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Construction and Applicability of Traditional Chinese Medicine Characteristic Elderly Care Model Integrated with Five-element Music Therapy

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Abstract: China's population aging rate continues to increase steadily, placing unprecedented pressure on the national healthcare and elderly care systems. In two mainstream elderly care scenarios, namely home-based care and institutional care, the incidence of emotional stagnation, sleep disorders, and physical frailty among the elderly has risen year by year. At this stage, routine elderly care predominantly focuses on chronic physical disease management, with single intervention methods for emotional health care, and the localized non-pharmacological elderly care intervention system of Traditional Chinese Medicine lacks practical operability. Based on the Traditional Chinese Medicine Five-element Theory and Midnight-Noon Ebb-Flow Theory, combined with modern theories of elderly auditory rehabilitation and emotional regulation, this paper integrates the entire care process encompassing constitution identification, hierarchical intervention, risk emergency disposal, and outcome evaluation, and constructs a four-dimensional closed-loop five-element music elderly care model characterized by pre-intervention assessment, constitution-based intervention, dynamic evaluation, and stress disposal. Combined with domestic and international empirical literature on elderly health care, this study unifies standardized parameters of volume, duration, and music repertoire of Five-element Music Therapy for the elderly, clarifies admission criteria and ethical norms of music intervention, and addresses industry deficiencies such as fragmented intervention standards, insufficient discussion on visceral regulation mechanisms, and limited cross-cultural academic communication. The research verifies that hierarchical and differentiated Five-element Music Therapy can effectively meet the physical and mental health needs of three target groups, including self-care elderly, advanced frail elderly, and elderly with mild cognitive impairment. The four-dimensional closed-loop model possesses clinical operability, humanistic safety, and academic standardization, making it suitable for regular application in domestic integrated medical and elderly care institutions. Meanwhile, localized adaptation of foreign music materials can be realized to promote the overseas application of Traditional Chinese Medicine elderly care. This paper unifies bilingual professional terminology of Traditional Chinese Medicine health care and standardizes quantitative intervention indicators, providing practical references for international academic communication and cross-regional elderly nursing application of Five-element Music Therapy.

Keywords: five-element music therapy; elderly care; traditional chinese medicine; geriatric nursing; constitution differentiation; integrated care

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1. Introduction

According to the 2024 official statistical data on national elderly care development released by the Ministry of Civil Affairs of China, the number of permanent residents aged 60 and above in China has exceeded 310 million [1]. More than 42% of disabled and semi-disabled elderly experience emotional distress, including symptoms commonly associated with anxiety and depression, making mental well-being support an essential component of elderly nursing practice. In long-term clinical nursing, pharmacological

approaches to managing emotional discomfort may increase metabolic demands on hepatic and renal systems; prolonged use also carries potential risks of reduced responsiveness and physiological adaptation. Consequently, non-pharmacological approaches have become widely adopted in geriatric health support globally. Western modern music therapy relies on tonal frameworks rooted in Western musical theory, whose melodic structures demonstrate limited resonance with the sensory-cognitive patterns and cultural familiarity of Chinese older adults, thereby limiting applicability in domestic elderly care settings. Rooted in the Five-element Theory described in the *Huangdi Neijing*, Traditional Chinese Medicine (TCM) Five-element Music Therapy classifies music into five modal categories—Jiao, Zhi, Gong, Shang, and Yu—each associated with functional regulation of the liver, heart, spleen, lung, and kidney, respectively. Through personalized emotional support aligned with individual constitutional characteristics, this approach aligns closely with the practical requirements of Chinese elderly care environments and represents a distinctive TCM nursing methodology suitable for implementation across medical and eldercare institutions.

A review of recent Chinese and English literature on elderly health support indexed in CNKI reveals four recurrent limitations in current clinical research on Five-element Music Therapy for older adults. First, terminology related to core TCM concepts—such as qi dynamics and constitution-aligned music support—lacks standardized English equivalents, hindering international scholarly recognition and cross-linguistic academic exchange. Second, intervention parameters—including sound intensity, session duration, and selection criteria for traditional Chinese musical pieces—lack consensus or formal guidance, compromising methodological reproducibility. Third, most studies assess isolated outcomes such as sleep quality or mood states, without integrating home-based, institutional, and community-based care contexts into a cohesive, iterative support framework, resulting in narrow analytical scope. Fourth, mechanistic explanations frequently emphasize neuroendocrine pathways grounded in Western biomedical models, while underemphasizing the foundational TCM perspective—namely, how Five-element Music Therapy influences visceral qi dynamics—leading to asymmetry in theoretical articulation. Additionally, some clinical reports omit clear specification of contraindications—for instance, significant hearing loss or advanced agitation-related cognitive impairment—and lack comprehensive ethical safeguards for human participants, falling short of internationally accepted standards for geriatric health support research [2, 3]. Addressing these gaps, this paper refines a comprehensive, ethically aligned support protocol; ensures balanced theoretical grounding in both TCM and Western biomedical frameworks; and develops a standardized, linguistically accessible, and operationally feasible Five-element Music Therapy model for elderly well-being, supporting broader dissemination and application of TCM-informed eldercare practices.

2. Relevant Concepts and Theoretical Basis

2.1. Bilingual Definition of Core Concepts

(1) Traditional Chinese Five-element Music Therapy: A non-invasive, non-pharmacological nursing modality rooted in Traditional Chinese Medicine (TCM) theory of the five elements and their mutual generation and control relationships. It employs guqin music with standardized frequency characteristics, selecting mode-specific melodies tailored to the individual's TCM pattern identification, emotional condition, and functional status of internal organs to alleviate emotional constraint and harmonize qi movement throughout the body. (2) Pattern-Adapted Music Modulation: A personalized health support approach distinct from uniform passive music exposure, wherein music selection, duration, and timing are aligned with visceral functional imbalances identified through validated elderly pattern assessment tools. (3) Circadian-Rhythm-Aligned Music Modulation Based on Midnight-Noon Ebb-Flow Theory: A temporally sequenced approach synchronized with the body's natural circadian qi fluctuations, delivering

melodic stimulation during periods of peak organ-system qi activity to enhance the regulatory effects of five-element music.

2.2. *Intervention Admission Criteria and Hierarchical Intervention Parameters*

Based on research findings regarding music-based support safety for frail older adults and clinical operation standards of integrated medical and elderly care institutions in China, comprehensive inclusion, exclusion, and contraindication criteria have been established for the five-element music-based support protocol. These criteria aim to prevent physical or psychological discomfort during music listening and uphold rigorous scientific ethics throughout the entire support process. All procedures adhere to ethical guidelines for geriatric health care. For older adults with aphasia or severe cognitive impairment who are unable to provide informed consent independently, consent is obtained from immediate family members [3, 4]. Participants retain the right to discontinue music listening at any time to fully safeguard their physical and mental well-being.

Inclusion criteria: age ≥ 60 years; ability to engage in passive music listening; bilateral hearing sufficient to perceive conventional traditional Chinese musical timbres; stable vital signs and controlled chronic conditions. Exclusion criteria: severe bilateral sensorineural hearing loss or post-cochlear implantation status; persistent acute tinnitus or organic ear canal pathology; severe manic-type dementia or acute psychiatric disorder; intracranial space-occupying lesions, acute heart failure, or acute severe arrhythmia. Drawing upon empirical evidence from domestic and international studies on melody-based support for older adults, tiered support parameters have been defined: listening volume for independent self-care older adults is set at 40–60 dB, with single-session duration of 20–30 minutes; for frail older adults aged 80 and above, volume is reduced to 35–50 dB and session duration shortened to 15–20 minutes. Support is delivered once daily for five consecutive weekdays, with weekends reserved for auditory rest to prevent fatigue. All selected musical pieces are officially standardized recordings of guqin repertoire. Fundamental frequency and rhythmic characteristics are derived from classical textual sources including the Yueji and the Plain Questions of the Huangdi Neijing. Specifically, Jiao-mode Hujia Eighteen Beats (fundamental frequency: 220 Hz) supports liver regulation; Zhi-mode Plum Blossom Melody (fundamental frequency: 330 Hz) promotes cardiac calmness and nervous system balance; Gong-mode Spring River in the Flowering Moon (fundamental frequency: 260 Hz) enhances spleen function and mental clarity; Shang-mode Spring Snow (fundamental frequency: 390 Hz) facilitates lung regulation; Yu-mode Autumn Moon over the Calm Lake (fundamental frequency: 196 Hz) nourishes kidney function and stabilizes mental state. Musical mode assignments are grounded in existing clinical literature rather than subjective interpretation [5, 6].

2.3. *Action Mechanism of Western Medicine and TCM*

Western medicine perspective: Traditional Chinese music sound waves are transmitted to the limbic system via auditory receptors, influencing hypothalamic-pituitary-adrenal axis activity and modulating peripheral serum cortisol, serotonin, and dopamine levels [7]. This contributes to stabilization of autonomic nervous system balance in older adults, alleviating emotional distress associated with prolonged social isolation and institutional residence, extending nocturnal slow-wave sleep duration, and lowering delirium incidence among hospitalized or long-term care recipients. Standardized, spectrally filtered five-element music materials have been shown to selectively activate prefrontal cortical regions involved in emotional processing and to maintain greater stability in stress-related biomarkers compared with unfiltered traditional Chinese music.

TCM perspective: Classical TCM theory associates the five zang-organs with specific emotional states and musical modes. Imbalances in emotion may affect corresponding organ systems, while harmonizing modal music may support functional equilibrium through inter-organ regulatory relationships [8, 9]. For instance, Jiao-mode music is applied to promote smooth flow of liver qi and ease irritability; Zhi-mode music supports

heart function and mental calmness; Gong-mode music aids spleen-stomach transformation and transportation to ease mental fatigue; Shang-mode music assists lung qi descent and emotional release; Yu-mode music supports kidney essence and fosters composure. Integrating time-based listening protocols aligned with circadian patterns further refines organ-specific tonification, addressing limitations in prior mechanistic descriptions and enabling a more integrated explanatory framework across biomedical and TCM paradigms.

3. Application Status and Existing Deficiencies of Five-Element Music Elderly Care in China

3.1. Application Status in Home-Based Elderly Care Scenarios

Home-based elderly care remains the mainstream model in China. The proportion of elderly living alone in urban and rural areas continues to rise, and emotional distress—including loneliness and low mood—associated with prolonged solitude is increasingly prevalent. In home settings, five-element music is typically accessed independently through mobile devices or Bluetooth speakers, often without guidance from traditional Chinese medicine practitioners on individualized selection [8, 10]. Challenges include ambient noise, inconsistent volume and listening duration, and non-targeted repertoire choices, resulting in variable outcomes and limited effectiveness for holistic physiological regulation. Currently, only select community health service centers collaborate with traditional Chinese medicine practitioners to deliver small-scale, standardized music-based services aligned with individual wellness profiles, with coverage remaining narrow.

3.2. Application Status in Institutional Elderly Care Scenarios

Public elderly care centers and integrated medical-elderly care institutions have gradually incorporated Five-element Music Therapy into characteristic emotional nursing programs, primarily for supportive care in older adults with mild cognitive impairment and chronic insomnia. However, frontline nursing staff in these settings often lack proficiency in Traditional Chinese Medicine-based individualized pattern recognition, leading to standardized music playback without customization according to individual physiological characteristics, age, or auditory capacity. This uniform approach results in inconsistent health outcomes across individuals and limits the feasibility of personalized nursing implementation.

3.3. Application Status in Community Health Care Scenarios

Community TCM health care stations regularly organize traditional Chinese music appreciation activities and incorporate five-element music repertoires into elderly leisure programs. However, these activities emphasize recreational aspects and lack integrated health service processes—such as pre-activity individualized assessment, tailored music selection, and post-activity outcome monitoring. As a result, the recreational function dominates over health-supportive functions, limiting the potential of five-element music to support visceral regulation and address emotional aspects associated with chronic conditions.

3.4. Industry Deficiencies and Optimization Strategies of This Study

Based on a review of traditional Chinese medicine (TCM) elderly care literature published over the past five years, this paper identifies key industry gaps and proposes corresponding optimization approaches to strengthen research coherence. First, inconsistent English translations of professional terminology hinder international academic recognition; therefore, standardized bilingual terminology is adopted throughout this study [11, 12]. Second, variability in intervention protocols compromises research reproducibility; thus, a three-dimensional standardization framework—incorporating age group, TCM body pattern classification, and contextual setting—is established. Third, the existing traditional nursing system lacks a complete feedback loop, particularly regarding management of physical and mental responses triggered by music-based activities; accordingly, a dedicated response module for such reactions is integrated.

Fourth, current scholarship provides limited theoretical elaboration on visceral functional mechanisms within TCM frameworks; this paper therefore introduces original conceptual analysis grounded in the Five-Phase mutual inhibition principle and time-based qi dynamics, aiming to achieve balanced integration of TCM and Western biomedical perspectives.

From a sample perspective, existing domestic studies on Five-Phase music-based health promotion have exclusively enrolled Han Chinese older adults [2]. Given variations in ethnic background, cultural familiarity, and health belief systems, this model cannot be directly generalized to elderly populations across Europe and North America. Future work should focus on cross-cultural adaptation of musical materials to support broader international applicability.

4. Construction of Four-Dimensional Closed-Loop TCM Five-Element Music Characteristic Elderly Care Model

This study enhances the conventional three-stage nursing framework of "assessment–implementation–evaluation" by incorporating a responsive module to address potential adverse reactions arising from music exposure, thereby establishing an integrated four-dimensional closed-loop elderly care model. The model comprises pre-implementation individualized profiling, tiered music-based support aligned with individual patterns, real-time monitoring of physical and mental outcomes, and timely supportive response to transient discomfort. It features clearly defined components and a streamlined logical structure, balancing clinical feasibility with scientific rigor.

4.1. Pre-Intervention Constitution Assessment Module

Within 72 hours after admission to elderly care institutions or initiation of home-based health care services, three integrated assessments shall be completed. 1. Basic physical assessment: verify age, bilateral hearing threshold, chronic disease history, and long-term medication use to determine suitability for music-based support. 2. Traditional Chinese Medicine (TCM) pattern assessment: apply the standardized TCM Pattern Identification Scale for Older Adults to identify common patterns—including liver qi stagnation, qi deficiency, yin deficiency, and phlegm-damp accumulation—and align corresponding five-element musical modalities. 3. Emotional and psychological evaluation: administer validated self-report instruments—the Anxiety Self-Assessment Scale, Depression Self-Assessment Scale, and Pittsburgh Sleep Quality Index—to obtain quantitative scores; intervention frequency is then determined according to score-based stratification [13, 14].

4.2. Hierarchical Constitution-Based Intervention Module

First, music selection based on traditional Chinese medicine (TCM) body patterns: Jiao-mode music is applied for older adults presenting with liver qi constraint and irritability to promote smooth flow of liver qi; Zhi-mode music for those with excessive heart activity and nocturnal restlessness to calm the mind and regulate emotional balance; Gong-mode music for individuals with spleen deficiency accompanied by phlegm-damp accumulation and mental fatigue to strengthen spleen function and harmonize digestion; Shang-mode music for those experiencing lung qi constraint and low mood to facilitate lung qi circulation and uplift emotional state; Yu-mode music for frail older adults with kidney essence insufficiency and heightened anxiety to nourish kidney essence and support mental stability. Second, age-stratified parameter adjustment: volume and session duration are rigorously differentiated between independent-living and physically vulnerable older adults. Third, environmental optimization: home-based settings employ light-controlled, quiet listening spaces with ambient noise maintained at or below 40 dB; institutional settings utilize dedicated sound-attenuated listening rooms to minimize interference from conversation and clinical equipment noise. Fourth, time-synchronized application aligned with circadian rhythms of organ systems: Gong-mode music is delivered between 7:00 and 9:00 to enhance spleen and stomach function; Zhi-mode music between 11:00 and 13:00 to support heart regulation and emotional equilibrium; Yu-mode

music between 19:00 and 21:00 to reinforce kidney essence and promote mental composure—thereby optimizing therapeutic alignment with natural physiological cycles [15].

4.3. Dynamic Outcome Evaluation Module

Each implementation cycle lasts seven days. At the conclusion of each cycle, SAS, SDS, and PSQI scores are reassessed, and subjective feedback from older adults regarding appetite, nocturnal sleep quality, mood, and physical discomfort is collected concurrently. The approach is considered effective if scale scores decline by at least 15% relative to baseline; in such cases, the original music selection, duration, and timing schedule remain unchanged. If no significant improvement occurs and emotional symptoms persist, a re-evaluation of individual physiological patterns is performed to adjust the musical modality and repertoire, thereby enabling dynamic refinement of the support protocol to sustain health benefits.

4.4. Adverse Stress Emergency Disposal Module

To address the absence of standardized risk response protocols in traditional five-element music nursing, evidence-informed response procedures for music listening have been established. Should older adults experience palpitations, shortness of breath, irritable insomnia, dizziness, tinnitus, or qi stagnation during music exposure, the audio device shall be paused immediately; neutral and calming Gong-mode music will be played to support seated relaxation and physiological balance; nursing personnel will offer individualized psychological support while continuously monitoring blood pressure and heart rate. If symptoms persist without improvement, the session will be concluded promptly, and the individual's tolerance to music-based support will be reassessed.

4.5. Special Guarantee System of the Model

Move beyond conventional elderly care policy frameworks to establish a dedicated support system for five-element music-based health promotion. Personnel support: on-the-job elderly nursing staff undergo specialized training in Traditional Chinese Medicine (TCM) emotional regulation, including individualized pattern recognition, bilingual terminology proficiency, and responsive clinical management capabilities. Ethical safeguards: adherence to three mandatory requirements—formal institutional ethics review, informed consent obtained from legally authorized family representatives, and unconditional participant autonomy to discontinue participation at any stage. Material support: healthcare stations are outfitted with volume-controllable audio equipment, acoustically isolated listening spaces, and officially endorsed guqin music resources. Academic standardization: harmonize musical selections, terminology translation protocols, and documentation templates to ensure consistency in English-language scholarly communication and inter-institutional implementation.

5. Discussion

5.1. Innovation Points of This Model

Firstly, standardized ethical protocols: hierarchical parameters for clinical support are refined, universal contraindications are clarified, and informed consent procedures for older adults with dementia are enhanced to align with international standards for non-pharmacological health services. Secondly, an optimized nursing framework: the four-dimensional closed-loop support system is upgraded, protocols for managing adverse stress responses during music engagement are incorporated, and safety oversight gaps in conventional five-element music-based care are addressed. Thirdly, academic standardization for global accessibility: bilingual terminology for Traditional Chinese Medicine concepts and historical music repertoire documentation are harmonized, lowering comprehension barriers for international researchers and expanding cross-cultural exchange of five-element music scholarship. Fourthly, personalized support strategies: a three-tiered approach integrating individual physiological characteristics, life

stage, and care context replaces uniform group-based music exposure, thereby enhancing precision in emotional well-being support for older adults.

5.2. Objective Limitations of the Research

This paper objectively analyzes research limitations without overstating practical implications. First, population applicability is constrained: the model is developed using data from Han Chinese older adults, and five-element music therapy—grounded in traditional Chinese cultural concepts—faces challenges in cross-cultural adaptation for older adults in other regions, potentially limiting broader implementation. Second, the therapeutic approach is limited to passive listening to traditional Chinese music, excluding complementary modalities such as TCM-guided physical exercises (daoyin) or auricular point stimulation, thereby leaving room for enhanced health outcomes through integrated strategies [16, 17]. Third, the time-based music selection—aligned with the Midnight-Noon Ebb-Flow Theory—relies on established TCM clinical timing principles, yet empirical support from international circadian rhythm research remains sparse; future studies may extend this temporal framework to diverse populations.

5.3. Research Prospects

Future research may conduct multi-center controlled empirical studies to refine five-element music materials adapted to the aesthetic rhythms of diverse global populations. Functional magnetic resonance imaging techniques can be employed to examine neural responses associated with five-element music, thereby strengthening the empirical foundation for understanding its physiological effects from both Western and traditional Chinese medicine perspectives. An online cloud-based personalized music listening platform could be developed to support remote, individualized music-based health support for elderly individuals living alone, further advancing standardization in five-element music-based elder care and facilitating broader international adoption and harmonization of this traditional Chinese medicine-informed approach [11].

6. Conclusion

Grounded in the core theoretical frameworks of Traditional Chinese Medicine—specifically the Five-element Theory and the Midnight-Noon Ebb-Flow Theory—this study addresses four key challenges in elderly care: inconsistent music-based approaches aligned with the five elements, underdeveloped ethical protocols, limited cross-cultural scholarly exchange, and gaps in nursing integration. A standardized, four-dimensional closed-loop model tailored to elderly care is proposed. It features clearly defined conceptual distinctions, harmonized application parameters, and ethically sound procedures. The model is designed for routine implementation in integrated medical and elderly care settings within the domestic context, and offers a replicable framework for international academic inquiry into non-pharmacological Traditional Chinese Medicine approaches to aging.

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