



Different distribution of traditional Chinese medicine body constitution across population, mechanism and implications

Traditional Chinese medicine (TCM) has been used in the treatment and prevention of disease for over thousands of years. Assessing body constitution (BC) is considered one of the principles for guiding the practice of TCM. Furthermore, it represents one of the earliest attempts at applying the principle of personalized medicine. The major limitations to broadly implement the BC framework, and probably TCM as a whole, involve not only a lack of empirical study on its association to other models of medicine, but also a poor investigation of its applicability in populations other than Chinese population (1). Wang *et al.* developed and validated the instruments to measure BCs using Chinese Medicine Questionnaire, including Gentleness type, Yin-deficiency type, Yang-deficiency type, Qi-deficiency type, Dampness-heat type, Phlegm-dampness type, Blood-stasis type, Qi-depression type, and Special diathesis type over 10 years ago (2). Since then, a number of studies have been undergone to use the BC assessment. However, almost all the studies applying the BC instrument have been performed in Chinese populations. Recently, we, for the first time, conducted a study using TCM BC in an American population (1). We found that the major types of TCM BC types for white Americans differed from those for Chinese populations (1). However, the sample size of our study is not large enough. Furthermore, multiple factors, including selection bias (i.e., conducted in participants with colorectal polyps), may contribute to these differences. Thus, it is critical to confirm the findings. If confirmed, these findings may not only improve our understanding of the mechanism for TCM, but also discover novel factors for disease risk, laying a foundation for the personalized prevention of common chronic disease.

Following these novel and exciting findings, in this series, we invited original articles, review and systematic review to (I) further confirm the findings; (II) explore the underlying mechanism and implications for these important research findings; and (III) understand the distributions of major types of TCM BC in different countries. Several original manuscripts published in this issue has investigated whether the differences are caused by selection bias (i.e., studies conducted in those with colorectal polyps), different prevalence rates of obesity, and environments (i.e., immigration studies). We wish these novel findings will lead to new inquiries to further confirm the findings, understand the mechanism and identify novel factors contributing to the differences. These efforts potentially lay a foundation for the development of novel prevention and treatment strategies of common chronic diseases not only in US and Chinese populations, but also in populations from other countries.

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Qi Dai^{1,2}

¹*Division of Epidemiology, Department of Medicine, Vanderbilt University Medical Center, Nashville, TN, USA;*

²*Vanderbilt Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville, TN, USA*

(Email: Qi.Dai@vanderbilt.edu)

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