

CHALLENGES FOR AI METHODS IN TRADITIONAL CHINESE MEDICINE

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ABSTRACT

Applications of AI (Artificial Intelligence) in fundamental medicine greatly vary from human genetics to clinical testing, from protein structure prediction studies to electronic health records. Integrative approach to human health relies on traditional approaches of Oriental Medicine having own system of knowledge presentation, symptoms and diagnostics conceptions. We note traditional medicine approaches in Russia and Asian countries not yet formalized in computer databases, discuss current trends for data analysis and medical knowledge representation in AI.

Here we review integrative medical approaches using classical and traditional healthcare methods knowledge from point of view of AI. These tools leverage machine learning, databases, and large language models (LLMs) to handle TCM's complexity, including herbal formulations and physiological modeling. Machine learning aids in tongue image analysis (that is canonical diagnostics for TCM), pulse diagnosis, and syndrome differentiation, improving accuracy over traditional methods. We highlight approaches to analyze herbal drug components and active ingredients used.

To recap, we note series of applications of AI methods for data standardization, TSM ontology description, disease classifications using predictive tools such as neural networks, and LLM for process description and medical decision support.

1 INTRODUCTION

AI technology finds its extensive applications in almost every aspect of healthcare and associated fields, such as robotics-mediated complex surgical procedures, robotics in high-throughput clinical diagnosis and therapy, telemedicine, developing universal coding systems for exchange, storage, interpretation, and quick retrieval of healthcare-associated information (Chen et al., 2017; Feng et al., 2021). Molecular mechanisms of human disease progression have complex genetic underpinnings, and sophisticated sequencing approaches coupled with advanced analytics (Orlov et al., 2021). Modern computational approaches for the search and analysis of potential drug targets are based on sequencings and omics technologies being far from clinical cases. Holistic approach to human health studies has been developed for thousand years in Asia, especially in China, forming own methodological and conceptual system, own way of knowledge presentation.

We note traditions and medical knowledge systems in India, South-East Asia, Korea (Kulshreshtha et al., 2025; Kwon, 2025; Jeong and Lee, 2025; Rani et al., 2026). The term Traditional East Asian Medicine (TEAM) for the clinical decision-making is also used (Bae et al., 2025). Here we describe modern applications of AI technique to Traditional Chinese Medicine (TCM). The foundation of TCM lies in its holistic approach, manifested through herbal compatibility theory, which has emerged from extensive clinical experience and evolved into a highly refined knowledge system (Chen et al., 2025b).

AI tools are advancing Traditional Chinese Medicine (TCM) by integrating ancient practices with modern data analysis, particularly in diagnostics, drug discovery, and data integration (Ji et al., 2026; Ge et al., 2026). Chinese scholars attempted to combine AI technologies with traditional Chinese medicine (TCM) to develop an AI-guided assistive diagnostic and therapeutic system within the realm of TCM since 1970s (Bai, 2011).

Now Artificial intelligence is empowering all stages of TCM new drug development with unprecedented depth (Lu et al., 2025). These problems include: semantic understanding, reconstruction, and

054 dialogue of literature based on natural language processing (NLP) and large language models(LLMs);
055 safety modeling and druggability assessment driven by statistical learning, including deep learn-
056 ing; syndrome objectification via multimodal learning that integrating heterogeneous data such as
057 tongue images, pulse patterns, and electronic medical records; and intelligent optimization of clinical
058 research through adaptive trial design, platform trials, and reinforcement learning (Tang et al., 2024).

059 Here we consider challenges of TCM in mechanistic understanding of syndromes and herbal for-
060 mulations, novel drug discovery, and the delivery of high-quality, patient-centered clinical care
061 (personalized medicine) (Xu et al., 2019). Traditional herbal formulas for TCM are actively studied
062 using omics technologies (Anashkina et al., 2025). AI combines network pharmacology with multi-
063 omics (genomics, proteomics, metabolomics) to decode polypharmacological mechanisms of herbal
064 components, screen active compounds and predict targets for diseases like cancer or inflammation
065 (Orlov et al., 2021; Jin et al., 2024).

066 Development of AI technologies is getting recognized by medical staff working with TCM. The
067 national survey on the integration of traditional Chinese medicine and artificial intelligence in China
068 revealed wide interest and acceptance of new technologies — about 62% of medical staff were willing
069 to try TCM diagnosis and treatment services combined with AI (Gu et al., 2025). To complement the
070 survey, Hu et al. (2025) used questionnaires to estimate attitude and acceptance of AI for patients
071 — individuals with health needs, including patients seeking TCM/Western medical treatment. A
072 cross-sectional national survey was conducted at 13 medical institutions across China. About 63%
073 of respondents were familiar with the TCM-AI equipment and were willing to try TCM diagnosis
074 and treatment services combined with AI. But only 43% of respondents trusted the diagnosis results
075 provided by the TCM-AI equipment (Hu et al., 2025).

076 Note HERB 2.0 pharmacotranscriptomics datasets (Fang et al., 2021) map herbal effects to gene ex-
077 pression profiles, identifying similarities for drug repositioning. Arunachalam et al. (2025) developed
078 SIMPD (South Indian Medicinal Plants Dataset) tool, a curated dataset comprising high-resolution
079 images of diverse medicinal plant species native to South India, specially design for machine learning
080 applications.

081 We discuss language models for disease description and success in this field. AI models physiology
082 via systems theory frameworks for holistic TCM mechanisms and LLMs for diagnosis simulation,
083 literature mining, and prescription generation from ancient texts and cases (in Chinese) can extract
084 insights from TCM records, building knowledge graphs for clinical decisions. Several specific AI
085 tools enhance TCM diagnosis by automating and objectifying traditional methods like meridian
086 analysis, tongue inspection, and pulse reading (Chen et al., 2022).

087 Wang et al. (2026b) discussed network pharmacology and TCM approaches. Modern medical research
088 paradigm of "single drug, single target" presents significant challenges due to its holistic approach.
089 Network pharmacology and its core theory of network targets connect drugs and diseases from a
090 holistic and systematic perspective based on biological networks, overcoming the limitations of
091 reductionist research models and showing considerable value in TCM research. Recent integration of
092 network target computational and experimental methods with artificial intelligence (AI) and multi-
093 modal multi-omics technologies has substantially enhanced network pharmacology methodology.

095 2 TCM DOMAIN KNOWLEDGE REPRESENTATION

096 We start our review with representation of knowledge of TCM domain to be formalized. The complex
097 diagnostic and treatment model used in TCM is based on a "symptom-pattern-disease-formula"
098 framework that heavily relies on practitioners' experience (Duan et al., 2025). However, this model
099 faces several challenges, including ambiguous knowledge representation, unstructured data, and
100 difficulties with knowledge sharing. Recent advancements in artificial intelligence, natural language
101 processing, and medical knowledge engineering have significantly improved research on knowledge
102 graphs (KGs) and intelligent diagnosis and treatment systems for these disorders, making these
103 technologies crucial for modernizing TCM.

104 This article systematically reviews two core research pathways related to Spleen-Stomach disorders.
105 The first pathway focuses on constructing knowledge graphs for "structured knowledge representa-
106 tion". This includes ontology modeling, entity recognition, relation extraction, graph fusion, semantic
107 reasoning, visualization services, and an ensemble model to predict treatment efficacy. The second

108 pathway involves the development of intelligent diagnosis and treatment systems, with a focus on
109 "clinical applications". This pathway includes key technologies such as quantitative modeling of
110 TCM, the four diagnostic methods (inspection, auscultation-olfaction, interrogation, and palpation),
111 semantic analysis of classical texts, pattern differentiation algorithms, and multimodal consultation
112 recommenders. Through the synthesis and analysis of current research, several ongoing challenges
113 have been identified. These include inconsistent models and annotation of TCM clinical knowledge,
114 limited semantic reasoning capabilities, insufficient integration between KGs and intelligent diagnos-
115 tic models, and limited clinical adaptability of existing intelligent diagnostic systems. To address
116 these challenges, this review suggests future research directions that include enhancing heterogeneous
117 multisource knowledge integration techniques, deepening semantic reasoning through collaborative
118 reasoning frameworks that incorporate large language models, and developing effective cross-disease
119 transfer learning strategies.

120 Duan et al. (2025) considered it an example of Spleen-Stomach disorders as prevalent clinical
121 conditions in Traditional Chinese Medicine. Traditional Chinese medicine (TCM) represents a
122 paradigmatic approach to personalized medicine, developed through the systematic accumulation and
123 refinement of clinical empirical data over more than 2000 years, and now encompasses large-scale
124 electronic medical records (EMR) and experimental molecular data (Yan et al., 2025).

125 In Traditional Chinese Medicine Electronic Medical Records (TCM EMRs), symptom descriptions are
126 often semi-structured, and coarse-grained annotation can lead to symptom nesting and information
127 loss. To address these limitations and improve the precision of symptom representation, Gou
128 et al. (2025) proposed a fine-grained symptom entity annotation system. Its objective is to convert
129 unstandardized symptom expressions into structured data, thereby enhancing the correlation and
130 standardization of symptom information to support intelligent TCM diagnosis and treatment.

131 Wang et al. (2025a) presented benchmark dataset for TCM. LLM capacities to support rational
132 medication use and guarantee prescription safety remain insufficiently investigated-especially in
133 tasks such as prescription audit, which plays a critical role in safeguarding both. This paper presents
134 TCMEval-PA, a benchmark dataset for assessing the capabilities of LLMs in prescription audit of Chi-
135 nese herbal medicines. The dataset comprises 328 choice questions, including 297 single-choice and
136 31 multiple-choice. All questions were designed and compiled through rule extraction from official
137 documents and reviewed by licensed TCM physicians. TCMEval-PA comprehensively encompasses
138 the key dimensions of prescription safety, including normativity (e.g., dispensing, decoction require-
139 ments, and regulations for special medicines) and appropriateness (e.g., contraindicated combinations
140 and excessive dosages) (Wang et al., 2025a).

141 Gou et al. (2025) annotated 500 TCM EMRs over five trials, identified 12 entity categories and 10
142 relation types. The inter-annotator agreement F1 scores for entities and relations were 93.5% and
143 91.2%, respectively.

144 The complex diagnostic and treatment model used in TCM is based on a "symptom-pattern-disease-
145 formula" framework that heavily relies on practitioners' experience. However, this model faces
146 several challenges, including ambiguous knowledge representation, unstructured data, and difficulties
147 with knowledge sharing. Recent advancements in artificial intelligence, natural language processing,
148 and medical knowledge engineering have significantly improved research on knowledge graphs (KGs)
149 and intelligent diagnosis and treatment systems for these disorders, making these technologies crucial
150 for modernizing TCM. Duan et al. (2025) systematically reviewed two core research pathways related
151 to Spleen-Stomach disorders.

152 Application of AI for pharmacopuncture as presented by (Kwon, 2025). Pharmacopuncture is a
153 therapeutic modality used in Korean medicine that involves the injection of medicinal extracts into
154 acupoints. This study aimed to develop an artificial intelligence (AI)-based automated system for
155 building and maintaining a living evidence map in the field of pharmacopuncture research and verify
156 its performance. A web-based system that automates literature search, selection, data extraction, and
157 classification using PubMed API and Gemini AI was developed.

3 LARGE LANGUAGE MODELS FOR TRADITIONAL CHINESE MEDICINE

Large language models (LLMs) show promise for supporting Traditional Chinese Medicine (TCM) practice, but their clinical utility is limited by domain-specific knowledge gaps, hallucinations, and weak multi-turn reasoning (Wang et al., 2026a).

Studying the association of gene function, diseases, and regulatory gene network reconstruction demands data compatibility (Veljković et al., 2023). Data preparation and standardization challenge TCM domain.

Large language models struggle with dynamic clinical workflows and personalized treatment in complex systems like TCM. Note ChatGPT-4.0 and the ChatGLM series as novel conversational large language models (LLMs).

To improve LLM performance in specialized science domains, researchers have explored various optimization strategies. One prominent method is retrieval-augmented generation (RAG), which integrates retrieval mechanisms with generative models. This approach allows for the customization of retrieval strategies and the integration of domain-specific knowledge. For example, Clinfo.ai is a GPT-based RAG implementation that retrieves abstracts from PubMed. RAG not only enhances specialization but also reduces hallucinations and enables dynamic updates to keep pace with rapidly evolving fields. This technique has shown success in numerous clinical applications.

The current technologies remain limited when applied to domains like TCM gastroenterology. Existing general-purpose LLMs rarely encode TCM-specific concepts such as syndrome differentiation, pattern-symptom mapping, and classical formula theory, and they lack access to curated TCM gastroenterology corpora.

The AcuKG tool integrates data on acupuncture from multiple sources, including online resources, guidelines, PubMed literature, ClinicalTrials.gov, and multiple ontologies (SNOMED CT, UBERON, and MeSH) (Li et al., 2025b).

Recently Wang et al. (2025e) estimated performance of ChatGPT-like models in Traditional Chinese Medicine for metabolic associated fatty liver disease.

In the evaluation module of "Ability in syndrome differentiation and treatment principles," the performance ranking of the 4 models tested was ChatGLM4+ Knowledge Base (Wang et al., 2025e). Pretraining LLMs with TCM-specific knowledge bases while maintaining internet search capabilities substantially enhanced their diagnostic and therapeutic performance in TCM applications. Importantly, general-purpose LLMs required both domain-specific medical fine-tuning and culturally sensitive adaptation to meet the rigorous standards of TCM clinical practice.

Long et al. (2025) used empirical evaluation of different LLM types in the specialized domain of TCM stroke. Wang et al. (2026a) presented GastroTCM, a specialized LLM assistant for TCM gastroenterology built by fine-tuning a Llama3-8B model and augmenting it with a Retrieval-Augmented Generation (RAG) and an agent framework (Touvron et al., 2023; OpenAI, 2023).

In the domain of Chinese clinical medical question-answering, traditional Large Language Models (LLMs) encounter challenges such as hallucinations and difficulties in updating knowledge for knowledge-intensive tasks. To address these issues, Zhang et al. (2025) presented a Chinese clinical medical QA model that integrates Retrieval-Augmented Generation (RAG) and a medical knowledge graph, named CMedRAGBot. First, a Chinese medical knowledge graph encompassing multiple entity types-including diseases, medications, and symptoms-is constructed. Based on this knowledge graph, a Named Entity Recognition (NER) model built on a Chinese-RoBERTa and BiGRU architecture is designed, with data augmentation strategies employed to enhance its generalization capability. In addition, prompt engineering techniques are used to implement intent recognition for user queries, mapping them to predefined intent categories. Finally, the aforementioned modules are integrated to form a complete Chinese clinical medical QA system. In the experimental evaluation, CMedRAGBot is deployed on five state-of-the-art LLMs (including ChatGPT-4o, ChatGPT-o1, DeepSeek-R1, Llama-3.3-70B-Instruct, and Gemini 2.0 Flash) and tested using specialized question banks derived from the Chinese Clinical Medical Qualification Examinations (Source code of the research is available at <https://github.com/zhdongfang/CMedRAGBot>).

216 Traditional Chinese medicine with knowledge-intensive framework poses unique challenges to
217 performance for large language models (Li et al., 2025c).

218
219 Qin et al. (2025) constructed RAG-CPMF, an intelligent CPM recommendation framework integrating
220 large language models (LLMs), retrieval-augmented generation (RAG), and the largest Chinese
221 patent medicines dataset. The accuracy of RAG-CPMF was evaluated against clinical guidelines,
222 demonstrating that this framework significantly improved CPM recommendation accuracy compared
223 with general-purpose LLMs (Qin et al., 2025).

224 Overall, the performance of existing LLMs in TCM-specific tasks remains limited due to the lack
225 of optimization for TCM knowledge during the pre-training phase, insufficient datasets, and the
226 constraints of fine-tuning techniques (Tong et al., 2025).

227 228 4 ACUPUNCTURE AND AI APPLICATIONS

229
230 We consider AI applications for oriental diagnostics classification systems such as acupuncture and
231 body parameters (pulse, tongue color and other estimates). Acupuncture, a key modality in traditional
232 Chinese medicine, is gaining global recognition as a complementary therapy and a subject of
233 increasing scientific interest (Yoon et al., 2025). However, fragmented and unstructured acupuncture
234 knowledge spread across diverse sources poses challenges for semantic retrieval, reasoning, and
235 in-depth analysis.

236 Kim et al. (2026) investigated the efficiency of an AI model in predicting the acupoints and compared
237 its performance to placements made by a practitioner of traditional Korean medicine using ear images.
238 The mask region-based convolutional neural network (Mask R-CNN) model was utilized to isolate
239 the ear region, followed by landmark detection using a CNN model trained on resized images to
240 predict three auricular acupoints. The AI-driven approach showed significant potential in improving
241 both the accuracy and consistency of auricular acupoint identification (Kim et al., 2026).

242 Wang et al. (2025d) discussed acupuncture, a nonpharmacological therapeutic method in relation
243 to Alzheimer’s disease (AD) treatment that has received widespread attention. With the rapid
244 development of modern science and technology, the mechanism of action of acupuncture in the
245 treatment of AD has gradually become increasingly clear.

246 AI applications in TCM include diagnostic systems like Medical’s AI meridian diagnostic tool, which
247 analyzes electrical resistance from 80 acupoints for objective diagnostics (Wang et al., 2025c).

248 Li et al. (2025b) developed AcuKG, a comprehensive knowledge graph that systematically orga-
249 nizes acupuncture-related knowledge to support sharing, discovery, and artificial intelligence-driven
250 innovation in the field.

251 Acupuncture can improve cognitive function in AD patients through various mechanisms, such
252 as reducing β -amyloid deposition, inhibiting Tau protein hyperphosphorylation, and attenuating
253 neuroinflammation, and shows good therapeutic potential (Wang et al., 2025d).

254 Yoon et al. (2025) assessed the ability of GPT-4 to make medical decisions regarding acupuncture
255 treatment by comparing its selection of acupoints with those made by human clinicians.

256 257 258 5 ANALYSIS OF PHYSIOLOGICAL PATTERNS BY AI TOOLS

259
260 Analysis of fine tune physiological parameters of human organs is important for clinical medicine
261 (Al-Zamil et al., 2025; Artamonov et al., 2025). Pulse diagnosis holds a pivotal role in traditional
262 Chinese medicine diagnostics, with pulse characteristics serving as one of the critical bases for
263 its assessment (Li et al., 2025a). Accurate classification of the pulse pattern is paramount for the
264 objectification of TCM (Chen et al., 2022).

265 Li et al. (2025a) used a multi-channel lightweight graph convolutional network (GCN) for classifica-
266 tion of the pulse pattern in TCM. The proposed network model achieved 91% accuracy, a mean F1
267 score of 92%, a mean recall rate of 92%, and a mean precision rate of 92% on the pulse dataset.

268 Tongue diagnosis is the kernel method of Traditional Chinese Medicine (TCM), and it has been
269 proved that the condition of the tongue can serve as an indicator of a person’s health status. Tongue

270 Image Segmentation is an essential task, as the tongue is sensitive to the physiological conditions
271 and pathological changes of patients and can help physicians determine strategies for the syndrome
272 differentiation. To automatically recognize a person's latent diseases by computer vision technology,
273 getting the tongue segmentation from a picture with high precision has significant importance (Tang
274 et al., 2024). Cai et al. (2024) developed TSRNet system for Tongue image segmentation based on
275 an encoder–decoder framework with global and local refinement. Yao et al. (2025) analyzed tongue
276 segmentation images for TCM diagnostics using neural networks. The proposed post-processing
277 image analysis method can effectively improve all classic neural networks in tongue segmentation
278 (Yao et al., 2025).

279 Ge et al. (2026) considered myocardial ischaemia–reperfusion injury outcome combining AI tools
280 for analysis key factors influencing postoperative mortality using TCM classification. The authors
281 incorporated traditional Chinese medicine (TCM) classifications to reflect overall patient status,
282 construct an optimal machine learning model for precise prognosis assessment.

283 Traditional Korean Medicine has own traditional diagnosis scheme. Temperature sensitivity has
284 gained considerable attention (Jeong and Lee, 2025). This trait has long been used to identify
285 cold-heat patterns (C-HPs), a diagnostic framework in Traditional Korean Medicine that categorizes
286 individuals based on their thermal responses. C-HP helps understand an individual's inherent physical
287 characteristics, which have been shown to be highly heritable and thus shaped by genetic factors.
288 The authors incorporated genetic studies related to traits such as "Cold" or "Heat," as well as thyroid
289 hormone, which plays a key role in thermogenesis through the activation of metabolic pathways. Set
290 of SNP (single nucleotide polymorphisms) was found in genetic databases (Jeong and Lee, 2025).

291 The traditional Indian system of medicine promotes overall health and wellness through personal-
292 ized therapies and a detoxifying process (Trikamji, 1941). Therapeutic emesis, or vama karma,
293 is one of the bio-pentavalent purification procedures used to treat deranged kapha ailments that
294 include metabolic, respiratory, and dermatological conditions such as psoriasis and eczema. Rani
295 and colleagues (Rani et al., 2026) presented one of the first attempts to apply deep learning for
296 objective analysis of the therapeutic emesis process in Ayurveda. By combining YOLOv9 for vomit
297 detection and residual neural network for classification, the framework achieves promising accuracy
298 in automated vomit identification. The results will demonstrate the potential of AI-assisted analysis
299 in traditional medicine (Rani et al., 2026).

300 6 CHINESE HERBAL MEDICINE APPLICATIONS

301

302 Traditional Chinese medicine formula (herbal formula) represents a fundamental component of
303 Chinese medical practice (Chen et al., 2025b). Within this framework, Chinese herbal medicines
304 exhibit intricate characteristics, including multi-component interactions, diverse target sites, and
305 varied biological pathways. These complexities pose significant challenges for understanding their
306 molecular mechanisms.

307 Herbal medicine has historical roots in many countries. Traditional medicinal systems such as
308 Ayurveda offer a rich repository of plant-based remedies for inflammatory conditions (Kulshreshtha
309 et al., 2025). In Serbia, traditional medicine, based on the strong belief in the power of medicinal
310 herbs, is the widespread form of treatment (Radovanović et al., 2023). Kulshreshtha et al. (2025)
311 screened 18 medicinal plants for anti-inflammatory potential using in vitro and in vivo assays.

312 Traditional Chinese Medicine (TCM) has long been regarded as a valuable resource for modern drug
313 discovery. However, the limited availability of recorded entities and information, the complexity
314 and sparsity of the herb-ingredient-target-disease network, and inconsistencies in data representation
315 hinder the effectiveness of high-throughput screening approaches (Chen et al., 2025a).

316 Chen et al. (2025a) developed a data-driven and deep learning-based workflow, TCM-navigator,
317 which enables the in-silico generation, quality control, and physics-based evaluation of TCM-like
318 molecules.

319 Jia et al. (2026) analyzed current applications and limitations of AI in the image identification,
320 quality control, active ingredient and toxicity assessment, and origin identification of Chinese herbal
321 medicine. A comprehensive literature search was conducted in PubMed, Google Scholar, and
322 CNKI to identify studies on the application of AI in TCM, covering image recognition, quality
323 control, origin identification, phytochemical analysis, and toxicity assessment. The authors show

324 that AI offers significant advantages in the identification of herbal medical components, improving
325 both accuracy and efficiency. In quality control, the combination of AI with spectroscopic and
326 sensory detection enables more objective analyses. When integrated with chromatographic and
327 multi-technique approaches, AI supports the evaluation of complex components and toxicity (Jia
328 et al., 2026).

330 7 NETWORK PHARMACOLOGY

332 Network pharmacology has gained widespread application in drug discovery using mathematical
333 approaches for network reconstruction, theory of graphs, computer methods. We note series of online
334 tools such as GeneMANIA, STRING, PathBanks (Franz et al., 2018; Wishart et al., 2024; Szklarczyk
335 et al., 2023) for gene network reconstruction, gene target – drug interaction networks. Associate
336 network design was developed in the ANDsystem developed in Russia (Demenkov et al., 2011;
337 Ivanisenko et al., 2020).

338 Network approach is particularly important in traditional Chinese medicine research, which is charac-
339 terized by its "multi-component, multi-target, and multi-pathway" nature (Shao et al., 2025). Through
340 the integration of network biology, TCM network pharmacology enables systematic evaluation of
341 therapeutic efficacy and detailed elucidation of action mechanisms.

342 Shao et al. (2025) describes the methodology of TCM network pharmacology, encompassing ingredi-
343 ent identification, network construction, network analysis, and experimental validation.

344 AI techniques help in uncovering molecular mechanisms of drug action, its role in compound ab-
345 sorption, distribution, metabolism, and excretion (ADME) prediction, molecular target identification,
346 compound and target synergy recognition, pharmacological mechanisms exploration. It helps with
347 herbal formula optimization as well (Oborotov et al., 2023).

348 TCM complex multi-component compositions and intricate mechanisms of action pose significant
349 challenges for modern scientific investigation. Addressing these complexities requires advanced
350 techniques capable of dissecting cellular and molecular interactions with high resolution. Single-
351 cell omics enables high-throughput, unbiased profiling of genomic, transcriptomic, proteomic, and
352 metabolomic landscapes at single-cell resolution (Jiang et al., 2025). By identifying active con-
353 stituents, pinpointing therapeutic targets, and elucidating mechanisms of action, single cell omics
354 offer profound insights into the pharmacological and therapeutic properties of TCMs.

356 8 DISCUSSION

358 TCM is vital component of healthcare systems in China and worldwide, has been increasingly utilized
359 in clinical practice. However, the problems of such treatment accept include misunderstanding,
360 lack of explainability and trust, that interplays with traditions of technical education (Li et al.,
361 2022). Mulugeta et al. (2024) reviewed deep learning for medicinal plant species classification and
362 recognition. The lack of a globally available and public dataset need for medicinal plants indigenous
363 to a specific country and the trustworthiness of the deep learning approach for the classification and
364 recognition of medicinal plants was underlined. It indicates on difference in traditional medicine
365 domain descriptions in world, not only in relation to TCM.

366 The integration of TCM and AI demonstrates promising acceptance among health-seeking individuals
367 in China, with younger and educated populations who have health demands for TCM showing
368 particularly high trust, and intelligent syndrome differentiation systems highlight a clear pathway for
369 AI to modernize TCM practice by augmenting diagnostic accuracy and treatment personalization (Gu
370 et al., 2025; Shin et al., 2025).

371 Traditional Chinese medicine adaptation for researchers and patients has been significantly evolved
372 (Yang et al., 2025). TCM education policies in China include medical education, curriculum reform,
373 rural health care, internationalization, and the integration of TCM with modern education systems.
374 Despite importance of Chinese patent medicines (CPMs), approximately 70% of CPMs are prescribed
375 by Western medicine physicians who lack expertise in traditional Chinese medicine syndrome
376 differentiation and treatment (Qin et al., 2025). Studying current trends in education policies (Yang
377 et al., 2025) revealed 5 stages of TCM policy evolution in China: marginalization, standardization,
specialization, systematization, and restandardization.

378 According to Gu et al. (2025), the top three most important factors in the application of AI in
 379 TCM were accuracy (78.0%), convenience of operation (67.5%), and participation of medical staff
 380 (60.9%). Future research on AI in TCM diagnosis and treatment may emphasize building large-scale,
 381 high-quality TCM datasets with unified criteria based on syndrome elements; identifying algorithms
 382 suited to TCM theoretical data distributions; and leveraging AI multimodal fusion and ensemble
 383 learning techniques for diverse raw features, such as images, text, and manually processed structured
 384 data (Wang et al., 2025b).

385 The top three important processes of integration of TCM and AI were medical research, personalized
 386 generation of regimen, and intelligent inquiry. The top three concerns about the potential risks
 387 associated with the integration of TCM and AI were the misinterpretation of cultural contexts,
 388 flexibility in dialectical treatment, and simplification of traditional TCM experience by algorithms
 389 (Hu et al., 2025).

390 Despite problems of the knowledge translation for TCM systematic data analysis in Western medicine
 391 is far from being perfect. We'd note high rate wrong and unsafe responses for public medical chatbots
 392 in English. Draelos et al. (2026) described the physician-led study comparing the safety of four
 393 publicly available chatbots — Claude by Anthropic, Gemini by Google, GPT-4o by OpenAI, and
 394 Llama-3.0/3.1-70B by Meta — on a new dataset, HealthAdvice. The rate of problematic responses
 395 varied from 21% to 43%, with unsafe responses varying from 5% to 13%.

396 Li et al. (2025c) demonstrated that although large-scale LLMs exhibit strong knowledge recall in
 397 TCM, their suboptimal performance on multiple-choice questions and substantial computational costs
 398 may limit their practical applicability in clinical settings.

400 9 CONCLUSION

402 TCM is getting widespread acceptance in clinical practice. The integration of TCM and AI has promis-
 403 ing future, prioritizing diagnostic accuracy while addressing cultural/clinical adaptation challenges in
 404 key applications, such as syndrome differentiation systems.

405 Although large language models (LLMs) have witnessed rapid development in medical applica-
 406 tions, their capacities to support rational medication use and guarantee prescription safety remain
 407 insufficiently investigated-especially in tasks such as prescription audit (Wang et al., 2025a).

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