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Research on the Management Status, Problems, and Optimization Paths of the "Preventive Treatment of Disease" Technical System in Traditional Chinese Medicine—Based on Perspectives of Policy, Standards, and Service Models

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Abstract

The "Preventive Treatment of Disease" in Traditional Chinese Medicine (TCM), as a core concept and distinctive health service model, is rooted in traditional Chinese culture. Through millennia of development, it has formed five core components: emotional regulation, daily living regulation, dietary regulation, exercise regulation, and appropriate TCM techniques. Under the background of the Healthy China strategy, it holds significant public health value and industrial development potential. From the perspective of TCM management research, and integrating theoretical foundations from historical medical texts with contemporary practices, this paper systematically analyzes the achievements and shortcomings in the current management of the "Preventive Treatment of Disease" technical system across five dimensions: policy guidance, standard construction, service provision, quality supervision, and informatization. It focuses on key issues such as the contradiction between individualized technology promotion and standardized management, the gap between traditional experience and modern evidence-based systems, and the coordination mechanisms among diverse service providers. Ultimately, it proposes a new management system for "Preventive Treatment of Disease" technologies based on Professor Wang "Qi's" TCM constitution theory, constructing a framework of "Constitution Identification-Categorized Management-Standard Output-Smart Services". This aims to provide references for promoting the transition of "Preventive Treatment of Disease" technologies from clinical practice to standardized, industrialized, and informatized management, thereby contributing to the high-quality development of TCM health services.

Keywords

TCM "preventive treatment of disease"
TCM management
Technical standards
Constitution theory
Informatization construction

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1. Introduction: The management value and research background of the TCM "preventive treatment of disease" technical system

The concept of "Preventive Treatment of Disease" in TCM originated in ancient times through the Spring and Autumn and Warring States periods, with its theoretical framework established in the Yellow Emperor's Inner Canon. Enriched by medical practices from the Eastern Han to the Ming and Qing dynasties, it evolved into a complete system encompassing "preventing disease before it occurs, preventing deterioration when disease is present, and preventing relapse after recovery". After the founding of the People's Republic of China, with the integration of modern theories such as Academician Wu Yiling's Collateral Disease Theory and Academician Wang Qi's TCM Constitution Theory, "Preventive Treatment of Disease" gradually transitioned from traditional health preservation practices to a disciplinary and professional health service field, becoming a crucial vehicle for TCM's participation in the Healthy China initiative [1,2].

From the perspective of TCM management research, the management of the "Preventive Treatment of Disease" technical system involves not only the clinical efficacy of the technologies themselves but also multidimensional issues such as policy orientation, standards and norms, resource allocation, and quality control. Currently, China's "Preventive Treatment of Disease" services have initially formed a pattern of "government leadership, institutional participation, and market supplementation". However, three core contradictions persist in technology promotion: first, the conflict between the advantage of individualized treatment and the need for standardized management, hindering large-scale application; second, the disconnection between traditional experience-based techniques and modern evidence-based systems, affecting the scientific nature of management decisions; third, insufficient coordination among diverse service providers (public medical institutions, private health preservation institutions, research institutes), leading to resource waste and regulatory gaps. Furthermore, the lack of standardization for TCM products and services further constrains the informatization management process of "Preventive Treatment of Disease" technologies [3].

Based on the paradigm of TCM management research, this paper integrates the theoretical essence of "Preventive Treatment of Disease" across history with contemporary management practices. Starting from the management status of the five core technical components (emotion, daily living, diet, exercise, appropriate TCM techniques), it systematically analyzes problems and proposes optimization paths, aiming to provide theoretical support and practical solutions for the standardized management of the "Preventive Treatment of Disease" technical system.

2. Analysis of management status of core technical components in TCM "preventive treatment of disease"

2.1. Management of emotional regulation techniques: exploration from "experience inheritance" to "standardized promotion"

Emotional regulation, as the core means of psychological intervention in "Preventive Treatment of Disease", is based on the theory of "Internal Injury by Seven Emotions". It encompasses technical methods such as rational explanation and guidance, emotion restriction therapy, and recreational therapies (e.g., playing musical instruments, chess, calligraphy, painting, travel) [3]. Its management status is characterized by "mature theory but loose practice".

2.1.1. Management foundation: Theoretical origins and practical basis

From a management perspective, the concept of "Tranquilness and Emptiness, the Genuine "Qi" Follows" in the Yellow Emperor's Inner Canon established the management principle of emotional regulation, emphasizing the intervention goal of "body-mind synergy". Sun Simiao's Essential Formulas for Emergency Worth a Thousand Gold explicitly regarded "nurturing nature" as the foundation of "Preventive Treatment of Disease", incorporating emotional regulation into the overall health management system. Zhang Congzheng's Confucians' Duties to Their Parents featured "emotion restriction therapy", providing an early practical template for technical standardization [4]. You Cheng's Compilation for Longevity proposed that "clearing the heart and diminishing desires, cultivating temperament are good methods for eliminating disease and prolonging

life", further enriching the management connotation of emotional regulation [5]. In contemporary research, the TCM psychotherapy system has been gradually refined, including rational explanation therapy, mental transformation therapy, and evidential dispelling of doubts therapy, providing theoretical support for the categorized management of emotional regulation techniques [6].

2.1.2. Management shortcomings: Technical fragmentation and lack of supervision

Current management of emotional regulation techniques faces two major problems. First, technical classification is unclear. Techniques like rational explanation, music therapy, and horticultural therapy lack unified management classification standards, leading to medical institutions and health preservation institutions "working separately", making it difficult to form synergy in technology promotion. Second, quality supervision is absent. As the effectiveness of emotional regulation relies on the practitioner's experience and lacks objective efficacy evaluation indicators such as quantified psychological state scores, visceral function monitoring standards, some institutions exhibit phenomena like "excessive promotion" and "technical alienation", damaging the credibility of the techniques. Additionally, the management system for professionals in emotional regulation is not yet perfected, lacking unified training, assessment, and practice standards, which restricts the standardized provision of technical services. The root cause of this problem lies in the complexity of the impact of the "Seven Emotions" on visceral function, making it difficult to measure technical effects precisely [7,8].

2.2. Management of daily living regulation techniques: Combining standardization and contextualization under the "correspondence between human and heaven" theory

Daily living regulation is based on the theory of "Correspondence between Human and Heaven, with "seasonal health preservation" and "regular routine" at its core. It covers techniques such as routine management, environmental management, clothing for health, balancing work and rest, and sexual moderation [3, 9]. The management focus is on "translating traditional theory into actionable modern life management plans".

2.2.1. Management effectiveness: Preliminary formation of theoretical support and practical norms

Theoretically, the Yellow Emperor's Inner Canon constructed a theoretical system for time-based health preservation, proposing living taboos like "prolonged lying damages "Qi", prolonged sitting damages flesh", providing basis for routine management [8]. Zhang Zhongjing inherited the concept of "Correspondence between Human and Heaven", emphasizing "cautious nurturing" before illness occurs, including concepts like following the four seasons and sexual moderation. Ge Hong's Baopuzi listed daily precautions like "rising and resting should be regular" and "spit not far, walk not fast", detailing the management specifics of daily living regulation. Tao Hongjing's Records on Nourishing Nature and Prolonging Life emphasized "in spring and summer, enjoy high mountains; in autumn and winter, dwell low and deep", and listed numerous dos and don'ts regarding clothing, food, housing, and transportation, providing references for environment and clothing management [5]. Zhu Danxi's Danxi's Mastery of Medicine proposed guiding principles like "modeling on "Yin" and "Yang" ", "harmonizing with the four "Qi", and "having constant daily living", further strengthening the normative nature of daily living regulation [9]. These theories collectively form the traditional foundation for managing daily living regulation techniques.

2.2.2. Management challenges: Contradiction between individualized needs and large-scale management

The management of daily living regulation techniques faces the challenge of "diverse scenarios but difficulty in standardizing". On one hand, different populations (e.g., the elderly, office workers, chronic disease patients) have significantly different living habits, requiring personalized plans (e.g., the elderly need to focus on "keeping the back warm and the chest protected"), but it's difficult to achieve "one strategy per person" in large-scale promotion [5]. On the other hand, modern lifestyles (e.g., staying up late, prolonged sitting, indoor air-conditioned environments) conflict with the traditional concept of "seasonal health preservation", making "compliance management" for technical guidance difficult. Furthermore, a long-term monitoring system for the effects of daily living regulation has not been established, lacking follow-

up assessments of health outcomes (e.g., sleep quality, immunity changes) after technical implementation, which affects the optimization of management decisions.

2.3. Management of dietary regulation techniques: Building industrial chains and regulatory systems under the "medicinal food homology" concept

Dietary regulation, with the theory that "the spleen and stomach are the root of acquired constitution" at its core, combines the principle of "five flavors nourishing the five zang organs". It covers techniques such as food compatibility, medicinal food application, and constitution-based dietary guidance [3]. Its management involves the entire process "from ingredient selection to dietary services", making it the component of "Preventive Treatment of Disease" technology most closely integrated with daily health management.

2.3.1. Management status: Accumulation of theoretical system and practical principles

Theoretically, the Yellow Emperor's Inner Canon proposed the principles of food compatibility, "five grains for nourishment, five fruits for assistance, five animals for benefit, five vegetables for supplementation" and the core management concept of "dietary moderation and careful harmonization of the five flavors" [2]. Peng Zu's Theory on Preserving Life and Nurturing Nature emphasized "not being partial to any of the five flavors", pointing out that flavor preferences damage corresponding organs. Li Shizhen's Compendium of Materia Medica deeply discussed the beneficial and detrimental relationships between dietary flavors and the five zang organs, providing basis for refined dietary regulation management [10]. Zhang Zhongjing's Synopsis of the Golden proposed "food damaging the spleen and stomach", consistent with the Yellow Emperor's Inner Canon's "dietary moderation", integrating dietary regulation into the "cautious nurturing" concept of "Preventive Treatment of Disease" [9]. Sun Simiao's Essential Formulas for Emergency Worth a Thousand Gold believed that "the foundation of bodily peace necessarily relies on food", listing 154 foods for health preservation and dietary therapy, promoting the practical application of dietary regulation techniques [3]. Li Dongheng's "Spleen and Stomach Theory" proposed "internal damage of the spleen and stomach gives rise to all diseases", further clarifying the hazards of dietary immoderation and providing theoretical support for risk control in dietary management. Zhang Jingyue first proposed that "the spleen and stomach are the root of health preservation", emphasizing "cautious diet" as the core method for protecting the spleen and stomach [9]. Zhang Xichun's Records of Traditional Chinese Medicine in Combination with Western Medicine strongly advocated dietary therapy, considering it "very mild in nature, suitable for frequent and prolonged use". Nearly 20 of his created formulas were dietary or contained food ingredients, enriching the technical reservoir of dietary regulation [3].

2.3.2. Management pain points: Lack of standards and practical chaos

The management of dietary regulation techniques has three major shortcomings. First, standards for meals and medicinal foods are inconsistent. Different institutions have varying interpretations of the compatibility ratios for "five grains for nourishment" and dosages for medicinal food ingredients (e.g., Astragalus, Chinese yam). For instance, the dosage of Poria in "Spleen-invigorating and Dampness-eliminating" medicinal food ranges from 10 g to 20 g, affecting technical safety and efficacy. Second, individualized guidance lacks norms. Professor Wang Qi advocates formulating nutritional plans based on constitution, but the current integration of constitution identification and dietary regulation lacks unified processes, causing "pattern-based dietary therapy" to become a mere formality [2]. Third, health education is insufficient. Public awareness of concepts like "preference for a particular flavor damages the corresponding organ" is weak. For example, the concept that long-term preference for salty flavor damages the kidney is not widely known, affecting the implementation effectiveness of dietary regulation techniques [10].

2.4. Management of exercise regulation techniques: Balancing standardization and popularization under the principle of "nourishing both body and spirit"

Exercise regulation is guided by the principles of "combining movement and stillness" and "nourishing both body and spirit". It covers daily exercises like

walking and running, as well as traditional exercises such as Five-Animal Frolics, Eight-Section Brocade, and Tai Chi [11]. The management focus is on "promoting the standardized promotion and popularization of traditional exercises".

2.4.1. Management progress: Accumulation of technical system and practical norms

Theoretically, the Yellow Emperor's Inner Canon advocates "physical labor without exhaustion", opposes "prolonged sitting" and "prolonged lying", emphasizes "harmony with techniques", and records primitive exercise methods like walking, Daoyin, and Anqiao [12]. Zhang Zhongjing's Synopsis of the Golden Chamber proposed "when the limbs feel heavy and sluggish, use Daoyin, breathing exercises, acupuncture, moxibustion, and ointment rubbing", incorporating exercise regulation into the disease prevention system. Hua Tuo's creation of the Five-Animal Frolics marked the move towards routine-based development of exercise-based health preservation techniques. Tao Hongjing's Records on Nourishing Nature and Prolonging Life recorded the prototype of the standing Eight-Section Brocade, enriching the traditional exercise system [3]. Sun Simiao proposed "constant desire for mild labor" and "movement prevents decline, use prevents retreat", emphasizing the management principle of moderate exercise [12]. During the Ming and Qing dynasties, exercises like Five-Animal Frolics, Eight-Section Brocade, and Yi Jin Jing were gradually perfected, forming an exercise regulation model focusing on "limb movement supplemented by breathing and "Qi" circulation" [3]. In contemporary research, practices like Professor Yan Runming's teeth tapping and abdomen rubbing, Dong Demao's stake standing, and Professor Lu Zhizheng's "Lu-style Eight-Section Brocade" provide practical references for the individualized management of exercise regulation techniques [12]. Professor Wang Qi's advocacy for formulating exercise plans based on constitution further promotes the precise management of exercise regulation [2].

2.4.2. Management challenges: Inheritance discontinuity and insufficient standardization

The management of exercise regulation techniques faces the dual challenges of "weakened traditional inheritance and lack of standardization". On one hand, traditional exercises (e.g., " "Qi" sensation" training in Tai Chi) rely on "master-disciple" transmission, making it difficult to transform core techniques into unified standards, leading to "form similarity but spirit dissimilarity" during promotion. On the other hand, technical classification management is imperfect. The applicable populations and practice frequencies for daily exercises (e.g., walking, hiking) versus traditional exercises (e.g., Five-Animal Frolics, Eight-Section Brocade) lack clear definitions. Some institutions exhibit phenomena like "blind recommendation" (e.g., recommending squat-intensive exercises to individuals with knee joint injuries). Furthermore, scientific research support for exercise regulation is insufficient, lacking large-sample studies to verify its specific effects on constitution improvement, which affects the scientific nature of management decisions [12].

2.5. Management of appropriate TCM techniques: Promotion and quality control under the characteristics of "simple, convenient, effective, and inexpensive"

Appropriate TCM techniques (e.g., herbal medicine, acupuncture, cupping, fumigation, massage/Tui Na, scraping/Gua Sha, application) are the core carriers of "Preventive Treatment of Disease" services, characterized as "simple, convenient, effective, and inexpensive" [3]. Their management involves the entire process of technology screening, promotion training, and quality supervision, making it a key area within the "Preventive Treatment of Disease" technical system management.

2.5.1. Management effectiveness: Preliminary formation of promotion system and practical foundation

The management of appropriate TCM techniques relies on accumulated historical practice: The Yellow Emperor's Inner Canon records techniques like acupuncture and Daoyin, laying the theoretical foundation. Zhang Zhongjing's Synopsis of the Golden Chamber incorporated acupuncture, moxibustion, and ointment rubbing into disease prevention and conditioning, promoting clinical application. Sun Simiao's Essential Formulas for Emergency Worth a Thousand Gold detailed operational methods for techniques like Tui Na and moxibustion, providing early references for

technical standardization [3]. In contemporary promotion, appropriate TCM techniques have covered primary healthcare services, but management effectiveness still relies on practical feedback, existing systematic reviews indicate that satisfaction among medical institutions, managers, healthcare providers, and patients is generally high, reflecting good acceptance at the primary level and laying the foundation for further standardized management [13,14].

2.5.2. Management shortcomings: Poor research quality and inadequate supervision system

According to existing research, significant deficiencies exist in the management of appropriate TCM techniques. First, research quality is low. Most evaluations of promotion effectiveness are based on subjective reports (e.g., healthcare worker satisfaction), lacking objective indicators (e.g., technology application rate, constitution improvement rate). Moreover, study designs are mostly single-center, small-sample, and methodologically inconsistent, making it difficult to form evidence-based management foundations [13,14]. Second, operational standards are not unified. There is a lack of nationwide uniform standards for acupuncture point localization, cupping negative pressure control, scraping intensity and frequency, etc., leading to significant variations in technical effects among different institutions. Third, the supervision mechanism is imperfect. Issues at the primary level include "operation by non-professionals" (e.g., performing acupuncture without certification) and "technology misuse" (e.g., frequent cupping causing skin damage). Additionally, the adverse reaction reporting system is underdeveloped , increasing the risks associated with technology application [14].

3. Core problems and underlying reasons in the management of the TCM "preventive treatment of disease" technical system

3.1. Core problems: Multi-dimensional contradictions restricting management efficiency

3.1.1. Contradiction between individualization and standardization

TCM "Preventive Treatment of Disease" technologies focus on "pattern-based regulation" (e.g., strengthening exercise for phlegm-dampness constitution, focusing on emotional intervention for liver depression constitution) [2]. However, standardized management requires technologies to be "replicable, measurable, and promotable", creating an inherent contradiction. For instance, "pattern-based dietary therapy" in dietary regulation struggles to establish unified formulas, and "constitution adaptation" in exercise regulation is difficult to quantify. This leads to management being either "too broad, losing distinctive features" or "too detailed, difficult to implement". Emotional regulation therapies like "emotion restriction therapy" rely heavily on the practitioner's experience and cannot form unified operational standards, further exacerbating the conflict between individualization and standardization [4].

3.1.2. Disconnection between traditional experience and modern evidence-based practice

Many "Preventive Treatment of Disease" techniques originate from ancient records and clinical experience, lacking support from large-sample, high-quality research required by modern evidence-based medicine. While "seven emotions regulation" in emotional regulation has case records from Confucians' Duties to Their Parents, it lacks modern validation of its efficacy mechanisms and applicable populations [4]. Evaluations of the promotion effectiveness of appropriate TCM techniques are often based on subjective feedback, lacking objective health indicators (e.g., constitution identification scores, visceral function test data) [13,14]. The effects of exercise regulation on constitution improvement and dietary regulation on spleen-stomach function all lack data from multi-center randomized controlled trials [9,12]. This situation of "experience outweighing evidence" makes it difficult for technical management to gain widespread recognition, hindering its promotion in the public health field.

3.1.3. Mismatch between technical system and management framework

The current "Preventive Treatment of Disease" technical system covers five components, but the management framework remains "fragmented". First, there is a lack of comprehensive management standards. Current management mostly targets single technologies (e.g.,

operational standards for acupuncture, practice standards for Eight-Section Brocade), without forming an overall management plan covering "emotion-daily living-diet-exercise-appropriate techniques" [12–14]. Second, informatization management lags. Records of technical interventions, constitution identification data, and efficacy assessment results are scattered across different institutions, making it difficult to achieve "one file per person" for whole-process management, affecting long-term tracking and optimization of technical effects. Third, talent management is missing. "Preventive Treatment of Disease" technical personnel need both TCM theory and management capabilities. However, current training often focuses on technical operations (e.g., manual skills for appropriate techniques), neglecting management thinking cultivation, leading to "emphasis on practice, neglect of norms" in technology promotion [13].

3.2. Underlying reasons: Triple constraints from theory, practice, and management

3.2.1. Theoretical level: Differences between TCM holism and modern management paradigms

TCM "Preventive Treatment of Disease" takes "holism" as its core (e.g., "body-spirit unity", "correspondence between human and heaven"), emphasizing the systematic and individualized nature of technical interventions [8]. In contrast, the modern management paradigm pursues "standardization, scalability, and quantifiability", creating a logical difference. This difference leads to: on one hand, the effects of "Preventive Treatment of Disease" techniques being difficult to measure with "single indicators" of modern management (e.g., the impact of emotional regulation on "genuine "Qi" " cannot be quantified by routine physical examination data); on the other hand, holistic technical systems (e.g., comprehensive intervention of "emotion + diet + exercise") are difficult to decompose into independent management modules, increasing the difficulty of categorized management [3].

3.2.2. Practical level: Mismatch between technical diversity and management resources

The diversity of "Preventive Treatment of Disease" techniques (e.g., over 10 methods in emotional regulation, 7 major categories of appropriate techniques) places high demands on management resources, but current management resources are clearly insufficient [3,6]. First, there is a shortage of professional management talents. The scarcity of composite talents who understand both TCM theory and modern management methods makes it difficult to advance work like technical standard formulation and quality supervision. Second, primary-level management capacity is weak. Most community health service centers lack full-time personnel for "Preventive Treatment of Disease" technical management. Technology promotion often relies on healthcare personnel "taking on part-time responsibilities", making it difficult to guarantee management quality. Third, investment in scientific research resources is insufficient. Research focused on technical management (e.g., standardization methods, efficacy evaluation systems) is far less than clinical research on the technologies themselves, constraining the improvement of management levels [13,14].

3.2.3. Normative level: Imperfect standard system and supervision mechanism

The existing normative system for "Preventive Treatment of Disease" technical management has obvious gaps. First, standards are fragmented. Operational standards have only been formulated for some technologies (e.g., acupuncture, Eight-Section Brocade), while standards for emotional regulation and daily living regulation are almost non-existent [12,14]. Second, the supervision mechanism is unsound. There is a lack of specialized regulatory bodies for "Preventive Treatment of Disease" technologies. Daily supervision mostly relies on the medical quality supervision system, making it difficult to cover the entire process of technology promotion, application, and evaluation. Third, the evaluation system is singular. Technical effect evaluations often focus on "whether it is effective", neglecting management dimensions like "whether it is standardized" and "whether it is safe", leading to a deviation in management orientation [13,14].

4. Optimization paths: Constructing a new management system for "preventive treatment of disease" technologies based on TCM constitution theory

4.1. Core idea: Using constitution identification as the link to achieve the unity of "individualization and standardization"

Professor Wang Qi's TCM constitution theory classifies the human body into nine basic constitutions, providing a scientific classification basis for the management of "Preventive Treatment of Disease" technologies [2]. Through constitution identification, individualized needs can be transformed into "standardized management for the same constitution type". For example, individuals with phlegm-dampness constitution uniformly apply the regulation standard of "low-salt, low-fat diet + moderate intensity exercise"; those with "Yang" deficiency constitution uniformly follow the management plan of "warm-nature diet + gentle exercise" [2]. This preserves the characteristic of TCM "pattern-based regulation" while solving the problem of standardized management. Simultaneously, constitution identification data can serve as core indicators for technical management. By tracking constitution changes (e.g., the reduction magnitude in phlegm-dampness constitution score), the technical effects can be quantified, providing an objective basis for management decisions.

4.2. Specific paths: Coordinated efforts across five dimensions

4.2.1. Standard dimension: Constructing a "constitution-adapted" technical classification standard system

Based on the constitution theory, refine the management standards for the five technical components: First, for emotional regulation, formulate standard protocols for liver depression constitution (prone to anxiety/depression), such as "music therapy + rational explanation", and for "Qi" deficiency constitution (prone to fatigue/low mood), establish standardized procedures for "social recreation + emotional counseling" [2,6]. Second, for daily living regulation, combine the "correspondence between human and heaven" theory to develop seasonal living standards for different constitutions (e.g., "Yin" deficiency constitution should avoid "extreme coolness" in summer, "Yang" deficiency constitution should "keep feet warm" in winter) [5,8]. Third, for dietary regulation, based on the principle of "five flavors nourishing the five zang organs", clarify dietary taboos for each constitution (e.g., damp-heat constitution should avoid pungent foods, blood stasis constitution should consume blood-activating ingredients), and standardize the dosage of medicinal food ingredients (e.g., Astragalus dosage in "Qi"-tonifying medicinal food should be 10–15 g) [2,10]. Fourth, for exercise regulation, differentiate the applicable constitutions for daily exercise versus traditional exercises (e.g., phlegm-dampness constitution is suitable for the "Bear Play" in Five-Animal Frolics, "Yin" deficiency constitution is suitable for "Hands Hold up the Heavens to Regulate the Triple Burner" in Eight-Section Brocade), and standardize practice frequency (e.g., 3–5 times per week, 30 minutes each time) [12]. Fifth, for appropriate TCM techniques, clarify the constitution adaptation scope for each technique (e.g., cupping is suitable for cold-dampness constitution, scraping is suitable for damp-heat constitution), and unify operational standards (e.g., acupuncture point localization error should not exceed 0.5 cm, cupping negative pressure maintenance time should be 5–10 minutes) [3,14].

4.2.2. Promotion dimension: Establish a "layered and categorized" technical promotion management mechanism

Targeting technical characteristics and primary-level needs, build a differentiated promotion system: First, core technologies (e.g., Eight-Section Brocade, basic acupuncture, constitution-based dietary guidance) should be included in the national TCM appropriate technology promotion project, conducting standardized training through the "national-provincial-municipal-county" four-level network to ensure 100% mastery by primary healthcare personnel [13,14]. Second, characteristic technologies (e.g., "Lu-style Eight-Section Brocade", individualized emotional regulation) should rely on tertiary hospital "Preventive Treatment of Disease" centers to establish training bases, promoting them to qualified primary institutions [6, 12]. Third, innovative technologies (e.g., exercise guidance combined with smart devices) should be piloted in collaboration with research institutes, and gradually promoted after efficacy

verification. Simultaneously, establish an evidence-based evaluation mechanism for promotion effectiveness, introducing objective indicators (e.g., technology application rate, constitution improvement rate) to replace single subjective evaluations, enhancing the scientific nature of promotion management [12–14].

4.2.3. Supervision dimension: Improve the "whole-process" technical quality supervision system

Construct a "pre-event, in-process, post-event" full-chain supervision: First, pre-event access: clarify the qualification requirements for "Preventive Treatment of Disease" technical service institutions (e.g., equipped with at least one certified constitution identification specialist), and establish a technology filing system (new technologies must submit safety assessment reports). Second, in-process supervision: rely on information platforms to monitor technical operations in real-time (e.g., acupuncture point selection, cupping negative pressure value), conduct regular primary-level inspections (quarterly), and promptly correct non-standard operations. Third, post-event assessment: establish an adverse reaction reporting system, track health risks after technology application (e.g., skin infections from scraping), and revoke service qualifications for institutions with serious violations. Additionally, introduce third-party evaluation, commissioning independent research institutions to assess technical management quality annually, ensuring fair and transparent supervision [14].

4.2.4. Informatization dimension: Build a "constitution-centric" smart management platform

With constitution identification data at the core, construct a "Preventive Treatment of Disease" technical management information system: First, a data integration module aggregates individual constitution data, technical intervention records (e.g., dietary plans, exercise logs), and efficacy evaluation results (e.g., changes in constitution scores), achieving "one file per person". Second, an intelligent guidance module automatically recommends technical plans based on constitution (e.g., recommending "blood-activating diet + Tai Chi" for blood stasis constitution) and reminds users of key operational points in real-time (e.g., warm-up before exercise, processing of medicinal food ingredients). Third, a supervision and analysis module automatically statistics technology application status (e.g., usage frequency of various techniques) and quality issues (e.g., number of non-standard operations) within a region, providing data support for management decisions. Through informatization management, address the problems of scattered technical data and low regulatory efficiency, promoting the intelligent upgrade of "Preventive Treatment of Disease" technical management [3].

4.2.5. Talent dimension: Cultivate composite technical management talents with "TCM + management" skills

Establish a tiered talent cultivation system: First, the basic layer: provide primary healthcare personnel with training in "technical operation + basic management" (e.g., constitution identification methods, technology promotion processes), ensuring mastery of standardized management requirements [13,14]. Second, the backbone layer: cultivate "Preventive Treatment of Disease" technical management specialists in tertiary hospitals, focusing on learning standard formulation, quality supervision, informatization operation, etc., responsible for guiding technical management within their regions. Third, the expert layer: collaborate with universities to conduct interdisciplinary training in "TCM Constitutionology + Health Management", promoting theoretical innovation and research in technical management [2]. Simultaneously, establish a talent assessment and certification system, incorporating technical management capabilities (e.g., standard implementation rate, supervision problem resolution rate) into professional title evaluation indicators to stimulate talent engagement in management.

5. Outlook

The optimization of the management of the TCM "Preventive Treatment of Disease" technical system is a key link in promoting the transition of TCM from "traditional experience" to "modern service". The new management system based on TCM constitution theory achieves a balance between individualization and standardization through "constitution identification". Through the five paths of "categorized standards, layered promotion, whole-process supervision, smart

platforms, and composite talents", it addresses the core contradictions in current technical management. This system can not only improve the service quality of "Preventive Treatment of Disease" technologies but also promote their management towards standardization, normalization, and informatization, providing support for the large-scale application of TCM health services under the Healthy China strategy [15–17].

In the future, the management of "Preventive Treatment of Disease" technologies need to further strengthen two directions: First, deepen evidence-based research, conduct multi-center, large-sample studies to verify the effects of constitution-adapted technologies, providing more sufficient evidence support for management standards [2,12]. Second, promote international integration, merging the "constitution management" model with international health management standards, facilitating the international dissemination of TCM "Preventive Treatment of Disease" technical management experience. Through continuous innovation, the TCM "Preventive Treatment of Disease" technical system will become a model for TCM management, providing a "Chinese Solution" for global health management.

Disclosure statement

The authors declare no conflict of interest.

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