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Vol.3, No.4, 2026

- 1 Study on the Personalized Health Service Mode Based on the Theory of Constitution in Traditional Chinese Medicine
Fanfan Zhang
- 13 Sociolinguistic Studies on Language Identity Construction in TCM International Communication
Ruichen Feng
- 25 Individualised Design and Risk Control of Asian Double-Eyelid Blepharoplasty
Ting Li
- 35 Risk-stratified Prevention and multimodal Management of Pathological Scars in Plastic Surgery
Ting Li



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Study on the Personalized Health Service Mode Based on the Theory of Constitution in Traditional Chinese Medicine

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Abstract

Purpose – This paper aims to explore the application of the Five Elements Constitution (FEC) theory in Traditional Chinese Medicine (TCM) for developing personalized health care service models.

Design/Methodology/Approach – Based on TCM constitution theory, this study employs a case study approach to examine how the FEC classification—Wood, Fire, Earth, Metal, and Water—can be applied in health management practices, including integration with community resources and digital platforms.

Findings – The results indicate that FEC theory has significant value in personalized health care. It enhances citizens' TCM health literacy by strengthening self-care awareness and capabilities, and promotes the shift of health management toward personalization by addressing diverse constitution types. Moreover, the model shows strong adaptability through its integration with community services, alignment with existing medical systems, and support from “Internet+” technologies.

Research Implications – In the management context, this study provides insights for improving health service delivery through constitution-based personalization. It supports the development of comprehensive, life-cycle health management models and offers practical implications for policy-making and service innovation, contributing to improved public health outcomes.

Keywords: TCM constitution theory; personalized health care; health service mode; industrialization development

JEL Classifications: I11,I18,Z19

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I. Introduction

Modern medicine is witnessing a monumental paradigm shift, transitioning from conventional reactive treatments toward a proactive, full-life-cycle "health medicine" framework (Li, 2016; Zhang & Li, 2022). At the forefront of this evolution is Traditional Chinese Medicine (TCM) Constitution Theory. Grounded in a holistic philosophy, this theory deciphers individual physiological variations to deliver tailored wellness interventions. Driven by state initiatives and escalating public health needs, its efficacy is increasingly recognized, particularly in geriatric care and chronic disease prevention. By exploring the integration of constitutional typing into bespoke wellness strategies, this study offers novel pathways to elevate public health standards.

This integration aligns seamlessly with China's escalating strategic focus on traditional medicine. Under the "Healthy China 2030" Blueprint, TCM has been elevated to a core national resource, institutionalizing its role in comprehensive, lifespan-based disease prevention (Dou, 2022). Furthermore, directives from the National Administration of TCM—such as the "Development Plan for TCM Health Services"—explicitly mandate the innovation of service models encompassing constitution-based assessment, intervention, and longitudinal tracking. Collectively, these policy frameworks provide both the theoretical scaffolding and practical blueprints for marrying TCM constitutional principles with modern personalized healthcare.

The demand for TCM health preservation is experiencing rapid growth. Research indicates that in recent years, the need for TCM health preservation services has been steadily increasing, particularly in chronic disease management and sub-health intervention, where the unique advantages of TCM have gained widespread recognition. In addition, the application of TCM constitution identification showed significant effects in sub-health population, and the sub-health status score of the observation group was significantly lower than that of the control group. (Feng, Y., 2021) This suggests that TCM health preservation demand is gradually expanding from traditional elderly populations to middle-aged and young groups, exhibiting diversified and personalized characteristics. Meanwhile, the revival of traditional culture has further fueled the growth of TCM health preservation demand, with an increasing number of people beginning to pay attention to and embrace TCM health preservation concepts, viewing them as a healthy and civilized lifestyle.

II. Necessity of Personalized Health Management Based on TCM Constitution Theory

1. Improving the Traditional Chinese Medicine Literacy of Citizens

With the surging national focus on cultural heritage, TCM literacy has been systematically integrated into China's educational blueprint and social welfare programs. Classic medical literature is now progressively introduced to students at all levels, serving as supplementary reading for children and general electives for undergraduates. Societal efforts, including localized health workshops and cultural expos, further drive the

public acceptance of TCM wellness ideologies. This comprehensive momentum, strongly propelled by the "Healthy China 2030" strategy, serves as a vital tool for upgrading national health literacy. Ultimately, such an all-encompassing educational model validates and expands the utility of TCM constitution theory in contemporary health management.

People are increasingly turning to Traditional Chinese Medicine (TCM) constitution theory to guide their personal healthcare. Thanks to widespread education and media coverage, more individuals now want to know their specific constitution type and how it affects their well-being. For example, Zhou (2018) looked at sub-health and chronic disease patients at Nanjing's Jiangning Hospital using a TCM identification system. The study found that yang-deficiency and qi-deficiency were highly common, while a perfectly balanced constitution was quite rare. This clear distribution helps people see firsthand how individual differences shape health. As a result, many are moving away from standard "one-size-fits-all" advice and choosing personalized routines instead. This shift in mindset highlights the practical value of TCM theory, opening up major opportunities for future customized health services.

2. Theoretical Basis of the Five Elements Constitution Theory

Central to Traditional Chinese Medicine is the theory of individual constitution, which finds its historical origins in the classic text *Huangdi Neijing*. By introducing the clinical philosophy of "tailoring treatments to individual needs," this seminal work illustrated the profound impact of constitutional variations on disease susceptibility, progression, and therapeutic outcomes. Early classification frameworks detailed in *Lingshu*: Tongtian and *Lingshu*: Yin-Yang Twenty-Five People organized human body types into five elemental categories—Wood, Fire, Earth, Metal, and Water—alongside five distinct states ranging from Taiyang to Yin-Yang balance (Li, 2023). This dynamic mapping provided the bedrock for subsequent constitutional typology (Liang, 2020). Driven by Five Elements theory, this system effectively accounts for human physiological adaptations and natural shifts through complex generation and overcoming mechanisms. In TCM constitutional studies, the Five Elements are used to classify and describe different human constitutions, a classification method derived from the *Huangdi Neijing*'s discussion of the Five Constitutions. Under the Five Elements framework, each constitutional type aligns with a specific organ and physical trait. For instance, the Wood-type embodies smooth, unobstructed movement, a reflection of liver health. Fire-types, by contrast, are marked by rising heat and tie back to heart function, while the Earth constitution centers on nourishment and transport, closely syncing with the spleen. For the Metal-type, properties of clearing and restraint dominate, which connects directly to the lungs. Finally, Water-types show a cold, moist, and downward trend that resonates with kidney energy. This intricate mapping proves that individual constitution theory is woven into every stage of TCM. It offers indispensable guidance not just for diagnosing and treating illnesses, but for preventing them entirely.

Modern medicine allows for a multi-dimensional analysis of Five Elements Constitutions (FEC) by evaluating body morphology, organ health, and metabolic rates (Wang, 2021). Physical traits vary sharply

across types. For example, a slender frame and pale skin are hallmarks of the Wood type (Zhang, 2021); these individuals frequently battle liver qi stagnation, which triggers chest tightness or flank pain. Fire types, by contrast, are typically lean with rosy skin, yet they are prone to sleep disorders and mouth sores due to excessive "heart fire." Those with an Earth profile often carry more weight and show a sallow complexion; their sluggish spleen and stomach often cause bloating and fluid retention. Meanwhile, Metal types generally have balanced proportions and fair skin, but weak lung qi leaves them vulnerable to chronic coughs and asthma. Finally, the Water type leans toward being overweight with a dull skin tone, frequently experiencing cold sensitivity and limb weakness when kidney yang is low. Recognizing these physical baseline differences is essential for designing effective, tailored wellness plans.

Beyond physical traits, the FEC framework reveals a deep bond with distinct psychological and emotional patterns. Wood-type individuals, for instance, are usually outgoing and social, but this comes with sharp emotional swings that make them vulnerable to anxiety (Lv, 2020). Fire types bring a quick-witted, passionate energy to the table, though they easily burn out into restlessness or agitation. Stability and sincerity define the Earth personality, yet these individuals often retreat into introversion and constant overthinking. For Metal types, a sharp eye for detail and logical thinking are standard, but a deep-seated emotional sensitivity can trap them in melancholy. Water types maintain a calm, thoughtful demeanor, though suppressing their feelings often breeds internal fear and isolation. This mind-body connection is a two-way street. Long-term emotional stress inevitably derails organ function, and these physical ailments feed back into psychological distress. Breaking this vicious cycle requires wellness programs to integrate mental care alongside physical therapy.

III. Personalized Health Service Mode Based on the Theory of Five Elements Constitution

1. Dietary Health Maintenance Plan

Dietary choices must sync with an individual's specific Five Elements Constitution to regulate health effectively. Take the Wood constitution as an example: because these individuals often face liver qi excess—leading to mood swings and digestion issues—their meals should feature liver-nourishing greens like celery and spinach alongside vitamin C-rich fruits to boost detoxification (Zhai & Gao, 2018). For Fire types, who frequently battle irritability and insomnia from a heart fire imbalance, heat-clearing options like bitter melon and lotus root work best, provided they avoid spicy triggers. Spleen-nourishing staples like yam and millet are ideal for Earth constitutions to correct sluggish digestion. Meanwhile, those with a Metal profile and lung sensitivities benefit from white foods, such as lily bulbs and tremella mushrooms, which soothe yin and moisten the lungs. Finally, reinforcing kidney health is paramount for Water types, making dark ingredients like black beans and sesame seeds excellent choices for tonification. Ultimately, a strategically balanced diet harmonizes yin-yang and the Five Elements, elevating overall vitality.

2. Exercise and Wellness Program

Designing tailored workout regimes based on Five Elements constitutional traits is highly effective for boosting vitality. For instance, Tai Chi and yoga are perfect for Wood-type individuals who frequently battle liver qi stagnation; practicing these mind-body movements 3 to 5 times a week for at least 30 minutes per session can stretch the tendons and alleviate emotional stress (Kan, 2022; Zhang, 2021). Fire types, driven by excessive heart fire, benefit more from moderate aerobics like jogging or swimming. Doing this at least four times weekly for about 40 minutes not only burns surplus calories but also stabilizes volatile moods. For the easily fatigued Earth constitution, low-impact routines like walking or qigong—kept to 20 or 30 minutes, three times a week—can strengthen the spleen and stomach without causing overexertion. Lung qi deficiency is a common hurdle for Metal types, making gentle Baduanjin exercises and deep breathing essential; a schedule of 2 to 3 weekly sessions lasting 20 minutes each is ideal for boosting respiratory function. Finally, because Water types lean toward kidney qi deficiency, incorporating moderate resistance work—such as weightlifting or push-ups—twice a week for 15 to 20 minutes can strengthen their physical baseline. Ultimately, consistent, personalized movement harmonizes both body and mind.

3. Lifestyle and Health Maintenance Plan

Aligning daily schedules with both the Five Elements theory and circadian rhythms is essential for maximizing constitutional health. For Wood types, whose liver energy is highly active, winding down and sleeping before 11 PM is critical; this allows the liver to detoxify and rest during the traditional Zi hour between 11 PM and 1 AM (Wang, 2020). Rising around 7 AM for light outdoor movement further helps them tap into nature's rising yang energy. Fire-type individuals, by contrast, frequently struggle with insomnia from excessive heart fire. They benefit from an earlier bedtime—before 10 PM—paired with a brief midday nap between 11 AM and 1 PM to soothe the nervous system. To support their weaker digestive rhythms, those with an Earth profile should head to bed between 9 PM and 10 PM and wake near 6 or 7 AM. Metal types, facing lung qi deficiencies, require a much earlier rest period before 9 PM; waking between 5 AM and 6 AM aligns their breathing with the Yin hour, when blood and qi distribute through the body. Finally, Water types must protect their kidney qi by sleeping before 10 PM and resting until 7 or 8 AM, ensuring optimal recovery during the crucial Chou hour. Ultimately, syncopating life to these internal clocks stabilizes the Five Elements and builds robust immunity.

IV. Case Study of Health Management Model Based on TCM Constitution Theory

1. Case Selection

This case study focuses on S Community Health Service Center to evaluate how a TCM constitution-based health model works in real-world practice. Established in the 1990s, S Community serves as a classic aging urban area; residents aged 35–65 make up 68% of the neighborhood, and over half are retirees. This older demographic perfectly matches the target audience for Five Elements Constitution health interventions. According to our constitutional profiling, Wood types represent the largest segment at 23%, closely followed by Earth types at 21%. The remaining population is distributed almost evenly, with Fire and Water types each at 19%, and Metal types making up 18%. Currently, local healthcare centers stick to standard medical treatments, leaving a noticeable gap in targeted TCM constitution adjustments. Meanwhile, initial surveys reveal a heavy burden of chronic conditions—like hypertension, diabetes, and joint disorders—alongside sub-health issues such as insomnia, mood swings, and poor digestion. These widespread imbalances underscore a pressing need for specialized TCM wellness services.

2. Case Analysis

2.1 Implementation Preparation

To kick off the constitution assessment, the intervention team pooled expertise from the local community hospital, pulling together two licensed TCM practitioners, three general practitioners, and five certified social workers. Rather than working in silos, the team integrated their workflows: while the community doctors gathered baseline medical histories and current prescriptions, social workers walked residents through the initial screening process. This allowed the TCM practitioners to focus entirely on the core "Four Diagnostics"—observation, listening, questioning, and pulse-taking. During examinations, these practitioners stuck strictly to protocol, diagnosing body types by analyzing everything from facial complexions to lifestyle habits. A case in point was 62-year-old resident Aunt Zhang. Based on her yellowish skin tone, a greasy tongue coating, and her complaints of frequent abdominal bloating and sticky stools, the practitioner diagnosed her with an Earth-Element Constitution.

2.2 Implementation Process

S Community utilizes constitution profiling to craft tailored, scene-specific wellness programs for its residents. To see this in action, look at how the center supports its two largest demographics: Wood and Earth types. For Wood-constitution individuals, the overarching goal centers on regulating liver qi, but the actual

plans are smartly stratified by age and baseline health. Younger, healthier Wood-type residents (under 50) are routed into weekly, 40-minute Tai Chi small groups to practice mindful movements like "Cloud Hands" and "Embrace the Sparrow's Tail," alongside receiving dietary blueprints featuring easy recipes like chrysanthemum goji tea. Conversely, for older Wood types battling chronic issues like hypertension—such as 58-year-old Uncle Wang, who has managed high blood pressure for five years—the strategy pivots to gentle, home-based care. Here, social workers drop by daily for 15-minute liver meridian acupressure on the Taichong and Xingjian points, paired with weekly emotional salons that offer meditation and stress relief.

The approach for Earth-constitution residents (traditionally focused on strengthening the spleen and dispelling dampness) prioritizes practical accessibility. Early field assessments revealed that residents struggled to find traditional ingredients like adzuki beans locally, and many seniors were baffled by complex acupoint charts. In response, the team swapped adzuki beans for widely available community market staples like red beans and glutinous rice. To simplify acupressure, local doctors hand-drew a "Zusanli Acupoint Card" with a clear, idiot-proof indicator: four finger-widths below the knee and one lateral to the tibia. For homebound seniors with limited mobility, social workers even conducted bi-weekly home cooking demonstrations for therapeutic yam-millet porridge while teaching family members how to gently massage the Zhongwan point.

2.3 Strengthening the Personalized Transformation of Health

Initially, S Community residents showed little enthusiasm for TCM constitution management, often reacting passively. To spark interest, the team launched a "free assessments + home outreach" campaign, setting up open-air TCM consultations in community squares. Interventions at this stage were purely top-down instructions. However, momentum shifted when the team trained 15 active participants to serve as "health ambassadors" for their respective body types. For example, 48-year-old Aunt Zhao (Wood constitution) and 55-year-old Uncle Sun (Earth constitution) completed a two-week crash course on basic TCM interventions and communication skills. They quickly became grassroots advocates. Aunt Zhao noticed that older neighbors struggled to memorize complex Tai Chi moves; she proactively streamlined the routine into a simplified three-step version and led 10-minute daily sessions at the local pavilion, drawing in over 20 Wood-type residents. Meanwhile, Uncle Sun jumped into neighborhood chat groups to share his Earth-constitution journey, sparking lively debates by suggesting people add red dates to their red bean and coix seed porridge for better texture. This peer influence encouraged residents to tweak plans based on personal comfort—such as when the team advised adding longan to a chrysanthemum tea blend after a participant complained it felt "too cooling."

To lock in these behavioral shifts, the team introduced a "Family Health Partner" initiative, looping in family members to co-manage routines. This collective approach yielded impressive self-optimization. During a fitness re-check, the daughter of 60-year-old Grandpa Zhou noted that her father's Earth constitution benefited from yams, but his poor dental health made them hard to chew. The team immediately suggested steaming and mashing the yams into a smooth paste to mix with millet porridge—a hack Grandpa Zhou loved and later shared with other seniors facing dental issues. Similarly, 52-year-old Mr. Zheng, a Wood-type resident, moved

his Tai Chi practice from morning to evening after his wife pointed out how much better he slept post-workout. He later shared this timing adjustment at a community seminar. By this phase, residents were independently auditing their routines, sharing feedback, and even launching spontaneous peer-support groups. This shift marked the community's successful evolution from an externally pushed program to an internally driven lifestyle transformation.

In short, this case study proves that a health management model anchored in TCM constitution theory is both highly practical and deeply scalable. By blending community ties with existing healthcare infrastructure, this framework offers a viable blueprint for meeting the public's growing appetite for personalized wellness.

V. Industrialization Development and Service Path Based on the Theory of Five Elements Constitution

1. Combination with Community Resources

Maximizing personalized health management hinges on the seamless integration of community resources, a strategy that has proven highly effective at meeting the public's need for tailored care. Local health centers play a pivotal role here; as primary care providers, they supply both the clinical expertise and the data infrastructure needed to anchor these models. When these centers collaborate, shared patient data forms a reliable, scientific foundation for fitness profiling and bespoke interventions (Feng, 2021). In chronic disease care, for example, they can maintain longitudinal health records and run routine physiological screenings to ensure continuity of service. Beyond tracking data, running joint health education campaigns is essential for boosting community health literacy. Evidence suggests that when local clinics team up with dedicated health management firms, the reach and impact of these educational programs expand dramatically, especially among older cohorts managing chronic illnesses. This teamwork directly translates into better patient compliance and a sharper understanding of disease management.

Optimizing community spaces offers another powerful way to support personalized health initiatives. Local landmarks like parks and cultural centers serve as ideal backbones for wellness workshops and fitness routines. Regular seminars, for example, can deeply impact public awareness by educating neighbors on chronic disease prevention, nutrition, and mental health (Zhang, 2023). Moreover, rather than offering generic workouts, organizing tailored activities like Tai Chi or yoga classes directly answers residents' specific fitness goals (Xu, 2021). This alignment not only draws higher participation but expands the program's overall impact. Ultimately, this hyper-local, customized approach strengthens physical wellness while significantly elevating the community's day-to-day quality of life.

2. Integration with the Existing Healthcare System

The implementation of personalized health management models in healthcare institutions requires deep integration with existing medical service systems to ensure patients receive continuous and comprehensive health management services. During diagnosis, doctors can develop precise personalized treatment plans by analyzing patients' physical condition assessments. For instance, studies on high-risk HPV patients showed (Liu, X., 2024) that adopting this model significantly improved disease awareness and medication adherence scores, demonstrating how tailored interventions effectively support clinical treatment. In the treatment phase, healthcare providers can establish electronic health records and follow-up mechanisms to offer dynamic health monitoring and intervention guidance. Moreover, the rehabilitation phase remains a critical component of personalized health management. Through regular follow-ups and outcome evaluations, medical institutions can promptly adjust rehabilitation plans to promote sustained improvement in patients' health status.

The integration of personalized health management models with healthcare service systems hinges on effective information sharing and collaborative mechanisms. Medical institutions must establish efficient information-sharing platforms across departments to ensure seamless data flow between clinical units. A prime example is the "Internet+" (Liu, C., & Jin, S., 2022) chronic disease management platform, which centralizes patient data through integrated modules for screening, case registration, and management, enabling intelligent analysis. Furthermore, healthcare providers can partner with external health management agencies to build a collaborative ecosystem. This (Li, X., & Tang, S., 2022) approach not only enhances operational efficiency but also delivers more comprehensive care experiences. For instance, through AI-powered collaboration with case managers, institutions can implement tiered, personalized health management strategies that better address individual patient needs.

3. Application in Internet + Platform

To make personalized health management models truly effective, healthcare institutions must mesh them deeply into their current clinical workflows. This cohesion ensures patients don't slip through the cracks and instead receive seamless, comprehensive care. Right from the initial consultation, physicians can weaponize constitutional data to build hyper-targeted treatment tracks. For example, trials involving high-risk HPV patients demonstrated that this customized approach led to a dramatic spike in disease literacy and medication compliance (Liu, 2024). Once a treatment plan is in motion, clinics can deploy electronic tracking and dynamic follow-up loops to monitor patient progress in real time. This vigilance shouldn't stop at discharge; the recovery phase requires continuous evaluation so providers can instantly tweak rehabilitation strategies, securing long-term health improvements.

This level of customization, however, relies entirely on robust data mobility and inter-departmental synergy. Breaking down data silos within the hospital ensures that clinical metrics flow effortlessly across different units. A case in point is the "Internet+" chronic disease ecosystem, which consolidates screening, patient registration,

and management modules into a centralized hub for intelligent data analytics (Liu & Jin, 2022). Beyond internal upgrades, hospitals can unlock immense value by partnering with external health agencies. This collaborative framework not only slashes operational bottlenecks but also enriches the patient experience (Li & Tang, 2022). By integrating AI tools with human case managers, institutions can roll out tiered, highly adaptive wellness programs tailored to every unique patient profile.

VI. Conclusion

Applying the FEC framework to personalized wellness directly mirrors the classic TCM philosophy of "treating disease before it occurs," a synergy that points to a highly promising future. As public health expectations rise, this patient-centered methodology will likely become a linchpin for managing health across all life stages. Looking ahead, the next logical step is scaling this model to larger populations, specifically through expansive clinical studies on sub-health cohorts and those with chronic illnesses. Concurrently, "Internet+" digital screening tools need ongoing upgrades to sharpen diagnostic accuracy and smooth out the user experience. Cross-disciplinary teamwork will also be vital; by fusing modern biomedical tech with traditional TCM principles, researchers can design sharper, more practical wellness interventions. For example, we can adapt successful blueprints from diabetes management to tackle the prevention of other chronic conditions. Ultimately, refining these theoretical and practical frameworks ensures that FEC theory remains a driving force in achieving broad public health goals.

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Sociolinguistic Studies on Language Identity Construction in TCM International Communication

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Abstract

Purpose – This paper explores the cross-cultural communication challenges in TCM internationalization, and investigates the core role of language identity in enhancing its overseas cognition and cultural recognition.

Design/Methodology/Approach – Adopting social identity theory, cross-cultural discourse analysis and language power theory, this paper examines the challenges in TCM international communication, involving discourse conflicts, non-standard terminology, Western discourse monopoly and identity barriers. It explores the multidimensional mechanism of language identity construction and proposes feasible optimization strategies.

Findings – This study clarifies that language identity construction is a decisive factor in overseas audiences' acceptance of TCM, identifying core challenges in discourse, terminology, and power relations. It also reveals how language identity is constructed across multiple dimensions, providing targeted solutions for enhancing TCM's cross-cultural recognition.

Research Implications – This study proposes feasible paths to enhance TCM's cross-cultural language identity and international discourse power, including terminology unification, localized discourse construction, media narrative optimization and multilingual landscape building. It establishes a referable framework for the high-quality international dissemination of TCM culture.

Keywords: TCM international communication; language identity; sociolinguistics; discourse system; terminology standardization

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I. Introduction

Traditional Chinese Medicine (TCM) is an important part of China's excellent traditional culture, and it is also the core carrier of China's foreign cultural dissemination and the construction of a human health community. Against the background of the continuous promotion of Chinese culture's "going out" and the internationalization strategy of TCM, the overseas dissemination of TCM continues to increase, but the communication dilemma in the cross-cultural context is increasingly prominent. There are significant differences in the discourse system of TCM and Western medicine, coupled with the strong influence of Western mainstream medical discourse, TCM often faces problems such as cultural misreading, speech aphasia and insufficient identification in international communication (Li & Wang, 2022; Zhang, 2022). As the core medium of cultural communication and identity expression, the choice and use of language deeply affects the cognitive attitude and cultural identity of overseas audiences. Therefore, solving the identification problem of TCM communication from the linguistic level, and building a TCM discourse system has important practical value and significance for promoting the dissemination of TCM culture.

At present, the research on the international dissemination of TCM in the academic community focuses on translation strategy, communication channels and media operation. The research perspective is relatively single and lacks in-depth exploration at the sociolinguistic level (Chen, 2015; Zhu, 2013). Existing studies pay less attention to language practice, discourse characterization and identity construction mechanism in the process of TCM dissemination. The formation law of language identity and the cross-cultural consultation process are insufficiently explored, and a systematic theoretical research paradigm has not been formed. Based on this, this study takes sociolinguistics as the theoretical perspective, focuses on the construction of language identity in the dissemination of TCM, and explores the impact mechanism of language characterization on cultural identity, which can not only make up for the gaps in existing research, but also provide theories for optimizing the international discourse system of TCM and improving the effect of overseas cultural communication and identity (Zhang, 2020; Tian, 2019).

II. Core Concepts and Theoretical Basis

2.1 Definition of Core Concepts

Cross-cultural communication of TCM is the core connotation of TCM culture, traditional diagnosis and treatment theory, health philosophy and cultural value. It crosses different countries, ethnic groups and cultural boundaries, and realizes the process of transmission, communication, acceptance and integration in a multilingual environment and social context. This process is not only the dissemination and exchange of medical knowledge, but also China's excellent traditional culture is an important practice of external dissemination and the realization of cross-cultural identity, and it also has the dual attributes of medical communication and cultural export (Piller, 2017). In the practice of specific communication, the original philosophical terms such as the five elements of yin and yang and the essence, qi and spirit in the Huangdi

Neijing, as well as the characteristic expression of the concept of integrating traditional Chinese and Western medicine and the idea of longevity and maintaining health in *The Theory of Concurrent Treatment of Heart and Brain* edited by Zhao Buchang and Wu Haiqin in 2020, are all very representative language symbols in the cross-cultural communication of TCM.

Language identity belongs to the core category of sociolinguistics. It is the emotional attribution, value recognition and identity consensus generated by social individuals or groups for specific language symbols and discourse systems (Chen, 2015; Zhu, 2013). Specifically in this study, that is, the acceptance attitude, cultural belonging and identity of the overseas audience to TCM terms such as yin and yang, qi and blood, as well as the original medical concept and health discourse in the concurrent treatment of heart and brain, are the key indicators for measuring the results of cross-cultural communication of TCM (Wu & Zhang, 2023).

Social discourse practice is not simply the use of language symbols and information transmission, but language behavior embedded in specific social culture, power structure and ideology (Fairclough, 2013; Tian, 2019). In the context of international communication of TCM, the English translation narrative construction of the classic terms of *Huangdi Neijing* and the external discourse output of the characteristic medical concept of *The Theory of Concurrent Treatment of Heart and Brain* are all typical cross-cultural social discourse practices, which is the external language presentation form of TCM cultural identity and values (Li & Wang, 2022; Zhang, 2022).

2.2 Theoretical Basis

The social identity theory provides core support for analyzing the formation logic of TCM language identity. It believes that the construction of group identity relies on language and symbol carriers, and individuals complete the group attribution division through the recognition of a specific discourse system (Tajfel & Turner, 1979). Taking the classical philosophical terms of the *Huangdi Neijing* and the original medical discourse of *The Theory of Concurrent Treatment of Heart and Brain* as an example, overseas audiences are very likely to have differentiated language identities such as acceptance, rejection or cognitive ambiguity due to differences in Chinese and Western cultural backgrounds. Therefore, the current research can intuitively reveal the differences in group cultural identity behind language identity and Attribution mechanism (Tajfel & Turner, 1979; Wu & Zhang, 2023).

The theory of cross-cultural discourse analysis focuses on the construction and interpretation of meaning in different cultural contexts. By analyzing the communication text, narrative logic and discourse strategy, it explores the reconstruction, deviation and consultation laws of cultural connotation in cross-language communication (Piller, 2017; Hall, 1976). Whether it is the cross-cultural translation of the classical terminology of the *Huangdi Neijing* or the international interpretation of the concept of integrating traditional Chinese and Western medicine in *The Theory of Concurrent Treatment of Heart and Brain*, the research can rely on the semantic shift and cultural misreading in the process of analysis and dissemination of this theory to provide theoretical guidance for optimizing the expression of foreign discourse (Piller, 2017; Hall, 1976).

The theory of language power relationship clarifies that there is a competition of power and the distribution of speech behind language (Fairclough, 2013; Tian, 2019). In the global medical communication field, Western modern medical discourse has long occupied a dominant position, making the classical terms and original concepts of TCM at a disadvantage. The original discourse of the Huangdi Neijing is difficult to obtain reciprocal international academic recognition, and the international dissemination of the characteristic medical concept of concurrent treatment of heart and brain is insufficient, which fully confirms the constraints of language inequality on cross-cultural communication (Zhang, 2022; Li & Wang, 2022), and can deeply explain the deep social power motives formed by the language identity barriers of TCM. .

III. Practical challenges of Linguistic Representation and Identity in TCM International Communication

Under the background of globalized cross-cultural communication and the pluralistic coexistence of medical discourse, the international communication of TCM not only faces the real challenge of popularizing medical knowledge, but also encounters multiple obstacles at the level of language system, cultural connotation, discourse power and audience identity. From the perspective of sociolinguistics, Chen (2015) and Zhu (2013) purposed that the differences in language characterization, the imbalance of discourse order, the confusion of the terminology system and the misalignment of cultural context together constitute deep barriers to the overseas dissemination of TCM, and also directly lead to the cognitive deviation, understanding gap and insufficient recognition of the discourse system of TCM by overseas audiences. At present, the language dilemma and identity crisis in the international communication field of TCM are concentrated in the four dimensions of heterogeneous conflicts in the discourse system, the lack of terminology norms, mainstream discourse suppression and cultural identity barriers, which deeply affect the depth and long-term effectiveness of the international dissemination of TCM culture (Li & Wang, 2022; Zhang, 2022).

3.1 Underlying Cognitive Gaps and Understanding Misalignment Caused by Heterogeneous Discourse Systems of TCM and Western Medicine

TCM and Western modern medicine belong to two completely different cognitive paradigms and knowledge systems. There are essential differences between the two in terms of philosophical foundation, thinking logic, expression and value core. Li and Wang (2022) hold that the resulting heterogeneous discourse system is the most fundamental and most difficult language and cognitive barrier in the cross-cultural communication of TCM. The theory of TCM is rooted in the traditional Chinese philosophical thought of the unity of heaven and man, the balance of yin and yang, and the overall discrimination. Its discourse system is based on the core concepts of yin and yang, five elements, qi and blood, deficiency and excess, and other core concepts laid down by the Huangdi Neijing. It emphasizes systematicity, relevance and dynamic balance, and the language

expression is both philosophy. Sexuality, imagery and empirical nature do not simply refer to anatomical structure and pathological indicators. Western medicine is based on modern empirical science, reductionist thinking and anatomy. The discourse system pursues accurate definition, quantitative standards, linear logic and empirical verifiability. The discourse rules, meaning generation methods and interpretation paths of the two are completely different.

This fundamental difference in the discourse system makes it difficult for the core concepts of TCM to achieve equal translation and complete interpretation within the discourse framework of Western medicine. Take the core terms in the *Huangdi Neijing*, the source of the classic theory of TCM, as an example. Concepts such as “yin and yang”, “qi circulation”, “meridians and collaterals” and “syndrome differentiation and treatment” carry the overall view and philosophy of life, which cannot be accurately corresponded through the organs, tissues, indicators, pathology and other words of Western medicine; and in the practice of contemporary TCM innovation and communication, The overall diagnosis and treatment concept of concurrent treatment of heart and brain put forward by Zhao Buchang and Wu Haiqin’s *The Theory of Concurrent Treatment of Heart and Brain* also take the overall balance, physical and mental health care, and the combination of prevention and treatment as the core logic, and there is a significant separation from the discourse mode of Western medicine’s specialized diagnosis and treatment and targeted intervention. Overseas audiences have been infiltrated in the linear thinking and empirical discourse system of Western medicine for a long time, and lack the cognitive foundation of traditional oriental philosophy and holistic medicine. In the face of the imageization and holistic language expression of TCM, it is convenient to have deviations in meaning interpretation, logical understanding faults and cognitive acceptance difficulties, and finally forming a cross-cultural recognition that is difficult to break through. Knowing the gap directly restricts the formation of language identity (Wu & Zhang, 2023; Hall, 1976).

3.2 Semantic Loss and Communication Deviation Caused by Chaotic TCM CultureLoaded Terminology System

The terminology system of TCM is highly condensed and has a heavy connotation. Most of the core words are culturally loaded words, which not only contain the point of medical diagnosis and treatment, but also carry traditional culture, philosophical thinking and values. It is the core carrier of the language identity and cultural connotation of TCM. However, in the current practice of international dissemination of TCM, Zhao and Liu (2021) argued that the authoritative and unified foreign terminology norms have not been fully established. The English translation expressions in various classics, works, academic texts and media propaganda are messy and different. The phenomenon of multiple versions of the same concept coexisting and the misalignment of the connotation of the same term is widespread, which seriously undermines TCM. The rigor and stability of medicinal discourse also directly cause the loss of cultural connotation, semantic deviation and audience cognitive confusion.

On the one hand, the translation of classical medical terms lacks a unified standard. The expression of the

core concepts in classic documents such as the Yellow Emperor's Inner Classics is significantly different in different translations and different communication scenarios. Some literal translations or simplified translations only retain the superficial literal meaning, completely stripping away the philosophical connotation and cultural logic behind it, resulting in overseas audiences. You can only get in touch with fragmented and one-sided language symbols, and you can't understand the full meaning of the term. On the other hand, the external expression of the innovative theory and practical achievements of contemporary TCM also lacks normative guidelines. The original diagnosis and treatment concept, health discourse and characteristic expression put forward in The Theory of Concurrent Treatment of Heart and Brain are mostly fragmented and arbitrary translation methods in international communication, which has neither fixed academic expression nor authority. With the support of interpretation, it is difficult for overseas audiences to form a stable, clear and unified conceptual cognition (Zhao & Wu, 2020; Zhao & Liu, 2021). The chaos of the terminology system not only reduces the professionalism and credibility of the international dissemination of TCM, but also cuts off the stable connection between language symbols and cultural connotations, making it impossible for overseas audiences to establish a complete understanding of TCM through a standardized and consistent discourse system, and it is difficult to form a stable and positive language identity.

3.3 Disadvantaged TCM Discourse and Restricted Voice Due to Monopoly of Mainstream Western Medical Discourse

In the field of global medical communication and public health discourse, modern Western medicine has long occupied an absolute dominant position, forming a highly monopolistic mainstream discourse order and academic power structure. The publication rules of international medical journals, the academic evaluation system, the narrative paradigm of health communication, and the rules of public health discourse are all based on the Western medicine system. The discourse system of TCM has long been in a disadvantaged position of marginal, subordinate and passive interpretation, and lacks the right of reciprocal discourse, communication and definition (Li & Wang, 2022; Zhang, 2022). This imbalance in the relationship of language power is the structural dilemma faced by the international dissemination of TCM.

Under this unequal discourse pattern, the theoretical system, diagnosis and treatment value and cultural connotation of TCM can often only be "selectively interpreted" or "passively adapted" within the framework of Western medicine, and it is difficult to achieve independent dissemination and value interpretation with its own complete discourse logic. The classic theoretical system of TCM represented by the Huangdi Neijing is difficult to enter the core vision of the international mainstream medical academic discourse. Its overall view, outlook on life and diagnosis and treatment thinking are often labeled as "unscientific" and "non-empirical"; even if it integrates the advantages of TCM and Western medicine and has solid clinical The supported contemporary innovative achievements also face the real problems of limited vocal channels, insufficient academic recognition, and squeezed narrative space in international communication. The strong suppression of mainstream medical discourse makes it impossible for TCM to participate in global health dialogue as an

independent, complete and independent discourse, and can only be in a vulnerable position of being judged, defined and screened, which not only restricts the effective transmission of the cultural value of TCM, but also hinders overseas audiences from the discourse of TCM from the root. The acceptance, respect and deep recognition of the department (Fairclough, 2013; Zhang, 2022).

3.4 CrossCultural Context Differences and Stereotypes Solidify Overseas Audiences' Language Identity Barriers

The formation of language identity is highly dependent on specific cultural contexts, value consensus and cognitive habits (Hall, 1976; Piller, 2017). The generation and inheritance of the discourse system of TCM has always relied on traditional Chinese philosophy, life culture, health concept and social life context. Overseas audiences not only lack the support of the corresponding cultural background, but also have long been influenced by the stereotyped narrative and one-sided cognition of Western media, forming a solidified prejudice and labeling cognition of TCM. Finally, it forms a barrier to cross-cultural language identity that is difficult to break through (Wu & Zhang, 2023).

For most overseas audiences, the language symbols related to TCM are both strange and alienated. The core words such as yin and yang, meridians, emotions, vitality, and overall balance are out of their familiar cultural context and thinking framework, and it is difficult to produce emotional resonance and value recognition. At the same time, some Western media and health communication contents carry out fragmented, curious and one-sided narratives of TCM, which further strengthens stereotypes such as “unscientific”, “alternative therapy” and “experience bias”, making overseas audiences suspicious, alienated and even reject the discourse system of TCM from the cognitive starting point. Against this background, whether it is the traditional medical cultural discourse carried by the Huangdi Neijing or the innovative discourse of contemporary TCM conveyed by The Concurrent Treatment of Heart and Brain, it is difficult to break through the shackles of stereotypes, and it is impossible to obtain the rational cognition and equal view of the audience. The misalignment of cultural context, the solidification of prejudiced cognition and the existence of emotional distance make it difficult for overseas audiences to have a sense of belonging, trust and identity for the language system of TCM. The establishment of language identity lacks the necessary cognitive and emotional foundation, which also makes the international dissemination of TCM stay on the surface for a long time, and it is difficult to Realize deep cultural identity and value consensus (Hall, 1976; Wu & Zhang, 2023).

IV. Multi-dimensional Construction Mechanism of Language Identity in the Context of TCM Communication

Language identity in the international communication of TCM is not a single-dimensional language acceptance process, but a dynamic construction process of multi-subject, multi-level and multi-path synergy

based on terminology symbols, media narrative, cross-cultural interaction and social power context.

4.1 Construction of Terminology Symbols: Traditional Cultural Connotation and Language Identity Expression

Terminology symbols are the basic carriers of TCM language identity construction. As the smallest language unit of TCM theory and culture, each core term carries exclusive medical connotations, philosophical ideas and cultural identities, and is a direct entry point for the audience to establish cognition and form identity. According to Zhao and Liu (2021) The construction of TCM terms and symbols is essentially to establish the unique language identity of TCM through standardized, accurate and cultural expression, so that overseas audiences can perceive the value core of TCM through terminology symbols, thus forming preliminary language cognition and symbol identity.

The traditional terms of TCM are based on the yin and yang, five elements, meridians, qi and blood, Xizang elephants, etc. in the Huangdi Neijing. These terms are not simple medical names, but the concrete language expression of the overall oriental outlook on life and the philosophical thought of the unity of heaven and man, which contains the unique theoretical system and cultural identification of TCM from Western medicine. In international communication, such classical terms should be constructed by taking into account the cultural authenticity and cross-cultural understandability, retaining their core cultural connotation and standardizing their external expression forms, which can make term symbols become the direct endorsement of the cultural identity of TCM and help the audience establish an exclusive understanding of the language system of TCM. Contemporary innovative concept of concurrent treatment of heart and brain is the language crystallization of the modernization and practicalization of TCM theory. It not only inherits the core logic of the overall balance of TCM, but also meets the contemporary global health needs. Its term symbol construction can connect tradition and modernity. The discourse barriers between TCM and Western medicine allow the audience to perceive the contemporary value of TCM through concrete and practical language symbols. Through the systematic symbol construction of traditional classic terms and contemporary innovative terms, the uniqueness, standardization and recognition of TCM language symbols can be strengthened, so that the audience can clearly identify the linguistic identity and cultural attributes of TCM, and lay a solid symbolic foundation for the formation of language identity.

4.2 Media Discourse Construction: Overseas Narrative Tendency and Audience Attitude Orientation

Media is the core channel for the language communication of TCM. The narrative tendency, content expression logic and value orientation of overseas media directly shape the audience's cognitive impression of TCM and dominate the formation direction of language identity. It is the key external thrust for the construction of TCM language identity (Zhang, 2020; Fairclough, 2013). In the context of global communication, the

discourse narratives of overseas media, academic journals, health communication platforms and other media determine the communication content, presentation mode and interpretation perspective of TCM language symbols, which in turn deeply affects the attitude judgment and identity trend of the audience.

The narrative framework of overseas media discourse directly affects the dissemination effectiveness and audience acceptance of TCM language. When the media presents the theoretical value and cultural connotation of the Huangdi Neijing with an objective, neutral and comprehensive narrative, as well as the clinical practice of the concept of concurrent treatment of heart and brain, it can restore the integrity and professionalism of the TCM language system and avoid one-sidedness, standardization. Sign interpretation, guide the audience to rationally recognize the terminology and discourse logic of TCM, and gradually dispel cognitive bias. On the contrary, if the media adopts curious, fragmented and one-sided narratives to strip away the cultural context and theoretical support of TCM discourse, it will aggravate the cognitive bias and misunderstanding of the audience. At the same time, the local translation and adaptive expression of the language of TCM can also effectively bring the psychological distance closer to the overseas audience. Under the premise of retaining the core connotation, the narrative can be carried out with the language logic that is easy for the audience to understand, which can lower the cognitive threshold and let the audience gradually accept the TCM discourse system. Through positive, objective and localized media discourse construction, it conveys the theoretical value, practical achievements and cultural charm of TCM, which can continuously guide the audience to form positive cognitive and attitude tendencies, and promote the transformation of language identity from surface cognition to deep recognition (Zhang, 2020; Piller, 2017).

V. TCM Cross-cultural Language Identification Improvement and Optimization Path

Based on the perspective of social linguistics, in view of the practical challenges such as the gap in discourse system, the lack of terminology norms, the weakness of discourse power, and insufficient audience recognition in the international dissemination of TCM, combined with the multi-dimensional construction mechanism of TCM language identity, it is necessary to take into account the adaptation of cultural authenticity and cross-cultural communication, gradually break down the barriers of language identity, improve the recognition, acceptance and identity of the discourse system of TCM by overseas audiences, and promote the high-quality overseas dissemination of TCM culture (Chen, 2015; Zhu, 2013).

5.1 Unify the International Terminology of TCM and Consolidate the Foundation of Language Identity

The normativeness and uniformity of the terminology system is the prerequisite for realizing effective cross-cultural communication and establishing audience language identity. In view of the current confusion in the

expression of the core terms of TCM and the loss of cultural connotation, Zhao and Liu proposed that it is necessary to build an authoritative, cultural and universal international terminology normative system to build a solid symbolic root of TCM language identity.

On the one hand, take the classics of TCM as the core, and establish standardized English translation rules for terms. In view of the traditional core terms such as yin and yang, five elements, meridians, qi and blood in the Huangdi Neijing, the scholar should abandon the fragmented and arbitrary translation methods, organize experts in the fields of linguistics, TCM and cross-cultural communication, and formulate a standard translation method that takes into account the authenticity of culture and cross-cultural understandability, and not only to retain the traditional philosophy behind the terms. The connotation should also be adapted to the cognitive logic of overseas audiences to avoid semantic misunderstandings caused by translation deviations. On the other hand, it is necessary to improve the terminological expression norms of the innovative achievements of contemporary TCM, integrate the original and characteristic diagnosis and treatment and health care words such as concurrent treatment of heart and brain into the international terminology system of TCM, and clarify its academic definition, core connotation and standard foreign expression. Let the innovative discourse of contemporary TCM and traditional classic terms form a coherent and unified language system (Zhao & Wu, 2020; Zhao & Liu, 2021). At the same time, promote the international promotion and popularization of terminology standards, apply them to various scenarios such as classics translation and introduction, academic exchange, popular science dissemination, etc., to form a stable and unified TCM language symbol system, so that overseas audiences can accurately grasp the core connotation of TCM through standardized and clear terminology expression, and for the establishment of language identity. Lay a solid foundation for symbols.

5.2 Build a Localized Autonomous Discourse System and Weaken Cross-cultural Cognitive Misreading

Breaking the monopoly shackles of Western medical discourse and building a localized autonomous discourse system that has both the cultural background of TCM and adapts to the needs of international communication is the core measure to improve the power of TCM discourse and eliminate the cross-cultural cognitive gap (Li & Wang, 2022; Zhang, 2022). It can help TCM get rid of the weak position of passive adaptation and convey core values with independent discourse. .

In the process of discourse construction, the scholar should not only adhere to the core culture of TCM, but also take into account the adaptability of cross-cultural communication, and realize the organic integration of traditional discourse with modern expression, Eastern thinking and Western cognition. Deeply explore the core ideas of the overall view, dialectical governance, and the unity of heaven and man in the Huangdi Neijing, distill the core of discourse with recognition and communication power, abandon the obscure and rigid academic expression, and transform into a logical and popular international discourse logic, so as to avoid cognitive conflict caused by the complete heterogeneity of the discourse system. At the same time, based on the innovative practice of contemporary TCM, we will amplify the advantages of the integration concept of

traditional Chinese and Western medicine and the discourse of health practice represented by The Theory of Concurrent Treatment of Heart and Brain, create a modern TCM discourse that meets global health needs and has Chinese characteristics, and break the stereotype of overseas audiences about TCM. In addition, adhere to the autonomy of discourse, refuse to blindly cater to Western medical discourse standards, explain the theoretical logic and practical value of TCM on the basis of equal dialogue, so that the autonomous discourse system becomes a carrier for conveying the cultural identity of TCM and highlighting cultural confidence, reducing cross-cultural discourse conflicts, and weakening cognitive misreading from the root cause. Help overseas audiences establish a rational identity with the discourse of TCM (Fairclough, 2013; Zhang, 2022).

VI. Conclusion

The construction of language identity in TCM international communication is a systematic project related to cultural communication, academic research, and international exchanges. Based on the context of TCM international communication and combined with the discourse characteristics of classics such as Huangdi Neijing and Treating Brain and Heart Simultaneously for a Century Old Dream, this study theoretically clarifies the connotations, mechanisms, and practical challenges of TCM language identity, analyzes the linguistic characteristics, discourse shortcomings, and identity rules of TCM communication, and explains the internal logic of TCM communication and identity construction. The study shows that the formation of TCM language identity relies on multidimensional support of professional terms, cultural discourses, and communication contexts, affected by both individual language identity and social discourse order and cultural communication ecology. In the global context, TCM should adhere to its own language identity, improve the communication discourse system, balance cultural connotations and international communication adaptation, strengthen the systematicness, standardization, and communication power of TCM discourse, continuously enhance discourse power in international communication, consolidate the theoretical foundation for TCM crosscultural communication and identity construction, and provide theoretical support for subsequent relevant research and practical promotion.

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Individualised Design and Risk Control of Asian Double-Eyelid Blepharoplasty

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Abstract

Purpose – The purpose of this paper is to construct a customised design system for Asian double-eyelid blepharoplasty that integrates anatomical safety, aesthetic stability and patient-specific surgical planning.

Design/Methodology/Approach – Based on current anatomical research, published clinical experience and representative case-based observations in Asian blepharoplasty, this paper reviews the key anatomical variables affecting crease formation and surgical outcomes. Non-incisional, partial-incisional, full-incisional and combined techniques are compared in terms of indication selection, preoperative assessment, crease marking, intraoperative control and revision strategy. Particular attention is given to eyelid skin thickness, pretarsal soft tissue, orbital fat, levator function, tarsal height, epicanthal fold, brow position, ocular-surface condition and patient expectations.

Findings – This paper studies the mechanism by which a stable and natural double eyelid is achieved. The findings suggest that surgical success does not depend on a fixed crease height alone, but on the coordinated balance of eyelid anatomy, dynamic eyelid movement and realistic aesthetic design. A conservative and repeatable design process, including sitting-position marking, dynamic evaluation, careful fixation and staged communication, may reduce asymmetry, excessively high folds, crease loss, visible scarring, prolonged swelling, dry-eye symptoms and unrecognised ptosis.

Research Implications – In the management of primary and revision blepharoplasty, this paper provides a practical roadmap for standardising clinical records, improving preoperative communication and enhancing surgical safety in plastic-surgery clinics, without relying on artificial or fabricated clinical samples.

Keywords: Asian Blepharoplasty, Double Eyelid, Surgical Design, Levator Aponeurosis, Complications

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I. 引言

重睑术属于东亚人群最常做的美容整形手术。它看起来只是形成一条上睑皱襞，实际上牵涉到皮肤、眼轮匝肌、眶隔、睑板、提上睑肌腱膜、眶脂肪、眉眼距离、内眦赘皮和眼表舒适度等许多层次。将手术简化为“做几毫米宽”，忽略动态睁闭眼及个体解剖差异，就会造成过宽、过深、不对称、闭眼痕迹明显或者“手术感”过强等结果。

与西方上睑成形术中经常去除松弛的皮肤和脂肪不同的是，年轻亚洲患者接受重睑术的主要目的就是建立一个自然、稳定的、与面部比例协调的上睑皱襞。自然感并不是皱襞越窄越好，也不是固定越牢越好，而是睁眼时形成柔和的折叠、闭眼时切口平整、双侧在静态与动态状态下基本协调，不破坏眼表的舒适感和提肌的功能。

亚洲上睑解剖和皱襞形成机制一直被当作这个手术的基本问题。以往的研究显示，亚洲上睑的眶隔及提肌腱膜融合处位置低、眶脂肪及眼轮匝肌前组织较丰满、睑板前软组织较厚、内眦赘皮较明显等都是影响重睑线高度、深浅、稳定性的因素。因此，直接套用固定的高度或者欧美化的审美标准并不符合大多数东亚患者的解剖基础。

重睑术后不满意的情况并不罕见。并发症可涉及血肿、感染、干眼、瘢痕、重睑线消失、过宽重睑、双侧不对称、上睑下垂暴露、三眼皮、凹陷、毛毛虫样外观以及修复困难等 (Young and Kim, 2020; 宋英杰, 刘立强, 2020) 很多问题不是单个技术出错造成的，是术前评估、审美交流、标记、固定层次、术后管理共同作用所导致的。

本文使用叙事综述法和临床决策路径分析法，不虚构病例和统计数据，把解剖文献、并发症综述和整形外科门诊流程结合起来，提出亚洲重睑术的个体化设计框架。

II. 解剖基础与审美目标

1. 重睑线的动态形成机制

自然重睑并不是皮肤表面被切出的一条静态线，是睁眼时提肌系统牵拉前层组织而形成的动态折叠。上睑皮肤和深层结构之间连接的位置、强度、方向决定皱襞是否自然。如果固定得太浅，皱襞就会不稳定；如果固定得太深或者太高，闭眼的时候会出现凹陷和瘢痕感，睁眼的时候会出现僵硬、深陷或者毛毛虫样的外观。

睑板高度为设计重睑线的参考。重睑线过低不会很明显，过高会超出患者解剖条件所允许的自然折叠范围。对眉眼距离短、眼窝浅、上睑厚、内眦赘皮明显者，机械上高平行型重睑是不自然的。Chen (2015) 把视觉判断、生理功能和美学因素一起加入亚洲重睑术的评价当中，说明设计不能只看一张照片。

眼轮匝肌、眶隔脂肪、睑板前组织厚度都会影响到皱襞的深浅以及恢复的速度。厚重上睑如果去除量过少，单纯埋线就会变浅或者消失；但是过度去除脂肪和肌肉，就会造成凹陷、闭眼不平、老态。理想状态就是保留必要的软组织体积，建立足够的但不过度的动态连接。

内眦赘皮会改变重睑内侧走向。明显内眦赘皮会造成内侧皱襞的遮挡，出现平行型高重睑感觉突兀或者断裂的情况。对这些患者来说，应该决定是否要联合内眦成形，或者选择更为自然的开扇型或者低位设计。联合手术必须有明确的适应证，不能把“眼睛更大”简单地理解为所有项目的叠加。

2. 审美目标从“宽度”转向“协调度”

患者常用毫米数来表达自己的愿望，如希望做 7 毫米或者 8 毫米，但是重睑最终的观感并不是由一个数字来决定的。如表 1 所示，同样高度在薄皮、眼窝深、眉眼距合适的患者身上自然，而厚眼皮、眉眼距短或提肌力量不足的患者身上去掉后就变得宽、肿、疲倦。医生应该把沟通的重点从“想要多宽”转变为“什么样的形态适合现有的条件”。

协调度指上睑皱襞同眉、眼裂、内眦、外眦、面中部以及整体气质的联系。自然型重睑并不是保守的，关键在于皱襞在睁眼的时候不显得过于突出，在闭眼的时候没有明显的凹陷，化妆和素颜状态下都可以接受。对职业需要经常上镜或者社交的病人来说，设计还要考虑恢复期、闭眼痕迹以及长期稳定性。

审美目标还要同年龄、皮肤状况相匹配。年轻患者更加重视自然、清爽，中年患者会出现皮肤松弛、眉下垂、眶隔脂肪改变等，修复患者的注意力放在削减不自然的痕迹、恢复对称上。不同的群体使用同一个设计模板，就会出现过度医疗或者效果不佳的情况。

表 1：亚洲重睑成形设计的关键解剖学与美学参数

评估项目	观察重点	对设计的影响	记录方式
皮肤厚度与松弛	薄皮、厚皮、冗余量、弹性	决定是否适合埋线、部分切开或全切	坐位照片、轻闭眼和上视状态记录
睑板与提肌功能	睑缘位置、睁眼力量、额肌代偿	影响固定高度和是否需联合提肌处理	测量睑裂、MRD1 和动态睁眼
眶脂肪和眼轮匝肌	臃肿、凹陷、左右差异	影响去脂、保留组织和恢复期	触诊、照片、必要时影像辅助
内眦赘皮与眉眼距	内侧遮挡、眉位、眉下垂	决定开扇型、平行型或联合内眦 / 眉部处理	正位、侧位和模拟标记
患者期望	照片偏好、妆容习惯、接受恢复期	影响沟通和方案保守程度	书面知情同意和目标形态记录

III. 术前评估与沟通

1. 动态检查优先于静态照片判断

重睑术术前评估不能只看患者睁眼正面照片。医生要观察自然平视、轻闭眼、用力睁眼、向上看、向下看、放松状态下上睑的运动。部分病人有额肌代偿的习惯，平时抬眉睁眼，真正放松时才会出现轻度的上睑下垂或者双侧睁眼力量的差别。如果没有在术前发现，则术后重睑线的下垂会更严重。

左右基础不对称要提前做好记录。大多数人的眉高、眼裂、睑板暴露、内眦形态、皮肤厚度并不完全相同。术后病人会比术前更加注意细节，如果医生没有术前记录，轻微的基础差异也会被当作手术造成的。坐位标记时需要患者看镜子确认并拍照保存标记线。

眼表状态也要考虑进去。干眼、长时间佩戴隐形眼镜、过敏性结膜炎、甲状腺相关眼病或者以往的眼科手术史都会影响到术后舒适度。上睑手术如果切除过多皮肤或者造成闭合不全，会加重干涩、异物感。必要时先处理眼表问题或者请眼科协作检查。

对于修复患者，既往切口位置、瘢痕粘连、皮肤剩余量、脂肪缺失、凹陷程度、重睑线层次、提肌功能都会影响。修复不是简单的“重新做一遍”，而是建立在受损组织基础上，形成相对自然的动态关系。短期内反复修整会形成新的瘢痕、组织缺损。

2. 期望管理与知情同意

美容手术中知情同意不能只是列举出血、感染、麻醉风险等通用条款。重睑术应该向患者详细说明双侧略有差异、宽度、预想的不完全相同、闭眼痕迹、肿胀时间、重睑线变浅、瘢痕增生、上睑凹陷、眼干燥症状、暴露性不适、可能需要修复等可能会出现的问题。把内容写入病历可以降低术后期望差。

患者所提供医生的网红照片、明星照片或者滤镜照片只能作为偏好的参考，不能作为手术承诺。照片中眼窝、眉骨、化妆、光线、后期处理等与患者本人不同。医生应该清楚哪些特征可以接近，哪些不适合复制。对于强烈要求过宽、过深或者欧美化外观的病人，应该向病人说明不自然、修复困难的风险。

术前沟通应该有“建议做”和“不建议做”。许多医患矛盾并不是由于手术不能满足所有的需要而产生的，而是术前没有告知限制条件造成的。上睑厚重、提肌力量差的患者，单纯做高重睑不能使眼睛有神；眉眼距短、过高平行型会压缩上睑空间；患者以往有明显的瘢痕，切开范围越大，闭眼痕迹的风险就越高。

IV. 术式选择：非切开、部分切开、全切与联合方案

如表 2 所示，非切开法或者埋线法适用于年轻、皮肤薄、脂肪少、无明显松弛、无上睑下垂、未来可能会变浅的患者。优点是创伤小、恢复快、闭眼痕迹轻，但是稳定性依靠缝线固定和组织粘连。上睑厚、眼轮匝肌肥厚、眶脂肪多、皮肤多余者，强行埋线易致皱襞浅、断线、消失、多重褶。部分

切开法在微创和稳定之间寻找一个平衡点。小切口可以处理少量的脂肪或者软组织，通过有限的暴露来建立比较稳定的连接，适合于轻中度臃肿但是不需要大量切皮者。近期文献中多种小切口或改良固定技术均强调减少创伤、保留组织和模拟自然动态连接(马显杰, 艾玉峰, 夏炜, 鲁开化, 郭树忠, 韩岩, 张琳西, 杨力, 2002;[黄瑛, 吴小蔚, 邓海峰等 2026)。但是部分切开暴露少，对于明显的松弛、复杂的修复及提肌等问题处理能力差。全切法仍然被用作处理皮肤多余、厚重上睑、修复病例、合并功能问题等重要的手术方式。它的优势是暴露充分、可调整结构多、稳定性好；限制是恢复期长、闭眼瘢痕和不自然的风险更大。全切并不是指大面积切除，真正关键的是保守去组织、准确固定、精细缝合。联合术式为内眦成形术 + 上睑下垂矫正术 + 眉下切口 + 眶隔脂肪调整术或凹陷填充术。联合处理能解决影响重睑形态的基本问题，但是也会加大创伤、恢复期和沟通成本。每个项目增加一项时，必须有明确的适应证。如果只为了满足“更大更深”的审美需求而过分叠加，就会造成生硬的外观以及修复困难。

表 2：亚洲重睑成形术术式选择矩阵

术式	适合条件	主要优势	主要限制
非切开法	年轻、薄皮、脂肪少、无明显松弛和下垂、接受可能变浅者	创伤小、恢复快、闭眼痕迹轻	厚眼皮或皮肤松弛者复发风险高
部分切开法	轻中度脂肪或组织厚度，需要有限处理但不需大范围切除者	兼顾恢复速度和组织处理，瘢痕相对隐蔽	暴露有限，对复杂修复和明显松弛处理不足
全切法	皮肤冗余、脂肪较多、眼睑厚重、修复病例或需联合提肌处理者	暴露充分，结构调整能力强，稳定性较高	恢复期较长，闭眼瘢痕和不自然风险需控制
联合术式	合并内眦赘皮、轻中度上睑下垂、眉下垂或明显不对称者	可处理影响重睑形态的基础问题	手术复杂度和沟通成本增加，应避免过度叠加

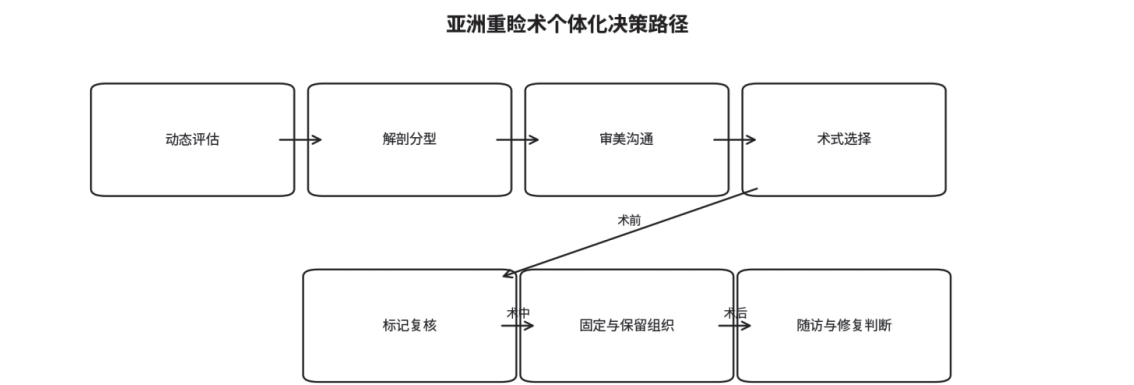


图 1. 基于解剖学的亚洲重睑成形术决策路径

数据来源：本图由作者整理绘制，结合 Nguyen 与 Hsu (2015)，Kiranantawat 等人 (2015)，Young 与 Kim (2020)，Liu 与 Song (2022) 的研究成果，并经路径分析总结得出。

V. 关键技术控制

1. 坐位标记与动态复核

标记应在坐位、自然光或者稳定的光源下进行，不能完全依靠卧位。卧位时眉位、皮肤垂坠、眼轮匝肌张力及局麻前状态都会改变。标记时要参照瞳孔中心、内外眦、睑缘、眉下缘和原有浅皱襞，反复观察睁眼、闭眼、轻闭眼状态。左右眼基础不同、标记不一定机械对称，但是追求视觉平衡。重睑线高度要以患者解剖条件为界。对薄皮、眼窝适中、眉眼距好的人，可以设计成中等高度；对厚眼皮、眉眼距短、内眦赘皮明显的，应该保守。过高重睑术后早期由于肿胀而变得更宽，在后期即使消肿也会形成长时期不自然的外形。

术前模拟可以提高沟通效果，但是不能保证最终完全一致。牙签、探针或者模拟器形成的皱襞没有术后组织愈合、肿胀和瘢痕的因素，只能用作方向的参照。医生要告诫病人，最终的形态会经历肿胀期、软化期和稳定期，短时间内左右差异并不一定代表最后的结果。

2. 组织保留与固定层次

现代重睑术越来越重视保留组织。过度切除皮肤、眼轮匝肌和脂肪，短期内可以显得清爽，但是长期会形成凹陷、老态、闭眼不平 and 修复材料不足。保守去组织并不是处理的缺失，而是把建立动态联系、改善臃肿作为限度，防止为了求得深刻而牺牲自然体积。

固定层次要根据术式、组织情况来定。过浅固定容易变浅或者消失，过深固定会造成切口凹陷和僵硬。理想固定应该使睁眼时皱襞自然形成，闭眼时皮肤过渡平整。对提肌力量边缘或者轻度下垂的患者，单纯固定不能改善无神感，应该评价是否需要进行治疗。

局麻肿胀会干扰术中判断。双侧注射量、等待时间、肿胀情况尽量保持一致，术中反复告知患者睁眼配合看皱襞走向、深浅和双侧是否平衡。术中即刻形态不能完全反映术后稳定的形态，医生要结合组织的张力和固定的层次来判断。

精细缝合对闭眼痕很关键。切口边缘要准确对合，不能有台阶、卷边和过大的张力。皮下无效腔和出血点处理要彻底，但是电凝不能过于粗暴。术后早期冷敷、抬高头部、减少剧烈运动、预防眼部受刺激等均有利于减轻肿胀、消炎。

3. 常见不满意结果与预防

如表 3 所示，常见不良术后效果及预防措施。双侧不对称是经常出现的一种不满意原因。可以来自术前基础不对称、标记错误、局麻肿胀、固定张力不一样、术后肿胀有差别、恢复期瘢痕牵拉等。预防上应于坐位反复标定，记载基本差异，手术时动态睁眼观察，术后经充分消肿之后才做决定是否要进行修复。过早修复会把暂时的肿胀当作结构问题。过高重睑会造成不自然、修复困难。亚洲上睑不能机械套用高皱襞的标准，在眉眼距短、眼窝浅、上睑厚、内眦赘皮明显的人群中，高线更易显得僵硬。修复时常常要松解已有的固定，重新设计低皱襞，有时还要处理皮肤量少、瘢痕粘连、凹陷

等问题。重睑线变浅或者消失，多与固定不够、组织过厚、缝线松脱、埋线吸收或者术后牵拉有关。非切开法失败时，根据组织情况选择再埋线、小切口或者全切修复；切开法失败时要判断是否固定层次不够、瘢痕粘连或者提肌功能有问题。闭眼瘢痕明显、凹陷性皱襞、毛毛虫样外观多与切口设计过高、皮肤切除不当、眼轮匝肌或者脂肪过度去除、固定过紧、缝合不平整有关。预防措施有精细切开、保留必要的软组织、减少热损伤、正确对合皮缘、术后早期处理瘢痕。干眼、异物感很容易被忽略。有些患者术前就存在泪膜不稳定的情况，在术后由于肿胀、闭合不全、结膜刺激或者用眼习惯的改变等都会加重泪膜不稳定。对长期佩戴隐形眼镜、眼干、眼痒或者有眼科病史的患者，在手术前应该进行详细的询问，并且在必要时进行眼部的检查。术中不能过多地切除皮肤，术后注意眼表的保护。

表 3：常见不良术后效果及预防措施

问题	常见原因	预防重点	修复判断
双侧不对称	基础不对称、标记误差、肿胀差异、固定张力不同	坐位标记、动态复核、记录基础差异	待组织软化和肿胀稳定后判断
重睑过宽	设计过高、忽视眉眼距和上睑厚度	采用保守高度，术前模拟并说明限制	修复需松解高位固定并重建低位皱襞
重睑线变浅	固定不足、组织厚重、缝线松脱或吸收	按组织条件选择术式，避免不适合者强行埋线	根据组织条件选择再次埋线、小切口或全切
闭眼瘢痕明显	切口张力、去组织过多、炎症或瘢痕体质	精细缝合、减少热损伤、术后防晒和瘢痕管理	瘢痕成熟后再决定激光、注射或修复
干眼不适	术前泪膜问题未识别、闭合不全、切除过多	术前询问眼表，避免过度切除，必要时眼科协作	先处理眼表，再评估结构修复

4. 修复病例的评估与手术边界

修复重睑术比初次手术更多地依靠克制。患者所出现的问题可能是过宽、过窄、消失、不对称、瘢痕、凹陷、三眼皮、提肌无力或者眼表不适，但是这些问题是由于组织缺损、粘连和心理预期受损造成的。如果没有对患者进行充分的评估就急于再做手术，会造成更复杂的瘢痕、更少的修复余地。

修复时间要根据问题的性质来定。轻微的不对称和肿胀可以待到以后再做；明显的血肿、感染、严重闭合不全或者功能障碍必须立即处理。大多数形态修复应该在组织软化、瘢痕稳定之后再行。医生应该向病人说明，等待不是拖延，是为防止误诊和二次伤害。

修复设计首先要找出失败的原因。如果过高固定，就需要松解原粘连并重新建立较低皱襞；如果

皮肤量不足，需要评估是否有足够的组织覆盖；如果脂肪去除过多造成凹陷，单纯重新固定不能解决；如果提肌功能有问题，必须将功能矫正纳入方案。

复杂修复中影像辅助也有它的作用。动态高分辨率 MRI 可以显示上睑软组织和功能的变化，在复杂的或者修复的病例中有利于个体化的计划以及客观的评价。但是目前它的应用还存在成本、标准化程度低、样本量小等缺陷，不能作为普通初次手术的常规要求。

5. 术后管理与患者满意度

术后恢复要分阶段讲。早期肿胀、淤青、左右消肿不一、切口发红等现象也时有发生，患者如果不知道恢复曲线，很容易在术后几天或者几周内产生焦虑情绪。医生应该告知大概的恢复过程，早期主要是消肿、创面安全，中期观察瘢痕、皱襞的稳定性，后期再评价是否需要修复。

患者的满意度不单是外在的，也是内在的、被充分理解并不断跟进的。Liu 和 Song（2022）以及相关并发症文献表明，患者不满意常常和预期的差异、双侧不对称、瘢痕、功能不适有关。术前将限制告知患者，术后按时间点复查，可以减少患者把正常恢复误认为失败。

照片记录要真实。术前、标记后、术后即刻、术后 1 周、1 个月、3 个月、6 个月的照片可以用来评价恢复情况，但是要尽可能保持光线一致、角度一致、表情一致。过度修图不但不能帮助病历，还会给患者带来不正确的期望。医学照片的价值在于可比性，而不是宣传效果。

护理指导要具体。冷敷时间、清洁方式、避免揉眼、禁止剧烈运动、停戴隐形眼镜、眼妆，注意防晒，注意异常出血和感染信号。对瘢痕风险高的病人要说明切口软化需要时间，必要时做早期瘢痕管理。

6. 门诊病历标准化与质量控制

重睑术病历不能只是写“做了双眼皮手术”。完整的记录应该包含上睑皮肤厚度、松弛程度、脂肪状况、内眦赘皮、提肌功能、眉眼距、左右差别、眼表状况、设计形态、标记高度、术式选择理由、固定层次、去组织范围和术后护理计划。

标准化记录对于医生自身的成长也有好处。经过对连续病例进行回顾分析之后，医生能认识到那些容易变浅的病人有哪些特征、瘢痕明显的部位是哪些、固定层次最好的是哪一个、哪类沟通内容最容易被忽略。没有记录的经验很难变成可靠的科技，更不能形成可以发表的真世界研究。

VI. 展望与总结

1. 展望数字化评估、伦理边界与研究转化

重睑术由原来的依靠经验的项目，渐渐变成可以被记录、复盘、比较的质量管理。标准化摄影、动态视频、量尺标记、眼裂参数、患者满意度问卷、必要的影像检查等都可以使主观审美变成相对客

观的判断。对一般的初次手术来说，标准化的照片以及动态的检查已经足够了；对于复杂的修复，影像学以及更加细致的功能评价可能会起到补充的作用。

数字化工具不能取代医生的判断。面部分析软件、AI模拟图、滤镜效果等可以加强患者对于理想眼型的想象，但是这些模拟不能体现组织厚度、瘢痕反应、提肌功能以及术后肿胀。医生在使用模拟图的时候要明确它只是沟通的工具，并不是结果的承诺。否则术后轻微的偏差也会被患者当作没有达到约定的效果。

伦理边界也不能忽视。重睑术虽然属于美容手术，但仍然属于医疗行为。对未成年人、明显躯体变形焦虑倾向、短期内反复修复者、要求极端夸张形态者要格外小心。医生有责任拒绝不合理的设计，而不能把所有的需要都变成收费项目。医学审美的价值就在于知道什么时候不做、少做或者分期做。

从研究转化的角度看，门诊最容易做的就是连续病例登记，而不是一开始就追求复杂的模型。可记录术前类型、术式、标记高度、联合手术、恢复时间、并发症、修复需求和满意度。经过一段时间的积累，可以用来分析不同的术式在不同的上睑条件下是否合适，为以后更好的论文打下坚实的基础。

2. 结论

亚洲重睑术的难点就是手术目标既要考虑审美又要考虑结构还要考虑功能。只注重宽度会忽略自然动态，只注重固定会牺牲闭眼平整，只注重恢复快会降低稳定性，只注重项目叠加会造成过度医疗。个体化设计的核心就是找到患者解剖条件许可的范围内最接近自然、最稳定、最安全的方案。近些年来技术更新又带来诸多选择，小切口、改良固定、组织保存、筋膜或者睑板相关固定、影像辅助评价等等。但是技术创新不能代替基本原则。任何一种手术方式最终要回答三个问题，是否适合患者的组织条件，能否形成自然的动态关系，是否能把功能和修复的风险控制在可以接受的范围之内。

本文的不足之处是没有病例数据，所以不能比较不同的术式真实的满意度、并发症率或者长期的稳定性。未来研究可以用标准化的病历，从不同的术式对不同上睑类型的恢复时间、皱襞稳定性、瘢痕评分以及患者满意度等各方面进行研究。

亚洲重睑术的成功不是由固定的毫米决定的，而是由上睑解剖、动态功能、审美目标、患者期望等各方面来决定的。术前需要做皮肤厚度、脂肪量、提肌功能、内眦赘皮、眉眼距、眼表状态以及左右差异的评价，然后坐位标记并动态复核来确定可以达到的目标。

术式的选用要依据组织情况。非切开法适合于薄皮、轻组织负担的患者，部分切开法适用于部分处理的病人，全切法适合于皮肤厚大、上睑肥厚的病人或者修复手术。术中要保留必要的软组织，控制固定的层次，精细缝合，避免去脂过多和过高设计。

并发症预防要包含术前沟通、术中控制、术后随访这三个方面。双侧不对称、过宽重睑、重睑线消失、闭眼瘢痕、眼干燥症状加重、手术难复等都可以用保守的设计、动态的评价、病历的记载、阶段性随访来减少风险。本文提出个体化路径可以给整形外科门诊、术前沟通、后续真实世界研究提供借鉴。

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Risk-stratified Prevention and multimodal Management of Pathological Scars in Plastic Surgery

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Abstract

Purpose – Based on the fact that the quality of scars affects a person's function and looks, the aesthetics of a scar are important indicators that determine how much happiness the patient feels and what kind of doctor-patient relationship develops.

Design/Methodology/Approach – Based on the scar management guidelines, a narrative review and pathway analysis were conducted of systematic reviews and recent plastic surgery literature. Preoperative examination, planned incision, low-tension closure, early care, active anti-inflammatory intervention and management of mature or recurrent scars are all contained in the sections of this paper.

Findings – Pathological scar control should be done before incision. Record the scar history of high-risk patients, obtain their genuine consent, design should be low-tension, a closed-loop type should be chosen, early fixation with silicone or tape is required, sun protection must be provided, symptom-based follow-up should be carried out, and if there is redness, itching, swelling, pain, contracture or boundary extension, it should be promptly changed to injection, laser, pressure therapy, revision surgery or combined therapy.

Research Implications – Scar care is now considered a quality control process for plastic surgery and no longer needs to be done after the injury. The proposed path can assist in the management of outpatient records, inform patients about illness care, choose various stages of treatment and after-treatment supervision, etc., and will not produce false cases.

Keywords: Plastic Surgery, Hypertrophic Scar, Keloid, Silicone Gel, Multimodal Treatment

JEL Classifications: I18, I10, I11

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I. 引言

整形外科治疗的终点不单是切口闭合、拆线完成或者创面上皮化。患者最后记住的往往是切口留下的颜色、厚度、触感、瘙痒、疼痛、牵拉感以及在社交场合是否显眼。面部美容手术、体表肿物切除、外伤修复、烧伤后重建、乳房整形、瘢痕修复等都会影响到瘢痕的质量。瘢痕增厚、越界、挛缩或者持续发红，就算是原来的手术很成功，也很难对患者造成信心上的影响。

病理性瘢痕主要是增生性瘢痕、瘢痕疙瘩。前者一般局限于原切口或者损伤范围之内，常常与局部张力、感染、血肿、延迟愈合、持续炎症等有关；后者可以越过原损伤边界，具有较强的复发倾向，受遗传、肤色、年龄、部位、内分泌状态等影响较大。两者在临床中常常难以完全区分，在胸前、肩背、下颌缘、耳垂、关节周围等高张力或者高活动区。

以往门诊中常见的处理方式就是“等瘢痕长出来再祛疤”。逻辑具有明显的滞后性。瘢痕的形成不是突然发生的，在炎症反应、成纤维细胞活化、胶原沉积、血管增生、基质重塑等过程中逐渐推进。如果早期红、痒、硬、厚没有进行规范观察与干预，后期只能依靠激光、注射或者切除的方式处理，往往需要更长的疗程和更高的复发率。

国际瘢痕管理建议以及近几年的综述都表明，硅酮制剂、压力或者减张固定、局部注射、激光、手术、放疗和长期随访都有各自的定位，但是没有一种方法可以成为所有瘢痕的通用答案（Gold et al., 2014; Monstrey et al., 2014; Ogawa, 2021）。因此，整形外科的瘢痕管理应该被看作是一个连续的风险控制过程，而不能只看成一次性的治疗项目。

本文采用叙事综述法、临床路径分析法，不虚构病例、不虚构样本量、不虚构统计结果，在已有文献的基础上结合整形外科门诊决策场景来建立围手术期病理性瘢痕管理框架。文章主要回答了三个问题，第一，术前怎样识别高风险患者和高风险切口；第二，术中和术后怎样把瘢痕风险前移控制；第三，已经出现增厚、瘙痒、疼痛、越界或者挛缩的时候，怎样进行分层、组合以及长期随访。

II. 文献综述与问题提出

1. 病理性瘢痕的形成机制与临床差异

瘢痕是创面修复的结果，但是病理性瘢痕是修复过程失衡的结果。正常愈合一般经过炎症期、增殖期和重塑期，早期瘢痕会表现出红、硬、痒的症状，之后慢慢变得浅、软、平。炎症信号如果一直存在，成纤维细胞的活动就会变得过度，胶原沉积过多，超过了组织重塑的能力，就会出现增生性瘢痕或者瘢痕疙瘩。Betarbet 和 Blalock（2020）认为瘢痕疙瘩不只是局部的皮肤问题，还会给患者带来明显的心理负担以及生活质量的降低。

增生性瘢痕和瘢痕疙瘩的差别会直接影响到治疗方案的选择。增生性瘢痕一般沿着原来的切口增厚，有时会经过一段时间后慢慢变小，而瘢痕疙瘩会越过原来的部位生长，颜色一般比较深或呈红色，有瘙痒、疼痛、压痛以及牵拉的感觉，复发率较高。美国皮肤病学会以及其他临床资料都将超出原伤口范围、长期不自行消退作为瘢痕疙瘩的特征。临床上如果把瘢痕疙瘩当成普通的增生性瘢痕，只做

简单的切除和直接缝合，复发后的形态会更差。

张力因素在病理性瘢痕的形成中一直存在。皮肤张力越大，切口两侧持续受牵拉，局部炎症、胶原排列异常就越不容易被维持。Ogawa(2021)在瘢痕治疗算法里提到机械力是重要的治疗线索，认为切口设计、深部减张、胶带固定、压力治疗、术后活动限制这些都是属于病因层面的干预，并不是简单的辅助护理。

炎症控制也不能忽略。水肿、感染、缝线反应、异物刺激、反复抓挠、紫外线照射和过早牵拉都会使炎症期延长。整形外科手术的创面一般比较干净，但是美容切口多在暴露处，患者对于微小的瑕疵更加敏感，术后如果因为化妆、清洁不彻底、频繁触碰或者自行用药等造成刺激，就会使瘢痕反应变大。

2. 现有治疗证据的可用性与局限

硅酮凝胶片、硅酮凝胶一直被用作瘢痕的预防和早期治疗。硅酮凝胶片可以预防、治疗增生性瘢痕或者瘢痕疙瘩，但是已有研究的证据质量不一致（O'Brien 和 Jones，2013）。该结论表明在临床上不能忽略硅酮的低风险价值，也不能将其当作可以单独逆转所有病理性瘢痕的方案。

局部注射治疗在成熟或者活跃期的瘢痕中比较常用。糖皮质激素可抑制炎症和胶原合成，5-氟尿嘧啶可抑制成纤维细胞增殖，两者单用或联合均有文献支持（Shah et al., 2016; Murakami et al., 2024）。但是注射治疗也会引起疼痛、皮肤萎缩、毛细血管扩张、色素改变、局部凹陷等不良反应，所以需要根据部位、厚度、症状、患者的耐受程度来控制剂量和间隔。

激光治疗给瘢痕的颜色、质地、厚度的改善提供了一个重要的方法。脉冲染料激光常用于血管性红斑及早期活跃瘢痕，点阵二氧化碳激光可以利用微损伤和重塑来改善僵硬、厚度以及表面纹理，还可以联合使用外用或者局部给药的方法。激光治疗的评价发现，部分激光方法可以改善外观，但是在不同的研究中使用的设备、参数、结局指标以及随访时间存在较大的差异，因此证据的确定性仍然很低。

手术对于挛缩、畸形、功能受限或者巨大瘢痕疙瘩仍然不可取代，但是单纯的切除不是高复发瘢痕的最佳选择。耳垂、胸前、肩背、下颌缘等部位切除之后，如果缺少减张、压力、注射、放疗或者长时间随访，那么复发的风险就很难得到控制。如表 1 所示。

表 1：整形外科术后瘢痕的危险因素与预防措施

风险维度	主要表现	预防重点	病历记录要点
患者因素	瘢痕疙瘩史、家族史、年轻年龄、肤色较深、妊娠或内分泌波动、既往术后增生	术前说明复发风险；记录既往瘢痕照片；制定更密集随访计划	既往瘢痕部位、发生时间、治疗反应、是否越界和复发
部位因素	胸前、肩背、下颌缘、耳垂、关节附近、活动牵拉明显区域	顺皮纹和低张力方向设计；必要时采用减张缝合、胶带固定或压力辅助	切口方向、邻近关节或表情肌活动、是否高张力区
创面因素	感染、血肿、异物反应、热损伤、切口裂开、延迟愈合	精细止血、无张力闭合、减少缝线反应，及时处理感染和渗液	拆线时间、愈合天数、红肿渗液、抗感染处理
行为因素	抓挠、暴晒、过早牵拉、硅酮使用不规律、复诊中断	书面护理说明；强调防晒、保湿、减张和按时复诊	患者依从性、外用产品使用频率、随访中断原因
干眼不适	术前泪膜问题未识别、闭合不全、切除过多	术前询问眼表，避免过度切除，必要时眼科协作	先处理眼表，再评估结构修复

注：本表只做门诊风险分层，不能代替医生对具体切口、病史、治疗禁忌等个体化的判断。

III. 研究设计与路径构建方法

文章用三类资料来整合，第一类是国际瘢痕管理建议和治疗算法，第二类是系统综述评价，第三类是整形外科门诊中可以执行的流程节点。路径创建依照“风险前移，证据分层，治疗组合，记录标准化”的准则。风险前移就是将瘢痕管理从术后补救提前到术前评估和术中设计；证据分层是区分硅酮、减张、注射、激光、手术等方法的适用场景；治疗组合是不把任何单一方法绝对化；记录标准化是把颜色、厚度、柔韧度、症状、照片、复发时间写入随访系统。

本文所提出的路径不是硬性规定。不同的医院、不同的医生技术、不同的患者支付能力、不同的随访依从性都会影响到治疗方案的制定。

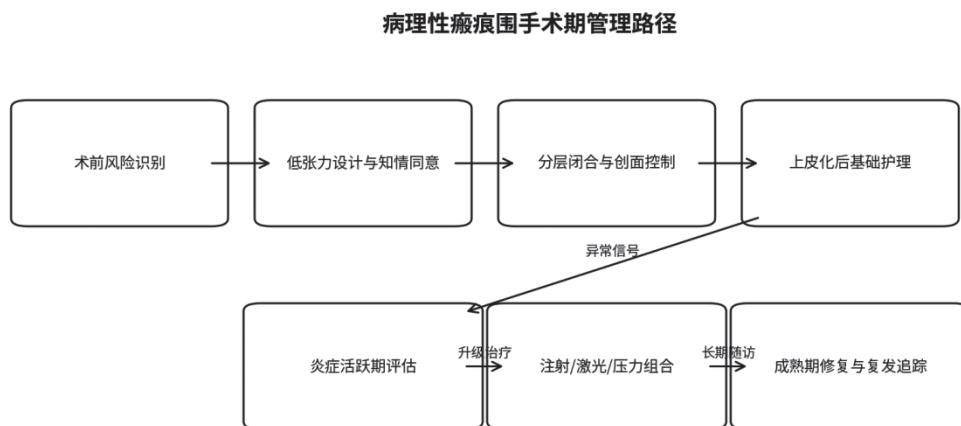


图 1. 风险分层式瘢痕管理围手术期流程图结合

数据来源：由作者整理 Monstrey 等人（2014）、Ogawa（2021）的研究及临床流程分析编制

IV. 术前术中风险分层与沟通

1. 既往瘢痕史的具体化

术前询问是不是瘢痕体质经常不全面。很多患者没有认识到瘢痕体质的概念,有些人把普通的色沉、蚊虫叮咬留下的印痕或痤疮留下的印记误认为瘢痕体质,还有的人在皮肤上出现了典型的瘢痕疙瘩却不知道去报告。更有效的方法就是将问题具体化,耳洞、痤疮、外伤、剖宫产、甲状腺手术、胸前痣切除或者以往的美容手术后,有无持续增厚、越界生长、疼痛瘙痒、反复复发或者需要注射治疗。

医生还要注意观察可见部位。耳垂圆形硬结、下颌线痤疮后增生、胸前带状瘢痕、肩背隆起瘢痕和剖宫产切口增厚,都能为风险判断提供线索。患者自带照片或者以往病历的,应当纳入术前记录。对高风险的病人,术前谈话不能只是告诉病人术后要注意护理,而应该具体告知病人瘢痕是不可避免的、治疗时间会长达几个月到一年以上,并且会进行多次复诊。

风险沟通的价值不仅在于法律上的知情同意,而且有利于提高依从性。患者只有认识到瘢痕管理是长期的,才能更愿意去坚持硅酮、减张、防晒和复查。相反,如果术前承诺无痕或者做完就好,术后出现的红肿、硬结和色沉很容易被解释为医生的失误,从而影响医患关系。

2. 切口部位与审美单元的综合判断

各个部位对瘢痕的容忍度不一样。面部切口血供好但是显露度高,患者对颜色沉闷、线条粗细有特别的感受,胸前、肩背、下颌缘张力大、瘢痕疙瘩风险高,关节处、颈部切口容易受活动牵拉,造成增厚或挛缩,耳垂瘢痕疙瘩虽然面积小但是复发后外观明显,经常需要联合治疗。

切口的设计要符合皮纹、皱褶、审美单元边界、自然阴影。体表肿物切除时不能只追求最短的切口，还要考虑最终瘢痕的方向以及张力的分布。对于胸肩背部或者活动部位，较短但垂直张力大的切口不一定比稍长但顺张力方向的切口好。美容手术中切口位置还要考虑术后化妆、发际线、衣领遮挡以及患者职业社交等各方面的需求。

术前拍摄属于风险控制的一个方面。标准化的照片不仅可以反映术前皮肤的状态，还可以给术后判断瘢痕是否超过合理的恢复过程提供依据。照片应该包含正位、侧位和局部放大，必要时可以加尺标或者标记笔。高风险患者以前的瘢痕照片、拟切口设计图、谈话记录一起保存。

3. 术中张力控制与创面环境管理

如表 2 所示，术中操作属于瘢痕预防的一环。低张力原则不是只在皮肤表面缝得细，而是把牵拉力合理地转移到深部可以承受的组织上。分层缝合、真皮深层减张、筋膜固定、皮下无效腔控制、皮缘精确对合一起决定切口初期愈合环境。如果深部张力没有得到处理，表皮缝线再细也不能阻止切口逐渐变宽、增厚。

创面环境控制就是减少热损伤、异物反应和血肿。过度电凝会加重组织坏死及炎症刺激，缝线不合适或者线结太多会造成局部硬结，止血不充分就会引发血肿、渗液和延迟愈合。整形外科中很多切口不大，但是患者对于恢复的速度、瘢痕的外观都比较在意，所以细节的处理比单纯地缩短手术时间更为重要。

高张力部位的术中要提前考虑术后固定方法。减张胶带、弹力衣、耳夹、胸部压力贴、颈部活动限制和关节附近支具都不是术后临时补救，而应在缝合设计时一起规划。如果患者术后不能坚持固定，如工作性质需要经常活动或者皮肤对胶带过敏等，那么手术方案以及随访问隔也需要做相应的调整。

切口闭合的“漂亮”并不等于瘢痕风险小。局麻肿胀、皮下缝线张力和术后活动都会影响到切口的状态。医生在病历上应记载闭合层次、缝线材料、有无张力、是否放置引流、是否用胶带或者压力固定。这些信息对后面判断瘢痕增生的原因以及修复方案有实际意义。

表 2：预防瘢痕形成的术中质量控制要点

控制环节	操作重点	常见问题	改进方向
切口设计	顺皮纹、皱褶和审美单元；避免高张力方向	只看病灶大小，不看最终瘢痕方向	术前标记时同时评估牵拉方向
组织处理	减少无效剥离、粗暴夹持和过度电凝	热损伤、血供受损、炎症反应延长	轻柔操作，必要时放大视野下止血
分层减张	深部组织承担主要张力，皮缘精确对合	皮肤缝线承担过多牵拉	真皮深层缝合、筋膜固定或皮下减张
术后固定	胶带、压力、弹力衣或活动限制提前安排	拆线后才发现切口变宽	将减张和复诊计划写入出院说明

V. 上皮化后基础护理与早期随访

1. 硅酮、保湿、防晒和减张

上皮化后早期护理决定切口是否在可控轨道上。切口完全闭合之后，根据部位、皮肤耐受性以及患者生活习惯选择硅酮凝胶或者硅酮凝胶片。凝胶适合暴露部位以及不易贴片的地方，凝胶片适合平坦、可以覆盖并且不容易脱落的地方。不管是哪种，依从性比产品名称更重要。患者如果只是偶尔使用，效果一般不大。

防晒在面部及暴露部位更甚。紫外线会加重红斑、色素沉着，使原本慢慢淡化下来的切口长时间地暴露在外。术后早期应该用物理遮挡、温和防晒的方式，不能使用刺激性的护肤品，也不能经常摩擦。对皮肤干燥、轻度瘙痒或者脱屑者来说，保湿、减少刺激比盲目使用祛疤药膏更安全。

减张护理要一直持续到瘢痕强度慢慢增大。拆线后的一段时间内，切口抗张力仍不足，过早运动、按摩、拉伸或面部夸张表情都可能使切口变宽。减张胶带应顺切口两侧牵拉方向固定，而不是简单覆盖在表面。皮肤过敏、水疱、浸渍时应立即更换材料，不能因为局部刺激加重炎症。

2. 随访时间点与异常信号

普通低风险切口不能只在拆线时检查一次。术后1个月、3个月、6个月左右观察颜色、厚度、硬度、柔韧性、疼痛、瘙痒、牵拉感。高危患者、切口早期发红明显者、胸肩背部切口、以往有瘢痕疙瘩病史的病人，应该缩短随访时间。随访不是每次都进行治疗，而是把正常恢复和病理性发展区分开来。

需要警惕的信号有红斑持续加深、瘙痒或者疼痛加重、切口慢慢隆起、变得坚硬、边界向外扩张、表面发亮、关节或表情活动受限、患者开始因为瘢痕而回避社交或者经常拍照而焦虑。当出现这些信号的时候，医生不应该简单地说“等一年再看”，而应该判断是否进入了炎症活跃期，然后决定是否需要加强保守治疗或者局部注射、激光等措施。

随访记录应该尽可能地用具体的、可以量化的描述来代替笼统的“恢复可”“瘢痕略明显”等。更有价值的记录有颜色为淡红、鲜红或紫红，厚度同周围皮肤比较时是否明显，触感为软、韧或硬，有无瘙痒、疼痛、压痛，越过原切口与否，患者主观上的困扰程度，是否遵照要求使用硅酮和防晒。必要时可以用温哥华瘢痕量表或者患者和观察者瘢痕评价量表。

3. 炎症活跃期的早期干预

4–12周内持续红、痒、硬、隆起的切口一般还在活跃期。该时期治疗的主要目的不是马上达到完全平整，而是减少炎症的强度，阻止高度发展，改善症状，防止越界。对轻度表现可以加强硅酮、减张、防晒、保湿和复诊，对症状明显或者快速增加的患者，应该尽早考虑局部注射或者激光，而不能等到成熟。

局部注射前要确定瘢痕的种类和位置。线状增生性瘢痕、结节状瘢痕疙瘩、大面积片状瘢痕的注射方法不一样。薄皮面部及眼周部位应小心操作，防止萎缩、凹陷发生；胸前、肩背等处的厚硬瘢痕须多次治疗。注射后要记下所用药物、浓度、剂量、注射部位、有无反应及下次复查时间。

激光治疗的目的也要分清。如果红斑、血管性反应为主,可以考虑血管靶向治疗;如果以厚度、硬度、表面不平、挛缩为主,则点阵类治疗更合适。如果出现明显的瘙痒和隆起,激光就要和注射、外用或者压力治疗结合起来使用。治疗前后照片、症状评分可以用来判断疗效,防止病人只看短期内的肿胀变化来评价。

早期干预还有行为上的调整。患者反复抓挠、热敷、按摩、蒸桑拿、暴晒或者使用刺激性产品,都会使炎症维持。医生应该将护理禁忌写下来,而不能只口头提醒。对有焦虑症状的病人要说明瘢痕改善是需要时间的,不能因为换医院、换治疗方法而使病情加重。

6. 成熟或复发期瘢痕的多模式治疗

如表 3 所示,成熟期瘢痕处理要针对具体问题来开展。如果主要问题为颜色,那么可以先考虑防晒、血管性激光或者色素管理;如果主要问题为厚度和硬度,那么可以考虑注射、点阵激光、压力或者手术;如果主要问题为挛缩和功能受限,那么就需要重建思维,即松解、Z 成形、局部皮瓣、植皮或者其他修复方法。将所有的问题都归结为祛疤,就会造成治疗目的不清。

瘢痕疙瘩特别要注意复发的控制。小而单发的耳垂瘢痕疙瘩在充分告知后可以选择切除联合压力、注射等辅助治疗;胸前和肩背部大面积瘢痕疙瘩不能简单切除后直接缝合。如果没有术后长期控制,新的切口就会变成一个更大的刺激源。Ogawa(2021)认为应该按照大小、数量、部位等来进行组合方案的选择,并且与整形外科的实际情况相符。

放疗在部分瘢痕疙瘩术后预防复发中使用,但是必须有严格的适应证、设备条件和伦理沟通。美容门诊不能把放疗当作普通项目进行宣传,也不能忽视年龄、部位、剂量和远期风险。对于年轻患者、特殊部位或者良性的小瘢痕,应该慎重考虑。

多模式治疗并不意味着治疗越多越好。轻度稳定、无症状、不影响功能的瘢痕不应过度使用激光和反复注射;在快速增厚、疼痛瘙痒明显或者影响关节活动的瘢痕上,也不能仅仅依靠外用产品。阶梯式决策的本质就是根据风险与反应来调整,而不是固定套餐。

表 3：成熟病理性瘢痕的建议临床治疗路径

临床状态	主要判断	优先目标	可选组合
早期红痒硬	局限于切口内, 红斑和瘙痒明显	控制炎症, 避免继续增厚	硅酮、减张、防晒、保湿、短期密集随访
线状增生性瘢痕	厚度增加但未越界, 症状可轻可重	降低厚度, 改善颜色和韧性	注射、点阵激光、硅酮、胶带或压力
瘢痕疙瘩	越界生长、复发倾向、瘙痒疼痛明显	控制生长, 降低复发	注射、压力、激光、选择性切除及辅助治疗
挛缩性瘢痕	影响关节、口周、颈部、眼周等功能	恢复功能, 改善形态	松解、Z 成形、皮瓣或植皮, 术后抗复发管理
复发瘢痕	既往治疗后再增厚或越界	分析复发诱因, 重建长期计划	重新分层, 联合治疗, 延长随访周期

7. 门诊质量控制与病历标准化

整形外科瘢痕管理需要建立质量控制体系，首先要改变记录方式。切口设计、风险评估、缝合层次、拆线时间、护理方案、随访照片和患者主诉要形成一条连续的链条。这样既可以方便医生对疗效进行总结，也可以在患者转诊或者修复时提供参考。没有记录的“经验判断”不能被复盘，也不能形成可以发表的真实世界研究。

标准化的照片是能够落地的第一件工具。建议固定光线、距离、角度、背景，局部照片加尺标。面部瘢痕要保留表情静止和必要动态的照片，关节附近瘢痕要记录活动前后状态。照片不能过度美化或用滤镜处理，否则会造成医学记录的失真。

患者报告结局同样不可缺少。医生所见的微小红痕，患者可能会因为职业、婚姻、社交或者自我的形象而遭受严重困扰，医生所见的明显瘢痕，则患者会因为症状轻微、隐蔽而拒绝治疗。将瘙痒、疼痛、紧绷感、触碰不适、睡眠影响、社交回避纳入评价，可以使治疗目的更加贴近患者的实际需要。

8. 患者教育、复诊表单与风险告知

患者教育资料要用明白、可行的语言。整形外科门诊常见的问题不是患者完全不愿意护理，而是不知道护理到什么程度才是有效的。硅酮凝胶应在切口完全闭合后规律使用，防晒要持续到红斑、色沉风险降低为止，减张胶带要覆盖张力高的时期，复诊不是等到出现问题才来。如果只停留在注意护理上，患者很难养成稳定的护理行为。

复诊表单可以将复杂的判断拆分成简单的项目。建议内容为切口部位、术后一周颜色、厚度、硬度、疼痛、瘙痒、牵拉感、是否越界、是否影响活动、是否规律使用硅酮、是否暴晒、是否中断复诊。表单不一定复杂，但是必须可以连续比较。一次记录的价值是有限的，只有连续记录才能看出瘢痕是缓解、稳定还是进展。

风险告知不能使用绝对化的语言。医生可以说明自己会用低张力设计、精细缝合和术后管理来降低瘢痕风险，但是不能保证完全无痕。对于有瘢痕疙瘩史的病人要确定复发的可能性以及多次治疗的可能性。美容手术患者应该知道切口痕迹是医学现实，不是所有的红痕、硬结都是失败的，但是持续加重也不能忽视。

患者教育还要包括“不要做”的内容。术后早期不能自行按摩、热敷、搓洗、反复揭贴、涂用刺激性强的祛疤药物或者听信非医学上的强力祛疤方法。对面部切口来说，过早的化妆以及卸妆摩擦会加重炎症；对胸肩背部切口来说，健身、拉伸、衣物摩擦都会增大张力。把禁忌写进说明中比术后反复补救更有效。

VII. 结论

整形外科病理性瘢痕管理应该被定义为术前、术中、术后以及长期随访的全过程质量控制。其主要目的并不是寻找一种祛疤的特效药，而是从风险规避、张力降低、炎症控制、护理规范、及时干预和追踪复发等角度出发来实现祛疤的目的。

有效的途径有术前具体化询问瘢痕史和高风险部位，术中低张力设计、分层闭合、创面环境控制，上皮化后开始使用硅酮、减张、防晒、保湿，炎症活跃期根据红、痒、痛、硬、厚等信号及时升级治疗，成熟或复发期用注射、激光、压力、手术、辅助治疗的个体化组合。

门诊实践当中，标准化照片、量表记录、患者报告结局、复发时间追踪应当成为常规。本文所提框架可以给整形外科门诊随访、患者教育、医疗质量控制以及后续的实证研究提供一定的借鉴。

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Ethical Guidelines

Chapter 1. General Rules

Article 1 (Purpose)

The purpose of the following rules is to present the basic ethical principles and direction needed to ensure the research ethics of editorial board members, peer-reviewers, and authors who examine or submit articles to the Journal of Advanced Academic Research and Studies (JAARS). NLBA Eurasian Institute publishes these rules to present the procedure and actions for research misconduct.

Article 2 (Object of the Study and Scope)

The research is subject to sanction, investigation and judgement to determine whether research ethics were followed when any of the following occurs:

- i. The study was submitted to the Journal of Advanced Academic Research and Studies,
- ii. The study was confirmed to be published in the Journal of Advanced Academic Research and Studies,
- iii. The study has already been published in the Journal of Advanced Academic Research and Studies.

Chapter 2. Honesty and Social Responsibility of the Research

Section 1. Honesty in the Research

Article 3 (Honesty of the Research)

- a. Researchers must conduct every research behavior (proposing research, researching, reporting and presenting research, investigating and judging) honestly and sincerely.
- b. Researchers must describe the content and the importance of the study clearly and objectively, and must not delete or add results arbitrarily.
- c. Researchers must carry out every study without any bias or prejudgment.

Article 4 (Ethics for Researchers)

- a. Researchers must not commit research misconduct during any part of the research process.
- b. A study must not be submitted if it has been published in other journals, and researchers must not request review of the study to different journals at the same time. However, a thesis or a paper presented in a conference as a working paper shall be exceptions.

Article 5 (The Record, Storage, and Report of Research Data and its Disclosure)

- a. All research information must be clearly and precisely recorded, processed, and preserved so that it may be accurately analyzed and confirmed.
- b. Researchers shall use proper research methods and statistics, and those shall be available to the public if necessary.

Section 2. Fairness in Researchers' Contributions

Article 6 (Collaborative Research)

Researchers must make the roles and contributions of all contributors clear if they conduct a joint study with other researchers, and shall take full responsibility for establishing this. Prior to conducting research, mutual agreement and understanding shall be made with regard to property rights and ownership issues, research director selection, authorship and the standard of order. the data collection method. individual role in the study. and expectations and objectives of the study.

Article 7 (Responsibility and Duty, Order of Authors)

- a. Researchers are responsible only for the study that they carry out or are involved in as an author, and are recognized for that achievement.
- b. Authors must accept requests for proof of their contributions.
- c. The order of authors must accurately reflect the academic contribution by each author to the research contents or results, regardless of the authors' relative positions.

Article 8 (Corresponding Author)

- a. Corresponding authors shall take overall responsibility for the results of the study and proofs.
- b. Corresponding authors shall have the burden of proof with respect to the order of the author and co- author(s).

Article 9 (Affiliation of Author)

When indicating the affiliation of author(s), the author's current status in principle shall be given. However, it is possible to follow the customs of the author's academic field if their field of affiliation follows a different custom.

Chapter 3. Research Misconduct and Unethical Research Conduct

Section 1. Methods and Principles of Citation

Article 10 (Methods and Principles of Citation)

- a. The author may cite a part of other researchers' studies in his/her research paper using their original text, or the translated version by introducing, referring to or making a comment on the original.
- b. The author shall take all possible measures to ensure the accuracy in stating sources and making the list of references. The author must confirm all elements of a citation (author's name, number/volume of the journal, page and published year) not depending on the secondary source but solely on the original work. However, when inevitable, the author can include with acknowledgment.
- c. The author must cite in a reasonable manner and use the good faith principle, so that uncited works can be clearly distinguished from cited works.
- d. The author must cite published works only. However, in the case of citing unpublished academic materials that have been acquired through personal contact, paper review or proposal review, the author must acquire consent from the relevant researcher(s).
- e. When the author introduces ideas or theories in his/her work that have been presented in another study, the source must be stated.

- f. The author must distinguish his/her own ideas from cited materials when borrowing substantive parts from one source, so readers can clearly recognize the author's work.
- g. If a reference has a significant impact on the direction of the research or can help the reader understand the contents, the author must include all such works on the list of references, except in such cases where the relevant research can theoretically and empirically be inferred.

Article 11 (Method of General Knowledge Citation)

- a. If the author uses someone else's idea or a fact provided by them, the source should be provided. However, general knowledge or material that general readers will already recognize shall be an exception.
- b. If the author is unsure whether any concept or fact qualifies as general knowledge, it is recommended to cite the original text.

Section 2. Research Misconduct

Article 12 (Definition of Research Misconduct)

“Research misconduct” refers to any instances of forgery, falsification, plagiarism, failure to give proper credit to co-authors or redundant publications that may emerge during the entire research process (research proposal, conduct of research, report and presentation of research, investigation and judgement).

- a. “Forgery” refers to the act of presenting non-existent data or research results.
- b. “Falsification” refers to the acts which artificially manipulate research processes, randomly modify, or delete data resulting in distorted research content or research results. (Here, “deletion” refers to the act of using only favorable data and intentionally excluding the data that might cause unexpected or undesired results.).
- c. “Fabrication” refers to the act of intentionally creating a document or record that does not exist.
- d. “Plagiarism” refers to the acts which pirate other's work, ideas or research, using ideas, hypotheses, theories, research contents, or research results without justifiable approvals, citation, or quotations, as if those were his/her own.
 - i. “Idea Plagiarism” refers to the act of using someone else's ideas (explanations, theories, conclusions, hypothesis and metaphors) in full, substantial proportions or in a fragmented revised form without giving appropriate credit to the originator of the words and ideas. Authors have moral responsibility to indicate the source of ideas through a footnote or a reference. Authors must furthermore not steal other's ideas which are known through peer review of research proposals and submitted articles.
 - ii. “Text plagiarism” refers to the act of copying text from another's work without clarifying the original author.
 - iii. “Mosaic plagiarism” refers to the act of combining a part of a text with a few words added, inserted or replaced with synonyms, and others without clarifying the source or the original author.
- e. “Redundant Publication” refers to the act of publishing a paper that is identical or highly similar text to one that has already been published in the past in another academic journal without alerting the editors or readers of the fact that this work was previously published elsewhere. If the contents of the paper are almost the same as his/her previously published paper, the later paper is regarded as a redundant publication even if the text has a different point of view or perspective, or including a different analysis based on the same data that has been previously published. In the case in which the author would like to publish a paper using a previously published paper, he/she must acquire permission from the chairperson after providing the information about the publication and double-checking whether it is a redundant publication or duplication of a publication.

- f. “Self-plagiarism” refers to the act of using images, graphs or part of one's own research already published without identifying the source, and it is regarded as redundant publication.
- g. “Failing to give proper credit to co-authors” refers to the act of failing to list those who have contributed academically to the research process or results as a co-author or conversely to the act of listing those who have not made any academic contribution as co-authors.

Article 13 (Research Misconduct and Copyright Infringement)

- a. Generally, the copyright of all papers and instances published through NLBA Eurasian Institute is assigned to the author. However, if they are utilized for public objects like education, NLBA Eurasian Institute owns the right of use.
- b. The full term of copyright is assigned to the academic journal publisher in all papers published in academic journals.
- c. It should be noted that “Redundant Publication” may cause copyright violation.
- d. It should be noted that the author should use proper quotation marks when widely citing text from copyrighted sources, and even if the text is properly cited, it could infringe copyright.

Section 3. Inappropriate Writing

Article 14 (Inappropriate Writing)

The following are regarded as inappropriate writing:

- i. Inappropriate citations
- ii. Distorting references
- iii. The act of depending on abstracts when citing the published paper
- iv. Citing papers that the author did not read or understand
- v. The act of partially citing despite intensively borrowing from a single source
- vi. The act of reusing text

Article 15 (Prohibition of Distortion of References)

- a. References must only include documents that are directly related to the article content. Unrelated references for the purpose of intentionally manipulating the citation index of the paper or academic journal should not be included.
- b. As a moral responsibility, the author should not only cite the references which will be favorable to his/her data or theory, but also cite references which may contrast with his/her point of view.

Article 16 (Reuse of Text)

- a. “Reuse of Text” refers to the act of re-using a part of the manuscript that he/she has used in a previous paper.
- b. Text reuse is an act contradictory to ethical writing, so the author must avoid re-using text already used. In case of unavoidable text re-use, the author should not violate copyright infringement by following standardized reference practices including the use of quotation marks or proper indication.

Chapter 4. Ethical Rule Enforcement

Section 1. Research Ethics Committee

Article 17 (Ethical Rule Pledge)

New members who have enrolled in the research pool of NLBA Eurasian Institute shall acquaint and pledge to abide by these research ethics when submitting to the “Journal of Advanced Academic Research and Studies” and conducting research. Current members shall be regarded as having pledged to abide by these research ethics when initiated.

Article 18 (The Announcement of Violation of Ethical Rule)

If a member learns that another member has violated any ethical rules, he/she should endeavor to correct the mistake by helping make him/her be aware of the rules. However, if he/she does not correct the violation or the ethical violation is obviously unveiled, the member must report to the committee immediately.

Article 19 (Organization of the Research Ethics Committee)

NLBA Eurasian Institute shall establish a Research Ethics Committee (hereinafter referred to as the “Committee”) mandated to deliberate on matters falling under each of the following sub-paragraphs:

- a. Matters concerning establishment and revision of these rules.
- b. Matters concerning acceptance and handling of misconduct.
- c. Matters concerning beginning actual investigation and decision, approval, and re-deliberation of investigation results.
- d. Matters concerning protection of informant and examinee.
- e. Matters concerning investigation of research integrity, handling of investigation results and follow up measures.
- f. All the matters concerning operations of other committees.

Article 20 (Organization of Research Ethics Committee)

- a. The Committee shall consist of one chairperson and members of no less than five but no more than nine persons.
- b. The chairperson and the members shall be appointed by the chairman of NLBA Eurasian Institute.
- c. The members of this committee shall hold a one year term and they may be reappointed.
- d. The chairperson and the members of this committee shall maintain independence and confidentiality with respect to the details relating to deliberations and decisions.

Article 21 (Organization of Research Ethics Committee)

- a. The chairperson of the committee shall convene any meeting and preside over such meetings.
- b. The committee's meetings shall open with the attendance of a majority of the total members including the chairperson and resolve with the concurrent vote of a majority of those present.
- c. No meeting of the committee shall be open to the public. [The meeting shall not be open to the public in principle, but whenever deemed necessary, the committee can ask the related party and hear their opinions.]
- d. Whenever deemed necessary, the committee can ask the related party and hear their opinions.
- e. Any member who is involved in the research subject to an investigation will not be permitted to attend the concerned meeting due to a conflict of interest.

Article 22 (Authorities and Responsibilities of the Committee)

- a. The committee can summon for attendance and data submission any informants, examinees, witnesses and testifiers, in the process of an investigation.
- b. When the examinee refuses to attend the meeting or data submission without a justifiable reason, it could be presumed as an indication that he/she has acknowledged the allegations.
- c. The committee can take substantial measures to prevent any loss, damage, concealment or falsification of research records or evidence.
- d. The committee members should comply with confidentiality concerning deliberation-related matters.

Section 2. Research Integrity Investigation

Article 23 (Reporting a Fraudulent Act)

An informant can report a fraudulent act using any means available when reporting using their real name. However, when reporting anonymously, he/she must submit the title of the paper, and the evidence and detail of the misconduct in writing or by e-mail.

Article 24 (Confidentiality and Protection of Rights of Examinee and Informant)

- a. The committee should not reveal the personal information of the informant unless it is necessary.
- b. The committee must take action to protect the informant if the informant experiences illegitimate pressure or threats due to reporting the fraudulent act.
- c. Until the investigation of a fraudulent act is completed, the committee must be careful not to infringe upon the rights or reputation of the examinee. If the person turns out to be innocent, the committee must make efforts to recover the reputation of the person.
- d. The identity of the informant, investigators, testifiers, and consultants should not be disclosed.
- e. All facts relating to research ethics and authenticity investigations must remain confidential and the people involved in the investigation must not reveal any information obtained during the process. If there is a need to disclose related information, the committee can vote to make such a decision.

Article 25 (Raising an Objection and Protection of Defense Right)

- a. The committee must ensure the informant and examinee have equal rights and opportunities to state their opinions and objections. Such procedures must be informed to them beforehand.
- b. An examinee or informant may require the avoidance of deliberation and decision after explanation in case he/she expects an unfair decision.
- c. The research ethics committee must give the examinee a chance to submit their opinion and clarify any fact revealed during the first report or any additional report.

Article 26 (Preliminary Investigation of Research Misconduct)

- a. The committee must investigate the presence of misconduct if there is a considerable doubt about legitimate conduct or detailed information about misconduct.
- b. The chairperson can officially carry out the investigation (hereinafter referred to as the "preliminary investigation") which is a procedure to decide whether the suspected misconduct should be investigated after consultation with the chairman of NLBA Eurasian Institute.

- c. The committee shall form the preliminary investigation committee consisting of no more than five members within 30 days of reporting.
- d. The committee shall inform the informant and examinee of the formation of such a committee, and give the examinee a chance to clarify within 30 days.
- e. A preliminary investigation is initiated within 30 days of the formation of the preliminary investigation committee and the investigation should be completed within 30 days of the start of the investigation except in unavoidable circumstances.
- f. If it has been more than five years since a misconduct was committed, the reporting is not handled in principle even if the reporting is accepted.
- g. Through preliminary investigation, the following is reviewed:
 - i. Whether the reported instance qualifies as research misconduct
 - ii. Whether the reporting is specific and clear enough to lead to an actual investigation
 - iii. Whether more than five years has passed since the reported misconduct was committed

Article 27 (Report and Notice of the Preliminary Investigation Result)

- a. The result of the preliminary investigation shall be notified to the informant and examinee within ten days of the committee's decision, and reported to the chairman of NLBA Eurasian Institute.
- b. The result report of the preliminary investigation must include the following:
 - i. Specific information regarding the alleged misconduct
 - ii. Facts regarding the alleged misconduct
 - iii. Grounding for decision on whether to conduct an actual investigation

Article 28 (Raising an Objection and Protection of Right of Defense)

- a. The committee must ensure that the informant and examinee have equal rights and opportunities of opinion statement and objection. Such procedure must be informed beforehand.
- b. The informant and examinee can make an objection within ten days from the day of being notified of the preliminary investigation.

Article 29 (Beginning and Duration of an Actual Investigation)

- a. The actual investigation begins within 30 days after a positive result from a preliminary investigation. During the period, the actual investigation committee consisting of no more than nine persons (including the preliminary investigation committee) must be formed to conduct an actual investigation.
- b. The actual investigation must be completed within 90 days from the beginning date.
- c. If the investigation committee decides that it cannot be completed within the specified period, it can explain the reason to the committee and request a 30 day extension (one time only).

Article 30 (Formation of an Actual Investigation Committee)

- a. An actual investigation committee is composed of no more than nine members.
- b. Formation and duration of an actual investigation committee is determined by the committee. The chairperson of the actual investigation committee is elected among the actual investigation members.
- c. The investigation committee shall include at least two members with specialized knowledge and experience in the relevant field.
- d. A person who has a stake in the investigated matter must not be included in the actual investigation committee.

Article 31 (Request for Appearance and Document Submission)

- a. The actual investigation committee can request the examinee, informant(S), and testifiers to appear for testimony and the examinee must comply.
- b. The actual investigation committee can ask the examinee for submission of a document, and retain and store the relative research materials about the person involved in the misconduct after the approval of the head of the research organization in order to preserve evidence relating to the investigation.

Article 32 (Exclusion, Avoidance and Evasion)

- a. The examinee or informant(s) can require exclusion by identifying the reason if there are reasons to believe that a committee member is unable to maintain fairness. When such request for exclusion is recognized, the member subjected to the request shall be excluded from the concerned investigation.
- b. If the committee member is directly related to the corresponding matter, he/she shall be excluded from all deliberation, decisions and investigation of the matter.
- c. The chairperson can suspend the qualification of a member who is related to the corresponding matter in connection with the corresponding investigation.

Article 33 (Investigation Report Submission)

The actual investigation committee must submit the result to the committee within the actual investigation period, and the result must include the following:

- i. Specific details of the alleged misconduct
- ii. Facts regarding the alleged misconduct
- iii. Evidence, witness list and affidavits
- iv. Investigation results
- v. Other data useful for decisions

Article 34 (Decision)

- a. The decision must be made within six months from the beginning of the preliminary investigation.
- b. The committee shall make the decision confirming that the examinee committed research misconduct after reviewing the result report.

Section 3. Action after Investigation

Article 35 (Action in accordance with Investigation Result)

When a decision is made confirming the research misconduct, the committee can sanction the author with applicable punishment to each of following, or impose corresponding retribution.

- i. The publication is postponed until the final decision of the research ethics committee is made even if the paper has been confirmed to the author that it will be published.
- ii. The publication of the paper to which the research misconduct is related is to be canceled and deleted from the article list of the journal even if the volume has already been published.
- iii. The author found to have committed such misconduct is prohibited from submitting papers to the journal for three years, and these facts are made public on the homepage of the journal (<http://www.nlbaei.org>).

- iv.If there is an author found to have committed plagiarism or redundant publication, the editorial board stores the relevant investigation details for five years.
- v.The chairperson of the organization with which the author(s) is affiliated is notified of the final decision.

Article 36 (Investigation Result Notification)

The chairperson of the committee shall immediately notify the related persons such as the informant and examinee of the committee's decision regarding the investigation result in writing.

Article 37 (Investigation Result Notification)

- a.If the informant or the examinee refuses the committee's decision, he/she must submit a re-deliberation request to the committee within 15 days from receipt of the result notice as prescribed in Article 37.
- b.The committee must decide whether re-deliberation is necessary within 10 days of the receipt of the re-deliberation request.
- c.The committee will decide there-deliberation procedure and method.

Article 38 (Follow-ups such as Recovery of Author's Honor)

If the results of the investigation confirm that no research misconduct has been identified, the committee must take follow-up steps to recover the reputation of the examinee.

Article 39 (Storing the Record and Confidentiality)

- a.All records regarding the preliminary and actual investigation are stored for five years from the date of the investigation's conclusion.
- b.All facts relating to research ethics and the investigation must remain confidential and the people involved in the investigation must not reveal any information obtained during the process. If there is a need to disclose investigation information, the committee can vote to make such decision.

Article 40 (Etc.)

Matters that are not determined by these rules are to be decided by the editorial board.

Article 41 (Date of Effectiveness)

These regulations shall be effective as of January 1, 2024.

Editorial Regulations

Journal of Advanced Academic Research and Studies (JAARS)

Chapter 1. General Roles

Article 1 (Purpose)

The purpose of the following rules is to prescribe matters regarding the editorial work and standards for the Journal of Advanced Academic Research and Studies (hereinafter referred to as “JAARS”) published by NLBA Eurasian Institute.

Chapter 2. Editorial Committee

Article 2 (Editorial Committee)

The editorial committee (hereinafter referred to as “committee”) is established in order to accomplish the purpose of Article 1.

Article 3 (Formation of Editorial Committee)

- a. The editorial members shall be appointed by the chairman of NLBA Eurasian Institute, and the committee shall consist of no more than 50 members.
- b. The chief editor shall be appointed by the chairman of NLBA Eurasian Institute and is in charge of all editing.
- c. The editorial committee shall be composed of two chief editors, one editor, and one managing editor. The editors are appointed by the chairman of NLBA Eurasian Institute among editorial members.
- d. The term for the chief editor is three years, and the term for the editorial members is two years, and editorial members may be reappointed.
- e. This committee makes decisions with a majority attendance of the members and a majority agreement of the members present.

Article 4 (Qualification of Editorial Members)

The editorial members shall meet the following qualifications:

- i. Being at least an associate professor in a domestic/international university or a person equally qualified
- ii. Someone who studies in an area within the JAARS's specialty and who has published at least 3 articles in a journal (or 1 article in an SCI, SSCI and/or SCOPUS indexed journal) within the last three years

Article 5 (Responsibilities and Obligations of Editorial Members)

- a. Editorial members are fully responsible for the decision to publish JAARS-submitted papers, confirm their integrity during the deliberation process, and observe candidates during the editing process.
- b. Editorial members should respect the author's person and independence as a scholar, and make the process of the evaluation of the research paper public if there is a request.
- c. Editorial members should handle submitted papers only based on the quality and submission guidelines, not based on the author's gender, age, or affiliation.

- d. Editorial members should request a reviewer with specialized knowledge and fair evaluation ability in the relevant field to evaluate submitted papers. However, if evaluations of the same paper are remarkably different, editorial members can acquire advice from an expert in the relevant field.
- e. Editorial members should not disclose the matters of the author and the details of the paper until a decision is made pertaining to the publication of the submitted paper.

Chapter 3. Paper Submission and Peer Review Committee

Article 6 (Qualification of Submission and Submission)

- a. All the paper submitters must be members registered with JAARS.
- b. All papers should be submitted through the JAARS's online submission system (<http://www.nlbaei.org/>) and Email: edubscon@outlook.com, and can be submitted at any time. English-language papers from authors outside of the United States of America may also be submitted using e-mail.

Article 7 (Formation of Peer Review Committee)

- a. Peer reviewers are appointed by the chief editor, and selected based on the field of the reviewer's expertise. (According to circumstances, a peer reviewer who is not a member of JAARS may be appointed.)
- b. Editorial members for each content subject such as international economy, international management, or practice of trade can also serve as peer reviewers.
- c. The chief editor represents editorial members, handles all the matters relating to review, and reports the results of peer review to the committee.
- d. The managing editor is in charge of the procedure relating to review.
- e. The classification and selection of submitted papers is decided by the chief editor and the managing editor, and they report it to the committee.

Article 8 (Qualification of Peer Reviewers)

Peer reviewers shall have the following qualifications:

- i. Being at least an associate professor in a domestic/international university, or a person who is as equally specialized as the person above.
- ii. Someone who studies an area within the JAARS's specialty and has published at least 3 articles in a journal (or 1 article in an SCI, SSCI and/or SCOPUS indexed journal) within the last three years.
- ii. Someone who presents a paper, chairs a session or serves as a discussant at an academic conference at the same level of the institution, or has served as a reviewer of a study which has been indexed in a domestic or international journal within the last three years.

Article 9 (Responsibility and Duty of Peer Reviewers)

- a. Peer reviewers should evaluate papers and report the results of the evaluation to the committee within the time period set by the committee. However, if he/she believes that they are not appropriately qualified to review the paper, they should notify the committee without delay.
- b. Peer reviewers should respect the author's person and independence as a scholar. Peer reviewers may request for revision of the paper with detailed explanations if needed in the evaluation of the research paper.

- c. Papers are reviewed confidentially using a method in which the name and affiliation of the author is confidential to the public. Showing the paper and/or discussing the contents of the paper with a third party is not desirable unless a consultation is needed for purposes of review.

Article 10 (Unethical Behavior in the Review Process)

- a. Peer reviewers must not manipulate either directly or indirectly the related research-specific information contained in the research proposal or review process without the consent of the original author.
- b. Peer reviewers must be careful of the following since it could be regarded as unethical research practices in the review process:
 - i. The act of handing over a requested paper to students or a third party
 - ii. The act of discussing the details of a paper with colleagues
 - iii. The act of obtaining a copy of the requested material without shredding it after review
 - iv. The act of disgracing the honor of others or fabricating a personal attack in the review process
 - v. The act of reviewing and evaluating a research paper without reading it

Article 11 (Personal and Intellectual Conflict)

- a. Peer reviewers must fairly evaluate using an objective standard regardless of personal academic conviction.
- b. Peer reviewers must avoid personal prejudice when reviewing a paper. If there is a conflict of interest including personal conflict, it must be notified to the committee.
- c. Peer reviewers must not propose rejecting a paper due to a conflict in interpretation or with the point of view of the reviewer.

Chapter 4. Principle and Process of Paper Review

Article 12 (Papers for Peer-review)

Review shall proceed based on the writing and submission guidelines. If the submitted paper substantially diverges from the writing and submission guidelines, the paper may not be reviewed.

Article 13 (Request for Review and Review Fee)

- a. The chief editor discusses the selection of reviewers with editorial members and selects two reviewers for each paper after submitted papers pass the eligibility test.
- b. The chief editor immediately requests the two selected reviewers to review the relevant submitted paper.
- c. Papers are reviewed by confidential method in which the name and affiliation of the author is confidential to the reviewer, the name of the reviewer is confidential to the author.
- d. The chief editor requests a review after deleting the name and the affiliation of the author from the submitted paper, so that the reviewer cannot obtain the identity of the author.
- e. A review fee shall be paid to the reviewer.

Article 14 (Review of Paper and Decision)

- a. Reviewers shall submit a decision report via the JAARS's online submission system (<http://www.nlbaeai.org/>) and Email: edubscon@outlook.com within two weeks after they are asked to review a paper.

- b. The reviewer shall decide whether the paper should be published based on the following standard. However, if the paper receives less than 30 points in the suitability and creativity of the topic, it will not be published.
- i. The suitability of the topic (20 points)
 - ii. The creativity of the topic (20 points)
 - iii. The validity of the research analysis (20 points)
 - iv. The organization and logic development of the paper (20 points)
 - v. The contribution of the result (10 points)
 - vi. The expression of the sentence and the requirement of editing (10 points)
- The reviewer must give one of the following four possible marks within the two week period: A (90~100 points, acceptance), B (80~89 points, acceptance after minor revisions), C (70~79 points, re-review after revision), F (Rejection), and write an overall review comment concerning the revision and supplementation of the paper.
- c. In an instance where the reviewer does not finish the review within the two week period, the chief editor can nominate a new reviewer.

Article 15 (Correction of Papers according to the Editing Guideline)

- a. Before holding an editorial committee meeting, the chief editor shall request editorial staff correct those papers that receive “acceptance” or “acceptance after minor revisions”, using the journal's paper editing guidelines. However, if there is a paper that receives “acceptance” after the editorial committee meeting, the chief editor will request the editorial staff to correct the paper after the meeting.
- b. The chief editor shall notify each author of the result of his or her paper review after receiving the corrected version of the paper from the editorial staff. However, papers which receive a “rejection” shall not be notified of their result.

Article 16 (Decision of Paper and Principle of Editing)

- a. The chief editor shall call an editorial board meeting and make publication decisions after receiving finished papers from reviewers.
- b. The editorial board will make decisions to publish based on the following chart. The editorial board should respect

Results of 2 peer-reviews	Overall evaluation(average)	Decision to publish
AA	A	Acceptance
AB, AC, BB	B	Acceptance after minor revisions
AD, BC, BD, CC	C	Re-evaluation after revision
CD, DD	F	Rejection

- reviewers' decisions on relevant papers, but can make decisions based on the editorial policy of the JAARS.
- c. The paper that is awarded “acceptance” should receive a “B” or higher from reviewers or the level of overall evaluation (average) should be “B” or higher, and the paper that is awarded “acceptance after minor revisions” should have its satisfactory revisions and/or developments confirmed by the initial reviewer after re-submission.
- d. The editorial board shall confirm that papers in consideration for publication are suitable to the writing and submission guideline of JAARS, look through detailed matters, and decide particular issue policies such as the number of papers and the order of them.

e. In the case where a paper was presented or submitted for review previously, it cannot be published in JAARS.

f. In the case where an author submits two or more papers for consideration, only one paper that receives “acceptance” shall be published in the same issue.

Article 17 (Notification of the Result)

a. The chief editor shall notify an author of the review result after the initial evaluation or re-evaluation is finished, but can request the author to revise and develop the paper based on the evaluation report. If the editorial board makes a final decision on publication, the author should be notified.

b. The author must be notified of the review result within one month from the day of receiving the paper or revised paper (or the deadline of submission). If it is impossible to notify the author within one month, the reason and the due date of notification must be notified to the author.

c. Unless there is a specific reason, the author must submit a file including a response to the evaluation report, revision to and/or development of the paper to the chief editor after editing the paper within the period the editorial board suggests when he/she is asked to edit the paper. The changed details must be confirmed by the editorial board as well. In case the author does not submit the revision and development to the editorial board within the period, it shall be automatically postponed until this process is finished.

d. A paper that receives a “C” in the overall evaluation (average) shall be re-evaluated after the chief editor sends the revised article and revision report to the initial reviewer(s).

e. In cases where the evaluations of the same paper are remarkably different among reviewers, the chief editor can nominate a third reviewer and request a re-evaluation. In this case, the chief editor shall send the evaluation report to three different reviewers and have them submit the final evaluation report based on the details of the paper, and the paper can be published after revision only if the final mark awarded the revised paper is higher than a “B” in the overall evaluation.

f. The chief editor will issue an acceptance letter for the papers confirmed to be published.

Article 18 (Proofreading and Editing)

a. The chief editor shall request domestic/international members to proofread and edit papers confirmed to be published.

b. Proofreading and editing members shall be recommended by the chief editor and appointed by the chairman of NLBA Eurasian Institute.

c. The chief editor shall send the results of proofreading and editing to the original author and request the author to edit the paper appropriately.

d. The author, unless there is a specific reason, must submit the revised paper and revision report to the chief editor after editing the paper within the period the editorial board suggests when he/she is asked to edit the paper. The changed details must be confirmed by the editorial board as well.

e. Even if a paper is confirmed to be published, it will be rejected if it has not fulfilled the editing procedure following the result of proofreading and editing, or has been found to have committed research misconduct of any kind.

f. If an editing member finds plagiarism, inadequate form, or low quality in the process of editing a paper that the journal has confirmed to be published, he/she must notify the chief editor. and can suggest proper responses to the findings. g. The chief editor suggests whether to avoid publication of a paper or have the author re-submit the paper after revision and development according to the guidelines stipulated in Article 5. In the case of a paper requested to be revised and developed, publication can be postponed based on the degree of completion and the schedule of revision and development.

Chapter 5. Editing and Publication

Article 19 (Editing and the Date of Publication)

JAARS is published six times a year in principle. However, if there is a reason such as the number of submitted papers, the committee can increase or decrease the number of issues.

Article 20 (Notification of Editing)

- a. The chief editor shall acquire publication consent from the authors of the confirmed papers before printing.
- b. The chief editor shall report to the chairman of NLBA Eurasian Institute when the editorial process following editorial policy is completed, and shall further follow the outlined process for printing and editing.

Article 21 (Sanction on Plagiarism and Redundant Publication)

If the ethics committee finds that a submitted paper or a published paper contains plagiarism or was published in another journal, the following sanctions will be taken:

- a. Distributing after deleting the relevant paper in the journal if the journal has not been distributed yet,
- b. Notification of paper deletion on the website if the related issue has already been distributed,
- c. Notification of the plagiarism or redundant publication of the relevant paper on the website,
- d. Banning the relevant author from submitting papers to all journals published by JAARS for two years from the date when plagiarism and redundant publication is found and from presenting in conference,
- e. Notifying the author's affiliated organization or institution of the fact of the plagiarism or the redundant publication, if necessary.

Article 22 (Transfer of the Rights of Publication, Duplication, Public Transmission, and Distribution)

- a. The right of publication of the paper is owned by NLBA Eurasian Institute unless specified.
- b. The author(s) shall transfer the right of duplication, public transmission, and publication to NLBA Eurasian Institute. If they do not agree, the relevant paper cannot be published in JAARS.

Article 23 (Notification of Paper on Homepage)

Papers published in JAARS shall be publicly notified on the JAARS homepage (<http://www.nlbaei.org/>)

Article 24 (Etc.)

The matters that are not decided in these rules are either subject to the submission guidelines or decided by the editorial board.

Article 25 (Date of Effectiveness)

These regulations shall be effective as of January 1, 2024.

Author's Check List

Journal of Advanced Academic Research and Economics (JAARS)

Title of Manuscript: _____

Manuscript ID: _____

Please check ☒ to confirm fulfillment of instructions below before submitting your manuscript.

1.General guidelines

- ☐ The submission contains an original manuscript, a checklist, and a copyright transfer agreement.
- ☐ The manuscript follows the journal template, using MS Word.
- ☐ The manuscript consists of a title page, abstract, keywords, JEL Classifications, acknowledgement (if any), main text, references, appendix (if any), tables and figures.
- ☐ The pages are numbered consecutively beginning with the title page.

2.Title page

- ☐ The manuscript consists of title, author(s)name(s), and affiliation(s).
- ☐ The lower area of the title page includes the name(s)of the author(s)and e-mail of the corresponding author only.

3.Abstract, Keywords and JEL classifications

- ☐ The Abstract is less than 250 words for an original article.
- ☐ Includes no more than six keywords.
- ☐ Includes no more than five JEL classifications.

4.Main text

- ☐ Subtitles are ordered according to the journal template.
- ☐ All figures and tables are cited in numerical order as they are first mentioned in the text.
- ☐ All figures and tables are referenced within the text.

5.Tables and figures

- ☐ The titles of figures and tables are set flush left above them, capitalizing the first letter of each word in these titles except for prepositions and articles.
- ☐ Vertical lines are avoided in tables.
- ☐ Pictures or photos are supplied in high resolution (minimum 300 dpi) .
- ☐ Pictures or photos are supplied at a reasonably legible size for printing if they may be affected by resizing in the printing process.

6.References

- ☐ References follow KITRI style.
- ☐ Each entry in the reference list is cited in the main text.
- ☐ All references are listed in alphabetical order followed by the year published.
- ☐ The title of books and journals is expressed in italics.
- ☐ Complete references are included with the full title of the article and up to six author names. Where there are seven or more authors,they are identified as “et al.”
- ☐ Journal articles have been double-checked as to whether the author name, (published year), title, journal name, volume (issue number) and pages are correct.
- ☐ Books have been double-checked as to whether the author name, (published year), title of book (editions, if any), place of publication, publisher's name, and pages are correct.

Copyright Transfer Agreement

NLBA Eurasian Institute

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All Authors:

All authors of this manuscript must agree to the following:

- 1.All authors certify that the manuscript does not violate any copyright and confirm its originality.
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In order for my manuscript to be accepted for publication in the Journal of Advanced Academic Research and Economics (JAARS), I hereby assign and transfer to the NLBA Eurasian Institute all rights, title, and interest in and the copyright in the manuscript, entitled.

Date:

Corresponding Author:

Signature:

*Submission:You must submit a scanned file (file type: jpg, gif, or pdf) of this signed confirmation and final manuscript file (file type:MS Word) online after the manuscript has been accepted for publication.

Call for Papers

Journal of Advanced Academic Research and Economics (JAARS)

The Journal of Advanced Academic Research and Economics (JAARS) is the official publication of the NLBA Eurasian Institute publishes manuscripts of significant interest that contribute to the theoretical and practical basis of business, economics, and international trade studies. JAARS's broad scope and editorial policies create accessible, thought-provoking content for the general academic community of business, economics, and international trade. The goal of JAARS is to publish insightful, innovative and impactful research on business, economics, and international trade. JAARS is multidisciplinary in scope and interdisciplinary in content and methodology.

Subject Coverage

JAARS is an interdisciplinary journal that welcomes submissions from scholars in business, economics, and trade disciplines and from other disciplines (e.g. political science) if the manuscripts fall within the JAARS domain statement. Papers are especially welcome which combine and integrate theories and concepts that are taken from or that can be traced to origins in different disciplines.

JAARS is a methodologically pluralistic journal. Quantitative and qualitative research methodologies are both encouraged, as long as the studies are methodologically rigorous. Conceptual and theory-development papers, empirical hypothesis-testing papers, and case-based studies are all welcome. Mathematical modeling papers are welcome if the modeling is appropriate and the intuition explained carefully.

Notes for Prospective Authors

Submitted papers should not have been previously published nor be currently under consideration for publication elsewhere. All papers are referred through a peer review process.

All manuscripts should follow the submission guidelines on the JAARS homepage (<http://www.nlbaeai.org/>).

JAARS operates an on-line submission system. Manuscripts should be submitted to the on-line submission system at <http://www.nlbaeai.org> following all prompts on the screen.

There is no firm submission deadline for papers and the submitted articles will be evaluated on a rolling basis. Any queries should be sent to the Editor of JAARS at the following address: edubscon@outlook.com

Guidelines for Authors (In Brief)

[Journal of Advanced Academic Research and Studies (JAARS)]

How to submit the paper

The authors submit their manuscripts (in MS Word Format) to the on-line submission system at <http://www.nlbaei.org>

Blind Review Policy

The journal follows double blind peer review policy. The paper is sent to two reviewers appropriately qualified experts in the field selected by the editor to review the paper in the light of journal's guidelines and features of a quality research paper. For papers which require changes, the same reviewers will be used to ensure that the quality of the revised paper is acceptable.

Manuscript Preparation Guidelines

The author(s) must follow the Manuscript Preparation Guidelines in preparing the manuscript before submission.

1. Language

The language of the manuscript must be English (American English, e.g. "color" instead of "colour").

2. Length of Paper

The length of the paper should not exceed 30 pages (Times New Roman, 12 Font) excluding tables, figures, references and appendices (if any). Articles should be typed in double-space (including footnotes and references) on one side of the paper only (preferably Letter size) with 1 inch margin. Authors are urged to write as concisely as possible, but not at the expense of clarity.

3. Title Page

The title page should include: (i) A concise and informative title, (ii) The name(s) of the author(s), (iii) The affiliation(s) and address(es) of the author(s), and (iv) The e-mail address, telephone and fax numbers of the corresponding author.

4. Abstract

Please provide an abstract of 200 to 250 words. The abstract should not contain any undefined

abbreviations or unspecified references. The content of abstract must include Purpose, Design/Methodology/Approach, Findings, and Research Implications.

5. Keywords and JEL Classification Code

Please provide 4 to 6 keywords which can be used for indexing purposes.

6. Acknowledgement

The author may use acknowledgement section in the title page of the paper (if any).

7. Subdivision of the article

Divide your article into clearly defined and numbered sections. Sections should be numbered in Roman numerals (e.g., I, II). Subsections should be numbered using the decimal system (e.g., 1., 1.1., 1.1.1., 1.1.2., 1.2., ..., 2., 2.1.). The abstract is not included in section numbering.

8. Table and Figure

Present tables and figures within the article, not at the end of the article. Please note that the article will be published in black and white (print), although online version will contain the colorful figures (if any). However, the color print will be available in extreme cases as per the request of the author.

9. References

Author(s) should follow the latest edition of KITRI style in referencing. Please visit www.nlbaei.org to learn more about KITRI style.

■ Citations in the text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa).

■ Reference List

References should be arranged first alphabetically and then further sorted chronologically if necessary.

Guidelines for Authors (In Brief)

[Journal of Advanced Academic Research and Studies (JAARS)]

■ Examples:

Reference to a journal publication:

Wegener, D. T., J. F. Dollan and Soon-Hwan Jeon (2015), "Current Trends of Marketing Activities in Parallel Imports", *Journal of Asia Trade and Business*, 11(5), 55-57.

Hyun, Jun-Seog and Won-Joong Kim (2015), "A Study on the Effects of Export-Import Share and Exchange Rate", *Journal of International Trade & Commerce*, 11(1), 142-145. <http://dx.doi.org/10.16980/jitc.11.1.201502.139>

NB: For Oriental authors such as Korean, Chinese and Japanese authors, the first names are spelled out. Names shall be romanized according to their own preference. For Korean authors, the first and second syllables of first names shall be hyphenated.

Reference to a book:

Schmithoff, C. M. (2010), *Letter of Credit*, New York, NY: Pitman Press, 158.

Jeon, Soon-Hwan (2017), *International Trade Practices* (5th ed.), Seoul: Hanol, 156.

Reference to a chapter in an edited book:

Bomhoff, E. J. (1998), "Introduction". In E.

M. Rogers and S. Taylor (Eds.), *The Global Leadership Mindset* (2nd ed.), Oxford, UK: Oxford University Press, 12-25.

Reference to a web source:

Liu, Chengwei (2005), *Price Reduction for Non-conformity: Perspectives from the CISG*. Available from <http://www.cisg.law.pace.edu/cisg/biblio> (accessed January 11, 2016)

Manuscript Review Timeframe

Manuscripts will be initially reviewed by the Editor within two weeks from submission.

The Editor will contact the corresponding author with news of whether or not the submission will be advanced to the first round of blind reviews (or is being rejected as not suitable for publication in the journal).

Typically, the blind review process takes approximately six to eight weeks.

The JAARS does not process any submission that does not comply with complete requirements of submission guidelines.

Contributors of articles accepted for publication will receive a complimentary copy of the issue in which their article appears.

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