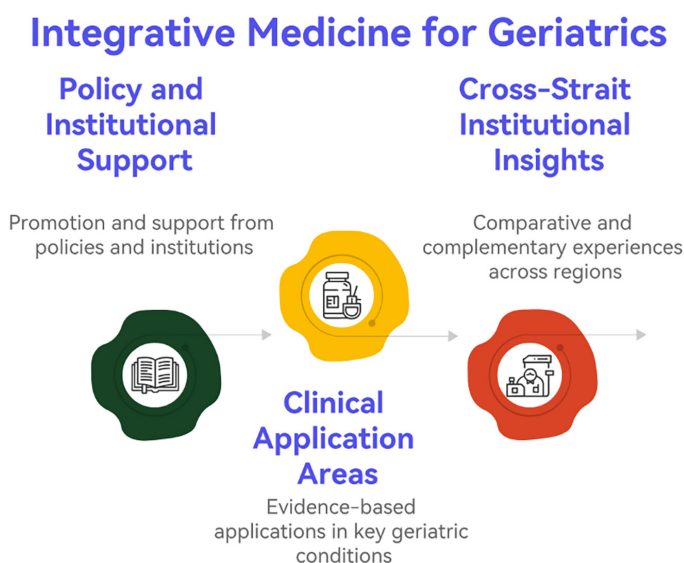
As population aging becomes increasingly severe, older adults face a high prevalence of chronic illnesses, multimorbidity, and functional decline, placing substantial pressure on medical and long-term care systems. TCIM, founded on the core theories of “holistic perspective,” “pattern differentiation and individualized treatment,” and “preventive medicine,” demonstrates significant advantages in geriatric healthcare, particularly for elderly populations characterized by diverse constitutions and complex conditions. Figure 1 illustrates the conceptual framework of TCIM advances in geriatrics, highlighting its role in disability prevention and holistic intervention through epidemiological alignment, theoretical foundations, and practical applications.



**Fig. 1.** Core concepts and values of TCIM in the context of population aging

### 3 ADVANTAGES AND PRACTICES OF INTEGRATIVE MEDICINE IN THE PREVENTION AND TREATMENT OF GERIATRIC DISEASES

With the intensification of global aging, elderly individuals increasingly face complex health challenges such as chronic illnesses, multimorbidity, and functional decline. Integrative medicine, which combines the standardized diagnostic and therapeutic protocols of modern Western medicine with the pattern differentiation and holistic regulation of Traditional Chinese Medicine (TCM), emphasizes the synergy between prevention and rehabilitation. This approach demonstrates multi-level application potential in both clinical and policy domains. Figure 2 presents a model of integrative medicine in geriatric care, emphasizing policy support, cross-strait institutional experiences, and evidence-based clinical applications.



**Fig. 2.** Model of integrative medicine in chronic disease management and functional support for older adults

#### 3.1 Policy promotion and institutional support

In mainland China, the Implementation Plan for Strengthening TCM Elderly Health Services has actively promoted the establishment of TCM geriatrics departments in tertiary hospitals and encouraged interdisciplinary collaborative care, guided by the principle of “adopting TCM when suitable, Western medicine when appropriate” [1, 2]. For prevalent conditions such as hypertension, diabetes, and dementia, integrative clinical guidelines have been developed to support seamless management across the continuum—from prevention to palliative care [2].

In Taiwan, the Integrated Home-Based Medical Care Program was initiated in 2016 and formally included TCM services by 2019. According to the 2021 report from the Ministry of Health and Welfare, over 1,500 TCM physicians had participated in long-term care teams, providing services for disabled, terminal, and homebound patients [8, 14]. National Health Insurance (NHI) data reveal that among individuals aged 65 and older, there are approximately 970,000 annual TCM outpatient visits—accounting for 25.2% of total healthcare visits—indicating high acceptance and accessibility [8, 14].

### 3.2 Evidence-based clinical applications

Integrating TCM with Western medicine shows promising outcomes in common geriatric conditions:

1. Cerebrovascular Diseases and Post-Stroke Sequelae: Acupuncture combined with rehabilitation promotes neural recovery and improves hemiplegia, dysphagia, and aphasia, likely via enhanced neuroplasticity and cerebral perfusion. A meta-analysis of 12 RCTs (n = 1,258) showed significant improvements in NIHSS and BI scores compared to rehabilitation alone [4–6, 31–34].
2. Degenerative Arthritis: Traditional Chinese Medicine formulas such as Duhuo Jisheng Decoction, combined with Western medications, reduce inflammatory markers (TNF- $\alpha$  ↓38.2%, IL-6 ↓29.7%) and improve clinical efficacy versus medication alone [35–38].
3. Gastrointestinal Dysfunction and Chronic Constipation: Acupuncture at points such as ST36 and BL25 stimulates GI motility, alleviating constipation and dyspepsia in elderly patients [39–41].
4. Geriatric Depression and Emotional Disorders: Herbal formulas (e.g., Ganmai Dazao Decoction, Xiaoyao Powder) with acupuncture regulate neurotransmitters and endocrine function, improving mood and sleep while potentially reducing antidepressant use [42–45].
5. Home-Based and Long-Term Care: Regular TCM interventions—including acupuncture, Tuina, and constitution-based therapy—lower emergency visits and hospitalization rates, enhancing self-care and long-term care effectiveness [7, 8, 46, 47].

### 3.3 Cross-strait institutional experiences: A comparative and complementary perspective

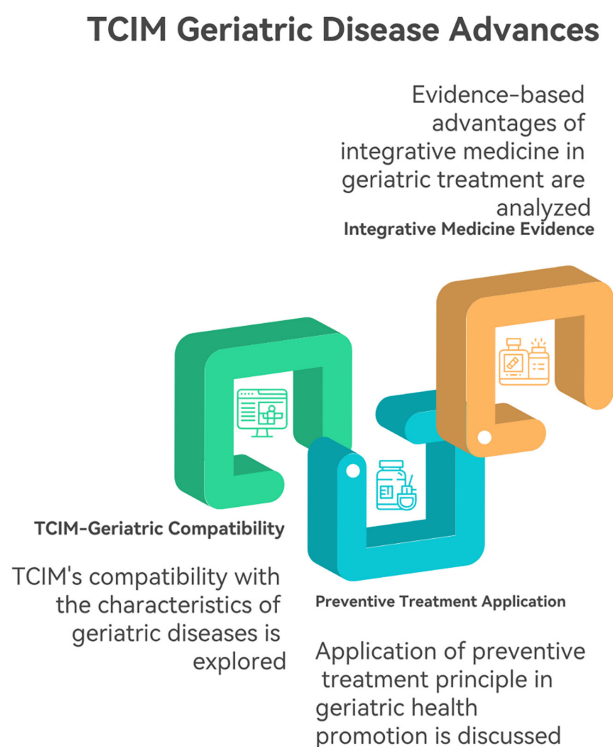
In response to the challenges posed by population aging, both mainland China and Taiwan have implemented policies and institutional frameworks to promote integrative medicine in elderly care. China emphasizes the integration of “medical care and elderly support” through a tiered, collaborative system, while Taiwan leverages its NHI system to extend TCM into community-level and home-based services, alongside efforts to align TCM education with clinical practice [7, 8, 48–51]. Despite differences in structural models, both systems stress the principle of “complementary division of labor and coordinated cooperation” between TCM and Western medicine. These efforts have already demonstrated positive clinical outcomes in the prevention, treatment, and rehabilitation of geriatric diseases. As primary care systems continue to evolve, the integrative model holds promising potential for improving service quality and optimizing healthcare resource utilization.

## 4 NEW DEVELOPMENTS IN TCIM FOR GERIATRIC DISEASES: PERSONAL REFLECTIONS AND COMMENTARY

As global population aging intensifies, the diagnosis and management of geriatric diseases have become critical challenges within modern healthcare systems. Geriatric conditions encompass not only multiple chronic diseases and comorbidities but also involve physiological degeneration, psychological maladjustment, and declining

quality of life—thus demanding more comprehensive and adaptive treatment strategies.

Traditional Chinese Internal Medicine, rooted in holistic concepts and pattern differentiation, demonstrates significant value in both the prevention and treatment of geriatric diseases. From the perspectives of theoretical foundation, clinical practice, and developmental trends, the following are my reflections on recent advances in the application of TCIM in geriatric care. Figure 3 outlines the integration of theory and practice in TCIM geriatric care, focusing on compatibility with disease characteristics, preventive treatment, and evidence-based advantages of integrative medicine.



**Fig. 3.** Integrating theory and practice: New directions of TCIM in elderly care

#### 4.1 Compatibility between TCIM and the characteristics of geriatric diseases

Geriatric diseases are characterized by “coexisting conditions, mixed deficiency and excess, slow progression, and high recurrence rates.” Patients often simultaneously suffer from hypertension, diabetes, cerebrovascular diseases, chronic bronchitis, and degenerative joint disorders. The pathogenesis is often complex and compounded by declining constitutional strength.

Traditional Chinese Internal Medicine, with its core emphasis on the “holistic perspective,” prioritizes organ system coordination and the balance of qi, blood, yin, and yang. Its practice of pattern differentiation allows for personalized treatment tailored to individual patient characteristics. For instance, common geriatric patterns such as spleen deficiency with dampness, kidney deficiency with liver hyperactivity, and dual deficiency of qi and blood can be addressed through targeted strategies such as tonifying qi and yang, invigorating blood circulation, and resolving dampness. These approaches help alleviate symptoms, slow disease progression, and improve overall quality of life.

## 4.2 Application of the “Preventive medicine” principle in geriatric health promotion

The concept of *Preventive medicine (Zhi Wei Bing)* is a core tenet of traditional Chinese preventive medicine, advocating for proactive interventions before the onset of illness or during the early stages of disease to prevent further deterioration. This principle is particularly relevant for the elderly, whose constitutions are often weakened and who frequently dwell in a subclinical or “pre-disease” state.

Traditional Chinese Internal Medicine emphasizes a multifaceted approach to preventive care, incorporating interventions in daily routines, diet, emotional regulation, and physical activity. For instance, dietary therapy can be used to strengthen the spleen and stomach, emotional therapies help modulate psychological well-being, and low-intensity meditative exercises such as *Tai Chi* and *Baduanjin* have been widely promoted in both clinical and community settings. These practices have demonstrated significant outcomes in delaying aging, reducing the incidence of chronic diseases, and enhancing self-management capabilities among older adults.

## 4.3 Evidence-based advantages of integrative medicine in geriatric treatment

Integrating Chinese and Western medicine has proven effective in managing geriatric conditions such as hypertension, coronary heart disease, COPD, Parkinson’s disease, and cognitive decline. While Western medicine addresses acute symptoms, TCM offers long-term regulation and symptom relief, often reducing pharmacological side effects. For instance, acupuncture combined with medication improves post-stroke motor and speech function, and herbal formulations support circulation and alleviate fatigue in cardiovascular and cerebrovascular diseases. Additionally, TCM-based home care and community interventions help mitigate healthcare disparities, lowering hospital readmissions and costs among the elderly.

# 5 COMMENTARY AND DEVELOPMENT RECOMMENDATIONS

## 5.1 Unique value of TCM and current limitations

The strengths of TCIM in the treatment of geriatric diseases primarily lie in its holistic regulation and individualized therapy. However, methodological disparities between the theoretical system of TCM and modern biomedical science remain a critical challenge. Current clinical studies in TCM often suffer from limitations such as small sample sizes, subjective evaluation criteria, and heterogeneous intervention protocols. These factors constrain the objective assessment of efficacy and hinder the global dissemination of TCM. Establishing standardized research designs and robust efficacy evaluation systems is essential for the further development of the field. Furthermore, the international promotion of TCIM faces challenges such as cultural adaptability, regulatory differences, and a lack of standardized evidence-based protocols. Compared to international research on integrative medicine—for instance, Germany’s model of integrating complementary medicine into primary care or the U.S. NCCIH-funded studies on mind-body interventions—TCIM demonstrates unique advantages in holistic regulation and preventive care. However, its global applicability requires further validation through cross-cultural clinical trials and collaborative frameworks that accommodate diverse healthcare systems.

## 5.2 Strengthening collaborative research and clinical practice between TCM and western medicine

The future of geriatric medicine calls for deeper integration between TCM and Western medicine, aiming for consensus through theoretical complementarity and practical collaboration. Strategies include leveraging big data to analyze geriatric TCM case records, applying evidence-based medicine principles to validate the safety and effectiveness of TCM treatments, and promoting multicenter randomized controlled trials (RCTs). Additionally, the adoption of modern technologies—such as artificial intelligence, wearable health devices, and biomarkers—can help explore the underlying mechanisms of TCM interventions, thereby enhancing scientific credibility and modernization.

## 5.3 Systemic support in policy and medical education

To advance the application of TCIM in geriatric medicine, systemic support is required across policy, research, and workforce development. It is recommended to strengthen the role of TCM within long-term care systems and community-based healthcare services to improve accessibility. Simultaneously, collaborative platforms for TCM–Western medicine research and clinical integration should be established. In the realm of medical education, integrated curricula should be developed to cultivate interdisciplinary professionals with competencies in both TCM and Western medical paradigms.

Traditional Chinese Internal Medicine’s emphasis on holistic regulation and preventive care aligns uniquely with the complex, chronic, and comorbid nature of geriatric diseases. Through complementary integration with Western medicine and policy-level support, TCM’s potential in prevention, treatment, and rehabilitation can be fully realized—thereby enhancing its role in elderly healthcare and public health within an aging society. Figure 4 summarizes the collaborative development framework for TCIM in aging societies, addressing advantages, limitations, research strategies, policy support, and educational initiatives.

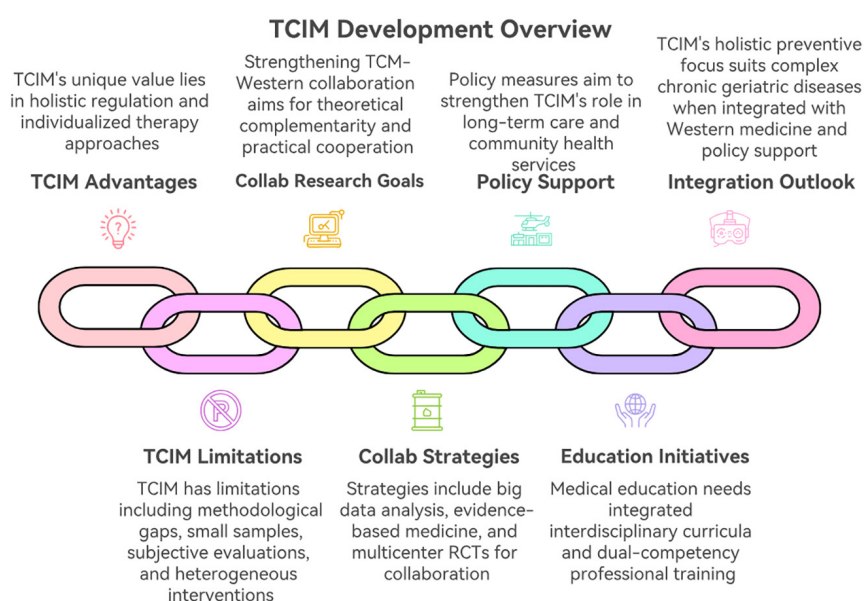


Fig. 4. Framework for collaborative development of TCIM in the context of aging

## 6 CONCLUSION AND RECOMMENDATIONS

With population aging accelerating, geriatric disease prevention and management have become pressing challenges. TCIM, emphasizing holistic regulation, individualized pattern differentiation, and preventive care, shows value in conditions such as cerebrovascular disease, arthritis, gastrointestinal dysfunction, and depression. Evidence and policy increasingly support integrating TCIM with Western medicine to improve outcomes, delay disability, and optimize healthcare resources.

Yet challenges remain, including limited high-quality evidence, methodological inconsistencies, and integration barriers. To address these, we recommend: (1) conducting multicenter RCT's with standardized protocols; (2) strengthening interdisciplinary education and collaboration to train dual-competency professionals; (3) expanding TCIM's role in primary and long-term care through supportive policy frameworks; and (4) applying emerging technologies such as AI and telemedicine to enhance accessibility and efficiency.

Overall, TCIM offers unique advantages in geriatric care. Future efforts should focus on scientific validation, collaborative practice, and sustainable innovation within aging healthcare systems.

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