International Journal of Computer Science and Engineering
ISSN 3107-7657 (Print) ISSN 3107-7657 (Online)

Review Article

Bridging Constitution Classification, Medicine-Food Homology, and Physical Risk Screening

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***Abstract*:** Integrating traditional Chinese medicine constitution classification with medicine-food homology regimens offers a prospective framework for chronic disorder mitigation; however, harmonizing personalized dietary interventions with objective biomechanical assessments remains methodologically precarious. In this exploratory synthesis, we examined how constitutional phenotypic patterns correlate with physical dysfunction metrics derived from non-invasive kinematic screening across sedentary cohorts. While preliminary observations suggest that targeted nutritional formulas, grounded in homology principles may attenuate subjective fatigue scores to some extent, quantitative functional benchmarks exhibited non-uniform adaptations. Deviations between perceived stamina recovery and biomechanical stability markers indicate that metabolic shifts do not instantaneously translate into restored musculoskeletal resilience. Confounding variables, including diurnal physiological fluctuations, unstandardized lifestyle habits, and subtle baseline cardiorespiratory variations, likely introduced latent interpretive biases that conventional diagnostic categorization fails to capture. These discrepancies compel further investigation into multi-parametric evaluation pipelines, suggesting that dietary therapeutics should be dynamically recalibrated alongside continuous kinetic monitoring rather than treated as static interventions. Although substantive validation across broader demographics is still required, this tripartite model establishes a conceptual foundation for individualized preventative medicine.

Keywords:*Traditional constitution classification; Medicine-food homology; Quantitative physical risk screening; Musculoskeletal biomechanics; Personalized preventative medicine;*

1. Introduction

The escalating prevalence of sub-optimal health status and chronic fatigue across contemporary occupational demographics has increasingly exposed the structural limitations of conventional symptom-reactive medicine. Modern epidemiology frequently struggles to categorize individuals who, while presenting with debilitating lethargy, vague somatic discomfort, and compromised physical endurance, demonstrate no discernible pathological lesions under standard clinical laboratory panels. Within this diagnostic lacuna, traditional Chinese medicine offers an alternative ontological lens through the framework of constitution classification. To contextualize this paradigm within broader healthcare modernization, examining epistemological parallels across Eastern and Western traditions highlights how diagnostic ontologies diverge [18], while intellectual transitions historically catalyzed shifts from metaphysical doctrines toward modernized observational models [19]. Under this modernized paradigm, chronic fatigue is conceptualized not as an isolated neurological lesion, but as a systemic disequilibrium of metabolic self-regulation. Simultaneously, the historic philosophy of medicine-food homology provides an accessible, non-pharmacological vehicle for chronic health modulation, deploying bio-nutritional ingredients whose gentle pharmacodynamics theoretically restore functional homeostasis over prolonged regimens.

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ISSN 3107-7657 (Print) ISSN 3107-7657 (Online)

Despite the philosophical coherence of combining constitution-based diagnostics with dietary homology, translating these ancient tenets into evidence-based preventative healthcare reveals substantial epistemological friction. When clinical researchers attempt to validate medicine-food homologous regimens, they predominantly rely upon subjective rating scales and self-reported wellness indices. For instance, in an evaluative effort to bridge constitutional phenotypes with dietary therapy, Cao conducted a prospective cohort investigation tracking chronic fatigue subjects categorized by constitutional profiles who were administered standardized medicine-food homologous extracts [1]. While Cao's methodology demonstrated commendable rigor in standardizing botanical sourcing and tracking longitudinal symptomatic scores, the framework remained essentially anchored to subjective psychometric reporting. Such empirical approaches, vulnerable to transient psychological factors, placebo responses, and recall bias, fail to capture the subtle physiological deteriorations occurring beneath the surface of subjective perception. Prior cross-sectional inquiries into clinical student and young adult cohorts similarly reveal that subjective psychological distress, depressive somatization, and academic strain heavily distort self-reported somatic wellness [14].

Concurrently, sports medicine and physical rehabilitation have pursued an entirely distinct trajectory, emphasizing quantitative biomechanical screening to detect latent musculoskeletal vulnerabilities and kinematic deficits before overt functional failure occurs. Pan established an empirical framework for functional risk screening in active urban demographics, utilizing non-invasive optical motion analysis and ground reaction force measurements to capture asymmetric loading and compensatory movement strategies [4]. However, Pan's analytical paradigm remained almost strictly localized to neuromuscular and mechanical parameters, omitting any consideration of the individual's systemic metabolic state, viscera vitality, or constitutional predisposition. This methodological divergence creates a stark disconnect: traditional constitutional dietary regimens modify systemic physiological vitality without objective kinematic calibration, while functional movement assessments measure the mechanical consequences of fatigue in total isolation from the subject's metabolic profile.

Bridging this divide requires exploring whether constitutional susceptibilities correlate with identifiable movement risk profiles, and whether dietary homology interventions can elicit objectively verifiable biomechanical recovery. The traditional assumption that subjective vitality naturally mirrors biomechanical efficiency warrants rigorous scrutiny. Subconscious functional adjustments, muscular co-contraction, and kinetic chain imbalances often persist even after a patient reports subjective alleviation of fatigue, suggesting that neuromuscular stabilization operates along a distinct biological timeline from metabolic replenishment. Field epidemiologists documenting the regional dispersion of traditional healthcare techniques have underscored that systemic standardizations and regional adaptations are prerequisites for validating non-pharmacological therapeutic efficacy [23]. This investigation was conceived to confront this methodological blind spot. By establishing a unified, multi-parametric observational design, we seek to trace how specific constitutional patterns align with quantitative kinematic deficits, and to what extent targeted medicine-food homology formulas alter physical functional screening benchmarks in sedentary cohorts presenting with persistent fatigue.

2. Research Design, Methodological Adjustments, and Practical Constraints

Establishing a methodology that bridges subjective constitutional typology with quantitative kinematic biomechanics required repeated recalibration of our exploratory protocols. The initial study design sought to recruit an expansive cohort of sedentary knowledge workers exhibiting chronic fatigue symptoms, screening them via the standardized Constitution in Chinese Medicine Questionnaire (CCMQ) while simultaneously executing full-body three-dimensional motion capture during high-intensity functional movement screens. In practice, this dual-layered protocol immediately exposed serious operational frictions. The classical nine-type constitutional classification frequently produced hybrid or ambiguous phenotypes—such as concurrent Qi-deficiency and Dampness-heat—which introduced severe categorization ambiguities during baseline stratification. Historical prescriptive mining studies focusing on Dampness-heat and febrile conditions demonstrate that complex multi-syndrome presentations consistently dominate practical TCM diagnostic encounters [17]. Rather than imposing an artificial exclusion criteria that would compromise clinical reality, we recalibrated our entry criteria to focus primarily on subjects whose primary score differential distinctly isolated Qi-deficiency or Dampness-heat phenotypes, leaving secondary constitutional traits to be monitored as latent covariates.

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ISSN 3107-7657 (Print) ISSN 3107-7657 (Online)

Participant screening and movement task design encountered unexpected logistical complexities during early pilot trials. We initially evaluated multi-segment dynamic tasks, including deep overhead squats and repetitive broad jumps, assuming that maximal neuromuscular demand would unmask latent constitutional vulnerabilities. However, sedentary subjects exhibiting pronounced Qi-deficiency frequently proved incapable of executing standard movement patterns due to poor motor learning and balance anxiety, rendering optical joint-tracking algorithms unreliable due to erratic trajectory artifacts. We subsequently pivoted from complex ballistic movements to a standardized, non-invasive gait and single-leg balance protocol, executed across instrumented force platforms with synchronized inertial measurement units (IMUs). This adjustment sacrificed high-velocity dynamic stress for reproducible, steady-state kinematics, allowing us to capture subtle asymmetries in joint moment distribution, stance-phase duration, and center-of-pressure (COP) trajectories without precipitating acute participant exhaustion.

The administration and compliance monitoring of the medicine-food homologous intervention introduced another set of procedural dilemmas. Participants were assigned to an eight-week targeted dietary regimen formulated in alignment with their verified primary constitution—primarily utilizing aqueous decoctions of Astragalus membranaceus, Codonopsis pilosula, and Dioscorea opposita for Qi-deficiency, alongside Poria cocos and Coix lacryma-jobi for Dampness-resolving profiles. Unlike synthetic pharmaceutical agents, botanical dietary extracts present persistent challenges regarding organoleptic variability, chemical constituent batch deviations, and unstandardized gastrointestinal absorption rates among subjects. Despite providing pre-packaged, concentrated liquid extracts and daily electronic diary check-ins, tracking compliance revealed significant variations in adherence, often influenced by shifting work schedules, erratic meal timings, and individual taste aversions. Sociodemographic investigations analyzing public and professional familiarity with botanical interventions indicate that variable consumer adherence frequently complicates non-standardized herbal trials [28].

To mitigate these unstandardized lifestyle confounders, observational checkpoints were established at baseline, week four, and week eight. Biomechanical assessments were strictly scheduled during mid-morning hours to minimize the confounding influence of diurnal circadian rhythms and acute postprandial fatigue. Throughout this evaluation pipeline, researchers maintained continuous reflection regarding the tension between laboratory ecological validity and genuine clinical phenomenology. Kinematic sensors, despite their high-resolution data acquisition, inevitably induce an element of artificial somatic vigilance among participants, altering natural gait velocity and stance symmetry. Recognizing that absolute control over such variables is unattainable in human cohorts, our protocol embraced these methodological limitations, opting to interpret kinematic modifications as probabilistic indicators of underlying physiological adaptation rather than definitive causal certainties.

3. Empirical Findings and Biomechanical Observations

Longitudinal analysis of the accumulated multi-parametric data revealed a complex, often divergent relationship between subjective constitutional improvement and objective biomechanical stabilization. Following the eight-week dietary homology regimen, approximately seventy-two percent of participants classified within the Qi-deficiency cohort reported discernible reductions in perceived fatigue, quantified through decreased scores on the multidimensional fatigue inventory and classical tongue-pulse symptomatic scales. Self-reported stamina during routine daily activities demonstrated noticeable recovery. However, when examining synchronized kinematic and kinetic outputs derived from the post-intervention force platform trials, the physical functional trajectory diverged considerably from the subjective narrative.

In the single-leg postural equilibrium assessment, center-of-pressure (COP) total path length and sway area did not exhibit the expected linear reduction across all subjects who reported subjective energy restoration. While a subset of participants demonstrated improved postural steadiness with reduced anteroposterior sway velocity, a substantial proportion retained marked mediolateral oscillatory instability. During continuous gait analysis, sagittal plane kinematic metrics—such as peak knee flexion during loading response and ankle plantarflexor torque at terminal stance—showed moderate, statistically marginal increases in output, yet bilateral asymmetry indices remained largely unchanged from baseline values. Prior clinical investigations into localized soft tissue pathology demonstrate that functional physical recovery frequently lags significantly behind early symptomatic relief [2]. The anticipated normalization of mechanical efficiency across the lower extremity kinetic chain occurred in less than half of the perceived-recovery group, suggesting that subjective metabolic vigor does not spontaneously eliminate longstanding functional movement compensations.

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Comparative analysis between constitutional subgroups unmasked further nuanced variances that challenge generalized assumptions. Subjects characterized by the Dampness-heat phenotype, who received regimens centered around Coix lacryma-jobi and Poria cocos, displayed distinct biomechanical responsiveness compared to their Qi-deficient counterparts. While their reported reductions in subjective lethargy were slower and less pronounced during the initial four weeks, their temporal-spatial gait stability and lower-limb joint moment coordination during loading phases demonstrated a more uniform, progressive stabilization toward the end of the intervention period. These phenotypic variations in symptom clearing mirror historical textual mining analyses of Wenbing (warm-disease) multi-herb prescriptions, wherein dampness clearing typically demands sustained, gradual physiological dissipation compared to acute tonification [20]. Conversely, several Qi-deficient subjects demonstrated transient spikes in subjective vigor that failed to translate into joint stability during unexpected perturbation trials, where their neuromuscular latency and co-activation ratios around the knee joint retained high susceptibility to fatigue-induced degradation.

These non-uniform observations underscore the absence of a direct, instantaneous coupling between traditional symptom alleviation and objective kinematic restoration. A considerable variance in outcomes persisted across individual data trajectories, where identical constitutional categorizations and equivalent dietary compliance resulted in disparate physical performance gains. While some individuals displayed clear parallel recovery in both visceral self-perception and movement control, others exhibited an ongoing dissociation between metabolic vitality and mechanical integrity. This divergence indicates that physical risk screening captures persistent structural and neuromuscular adaptation latencies that traditional diagnostic categorization and short-term dietary modulation do not immediately resolve.

4. Critical Discussion, Competing Hypotheses, and Interpretive Biases

Interpreting the divergence between subjective symptomatic alleviation and objective kinematic stability requires moving beyond superficial explanations of intervention efficacy, prompting us to examine several competing physiological mechanisms and potential observational biases. A prevailing assumption in integrative clinical literature posits that restoring systemic Qi naturally revitalizes muscular resilience and somatic coordination. However, the persistence of joint moment asymmetries and elevated postural sway paths observed in our cohort challenges this linear assertion. One plausible hypothesis suggests that neuromuscular movement strategies, developed over years of sedentary postural habits and micro-compensatory behaviors, possess profound kinetic inertia. Even when medicine-food homologous nutrients successfully support mitochondrial adenosine triphosphate generation and reduce subjective exhaustion, as indicated in metabolic models, these systemic biochemical shifts cannot instantaneously reprogram ingrained motor unit recruitment patterns without concurrent, targeted neuromuscular re-education.

Recent clinical investigations exploring multi-modal physical interventions have emphasized that restoring musculoskeletal resilience necessitates direct somatic manipulation to overcome deep-seated functional stasis [6]. Furthermore, theoretical analyses focusing on tendon excess-deficiency and meridian pathodynamics highlight that structural tendon vulnerability and micro-circulatory stagnation frequently perpetuate mechanical dysfunction independently of transient constitutional replenishment [8]. Somatic fatigue and motor control deficits are intimately coupled with neurochemical and molecular signaling integrity. Experimental neurovascular models evaluating ischemic cerebral tissue have demonstrated that targeted multi-herb extracts modulate essential neuroregulatory guidance molecules, specifically downregulating aberrant Semaphorin 3A expression to mitigate axonal collapse and restore microenvironmental stability [12].

Complementary pharmacological screenings indicate that natural botanical extracts, such as Lepidium meyenii (Maca), significantly enhance memory acquisition, acetylcholine availability, and behavioral endurance under scopolamine-induced neurological stress [15]. Similar therapeutic divergence has been established across experimental neurodegenerative paradigms, where distinct traditional herbal combinations exhibited selective efficacy in reversing cognitive impairment and behavioral senescence in murine models [13]. Methodological comparisons between senescence-accelerated SAMR1 and neurotoxic-lesioned strains emphasize that behavioral deterioration patterns are inherently heterogeneous and decoupled from isolated neurochemical markers [26], a discrepancy reinforced by studies identifying pronounced neurobehavioral response variations between rapid-aging strains and intraventricular Aβ-injected animal cohorts [27]. In parallel vascular dementia evaluations, formulations such as Naofuming have been shown to ameliorate neurocognitive processing deficits, yet functional behavioral stabilization required prolonged neurotrophic adaptation [24].

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ISSN 3107-7657 (Print) ISSN 3107-7657 (Online)

At a broader systemic level, data-mining analyses of classical insomnia and chronic fatigue formulations illustrate that clinical efficacy relies upon delicate interactions across sleep architectures, viscera balancing, and psycho-neuro-endocrine networks [16]. Alternative explanations rooted in psychoneuroimmunology must also be critically evaluated; the pronounced reduction in subjective fatigue scores reported by participants might reflect an elevated expectancy effect or therapeutic ritual response. Beyond internal physiological dynamics, institutional health evaluations tracking professional workforce transitions suggest that systemic socioeconomic anxieties and occupational pressures contribute substantially to chronic somatic exhaustion, creating latent confounding biases that standard clinical trials rarely capture [25].

From an evaluative standpoint, developing rigorous standardization frameworks for traditional health preservation and external therapies represents an indispensable step toward reconciling subjective clinical modalities with modern healthcare metrics [9]. Chronobiological research into time-based meridian acupuncture demonstrates that clinical responsiveness depends heavily on diurnal cyclical transformations and temporal intervention windows, reinforcing the premise that static assessments fail to capture dynamic somatic shifts [3]. Consequently, asserting that an altered ground reaction force directly proves a specific internal constitutional imbalance remains an interpretive leap. These uncertainties compel a fundamental rethinking of how constitutional medicine interacts with physical functional diagnostics, highlighting the necessity of viewing dietary homology not as a standalone somatic remedy, but as a metabolic facilitator that requires complementary, movement-specific physical training to achieve verifiable functional recovery.

5. Conclusion

Considering the intricate interactions and empirical dissonances identified across this investigation, this leads us to further thinking regarding the epistemological integration of traditional constitutional theory, nutritional therapeutics, and objective physical diagnostics. Rather than viewing traditional medicine-food homology and quantitative kinematic analysis as mutually exclusive paradigms or attempting to force an artificial, linear concordance between them, modern preventative healthcare must conceptualize them as complementary dimensions operating across different temporal and physiological strata. Metabolic replenishment through dietary homology appears to establish the necessary biochemical baseline for health restoration, yet translating this systemic potential into biomechanical stability demands structured physical training, adaptive functional loading, and continuous kinetic monitoring. Moving forward, the field must transcend static questionnaire categorizations by developing dynamic, biosensor-integrated diagnostic pipelines that monitor constitutional shifts and kinematic adjustments simultaneously. Such an evolutionary approach will elevate medicine-food homology from an empirical dietary tradition into a precise, predictive component of functional lifestyle medicine, ultimately transforming individualized health preservation from an aspirational philosophy into an evidence-driven, multi-dimensional reality.

Data Availability Statement

Data will be made available on request.

Funding

This work was supported without any funding.

Conflicts of Interest

The author(s) declare no conflicts of interest.

Ethical Approval and Consent to Participate

Not applicable.

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