

Mind-Body Integration and East-West Fusion for Modern Medicine: Insights From the Diagnostic Criteria for Psychosomatic Research

Jianxin Cao, MD, and Qiaoli Zhang, MD

The systematic review on the Diagnostic Criteria for Psychosomatic Research (DCPR) by Guidi et al vividly demonstrates the practical value of clinimetrics through extensive clinical evidence over 3 decades of psychosomatic research.¹ As an emerging science breaking through the limitations of traditional diagnostic systems, clinimetrics, with its standardized assessment frameworks and expanded dimensions, not only lays the methodological foundation for the promotion of the DCPR but also shows profound potential in interdisciplinary applications, complementing biomedical shortcomings and highlighting the importance of humanistic care.² Notably, the basic principles of clinimetrics align with the age-old wisdom of traditional Chinese medicine (TCM) in capturing clinically meaningful information,³ resonate with the developmental trend of comprehensive psychosomatic medicine shifting from philosophical discourse to clinical practice,⁴ and are embodied in the development of assessment tools for psychosomatic syndromes in specific medical fields.⁵ Distinct from psychometrics applied in clinical settings or the “biometrics” of conventional biomedicine, this approach offers a unique opportunity to advance the integration of Eastern and Western medical practices.

Interdisciplinary Integration: Clinical Applications and Perspectives in Psychiatric and Nonpsychiatric Settings

Clinimetrics is breaking down disciplinary barriers and constructing a universal clinical assessment system applicable to both psychiatric and nonpsychiatric settings.² In psychiatry, through strategies such as staging methods of assessment and hierarchical comorbidity analysis, it overcomes the limitations of traditional diagnostic systems (e.g., *DSM*) that rely heavily on symptom counting, providing a precise basis for subtyping classification and personalized treatment of diseases such as depression and schizophrenia.⁶ In nonpsychiatric settings, the clinical utility of the DCPR is particularly remarkable, as patients in cardiology, gastroenterology, gynecology, and other medical fields often experience psychosocial issues such as allostatic overload and demoralization.^{1,7} These factors directly affect the prognosis of medical disease but are overlooked by the conventional biomedical model.⁸ Clinimetrics translates these concepts into measurable indicators, enabling clinicians to systematically evaluate mind-body interactions and achieve integrated, collaborative interventions.⁹ This approach is not only echoed in the core pursuit of psychosomatic medicine⁴ but also concretely implemented through specialized tools such as the Gastrointestinal Cognition and

Behavior Index,⁵ which targets the unique psychosomatic characteristics of gastrointestinal disease patients.

The DCPR system is closely related to TCM, in which syndrome assessment, differentiation, and treatment model have long embodied the wisdom of interdisciplinary integration. This model incorporates physical symptoms, emotional states, and living environments into a holistic evaluation framework, which is highly consistent with the clinimetric comprehensive framework for integrating clinical data.³ Further dissemination of clinimetric tools—including field-specific scales⁵—may help advance an interdisciplinary unified assessment framework that embodies the holistic view of TCM.^{3,10} Such a framework would support the transition of precision medicine from single-organ-targeted therapy to holistic health management and could exert greater value in emotional regulation within psychiatry as well as in chronic disease management in nonpsychiatric medical settings,² thereby further advancing the clinical practice of psychosomatic medicine.⁴

Complementing Biomedical Shortcomings: Eastern and Western Wisdom Jointly Address Nonquantifiable Challenges

The objectivity of biological indicators (such as imaging data and laboratory tests) cannot replace patients’ subjective experiences

and psychosocial characteristics. Clinimetrics and TCM jointly fill this gap,^{3,11} according to the psychosomatic perspective, that emphasizes the integration of biological, psychological, and social dimensions.^{4,12} Clinimetrics converts hidden information such as psychosocial stress, illness behavior, and subjective distress into quantifiable data through standardized scales and structured interviews—as exemplified by DCPR's definition and assessment of allostatic overload, demoralization, and health anxiety,¹ as well as the Gastrointestinal Cognition and Behavior Index's targeted assessment of cognitive and behavioral patterns related to gastrointestinal disorders.⁵ For instance, allostatic overload, reflecting the cumulative effect of both life events and chronic stress, cannot be detected by a single biomarker yet can be accurately identified through clinimetric criteria.^{1,13}

TCM, by using the traditional 4 diagnostic methods (observation, listening, inquiry, and pulse-taking) for thousands of years, captures nonquantifiable health information such as tongue coating, pulse condition, and mental state.³ Examples are liver qi stagnation syndrome in TCM, associated with emotional depression and physical distension, and heart-spleen deficiency, linked to fatigue and insomnia. These clinical manifestations, combining subjectivity and objectivity, are consistent with symptom patterns and illness behavior manifestations encompassed by the DCPR,^{1,3,14} align with the holistic assessment approach advocated by psychosomatic medicine,⁴ and are complemented by field-specific clinimetric tools.⁵ Both TCM and clinimetrics break through the limitations of the biomedical disease model, translating psychosocial factors such as emotional states, individual characteristics, and environmental stress into effective information for clinical judgment,³ thus enhancing the accuracy and

comprehensiveness of diagnostic and therapeutic decisions.⁶

Return to Humanistic Care: Reconstructing the Essence of Patient-Centered Clinical Practice

The value of the DCPR as a clinimetric method lies not only in supporting assessment strategy innovations but also in promoting the systematic implementation of medical humanistic care, which is in line with TCM's core concept of patient-centered care¹⁰ and the humanistic foundation of psychosomatic medicine.⁴ According to the biomedical model, patients are often reduced to carriers of diseases, and their subjective feelings, psychological predicaments, and social situations are marginalized.² In contrast, clinimetrics endows medical assessment with empathy by focusing on dimensions closely related to patients' individual experiences (e.g., feeling states, health beliefs and related attitude, illness behavior, and psychosocial stress), as in the case of DCPR's precise definition of demoralization ensuring that patients experiencing deep suffering without meeting diagnostic criteria for a major depressive episode receive adequate clinical attention,¹ and tools like the Gastrointestinal Cognition and Behavior Index capturing the unique psychological and behavioral experiences of gastrointestinal disease patients that are easily overlooked.⁵

TCM integrates humanistic care into the entire diagnostic and therapeutic process, emphasizing the clinician's attitude.¹⁴ Through inquiry, TCM practitioners understand patients' life circumstances and emotional changes, considering both the disease and the individual in syndrome differentiation³—a practice that resonates with psychosomatic medicine's emphasis on understanding the whole person⁴ and clinimetrics' focus on individualized assessment.⁶ For example, for insomnia caused by overthinking, TCM not only indicates the administration of herb medicine

but also emphasizes emotional counseling and lifestyle guidance.^{3,14} The integration of clinimetrics and TCM transforms humanistic care from an abstract concept into a clinical reality encompassing comprehensive assessment strategies and personalized care,¹⁰ by respecting patients' unique experiences and subjective feelings, building a trusting doctor-patient relationship, and unifying the process of treating diseases and healing the mind.

Through the wide use of the DCPR, together with other field-specific assessment tools like the Gastrointestinal Cognition and Behavior Index, clinimetrics has clearly demonstrated its core potential in empowering mind-body integration.^{1,5} Its alignment with TCM wisdom and the clinical orientation of psychosomatic medicine opens up a new path for the integration of Eastern and Western medicine.^{3,10} Serving as a bridge connecting psychiatric and nonpsychiatric settings,⁹ the clinimetric approach is also a key carrier for complementing biomedical limitations and returning to the humanistic essence of medicine.¹¹ In the era of pursuing precision medicine, the complementary coexistence of clinimetrics, TCM wisdom, and psychosomatic medicine will surely drive medicine's essential transformation from treating diseases to protecting health, pioneering an innovative, inclusive, and holistic model of care.⁶

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Author Affiliations: Department of Gastroenterology, Third Affiliated Hospital of Soochow University, Changzhou, China (Cao, Zhang); Soochow University Psychosomatic Gastroenterology Institute, Changzhou, China (Cao, Zhang).

Corresponding Author: Jianxin Cao, MD, Department of Gastroenterology, Third Affiliated Hospital of Soochow University, Changzhou, China, (jianxincao0723@suda.edu.cn).

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ORCID: Jianxin Cao:

<https://orcid.org/0000-0001-8012-5994>;

Qiaoli Zhang: <https://orcid.org/0000-0001-7035-2130>

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