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Yi Mai Zhi Cheng: Injecting Vitality into Traditional Chinese Medicine in the New Era

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Abstract

The clinical experience of renowned senior TCM physicians is a valuable asset for the inheritance of traditional Chinese medicine. However, most of this experience exists in the form of tacit knowledge, making it hard to carry out systematic collation through traditional literature. Supported by the college innovation project "Yi Mai Zhi Cheng", our team explored a human-computer collaborative research route of "in-depth interview + AI quantitative analysis", aiming to solve the problem of poor replicability of TCM experience. At the preliminary research stage, we formulated a structured interview plan through literature review. Afterwards, we conducted on-site semi-structured interviews with 2 senior TCM physicians for a total of 4 hours. Questionnaires were also used to understand public awareness. During data preprocessing, we transcribed interview recordings of about 10,000 words into text. After cross-checking and terminology standardization, we manually annotated key entities: 320 symptom entries, 85 syndrome entries, 42 prescription entries, 156 Chinese herbal medicine entries and 210 relational pairs. A preliminary experience knowledge graph was constructed. The current phased results have verified the feasibility of this method. In the follow-up study, we will invite young physicians to test the system and further deepen data analysis, so as to provide a replicable paradigm for the digital preservation of TCM practitioners' experience.

Keywords: Experience of Renowned Senior TCM Physicians; Knowledge Graph; In-Depth Interview; Externalization of Tacit Knowledge; Human-Computer Collaboration

1. Introduction

The main research question of this study is how to combine traditional Chinese medicine with large AI models to build dynamic new AI models that better meet modern medical requirements. Over thousands of years of development, traditional Chinese medicine has accumulated massive clinical experience. In particular, the syndrome differentiation thinking and medication habits

formed by famous senior TCM physicians in long-term practice possess extremely high academic value.

Nevertheless, most of these experiences are tacit knowledge that "can only be sensed but not expressed". Traditional sorting methods mostly depend on disciples' follow-up consultation records or recollections afterwards. Such methods are not only inefficient, but also likely to lose key thinking details during information transmission. With the development of artificial intelligence technologies, natural language processing and knowledge graph technology bring new chances for the structuring of TCM knowledge. Nevertheless, existing studies mostly focus on published medical records or ancient texts, while the excavation of tacit experience in living inheritance is still insufficient. That is the bottleneck our "Yi Mai Zhi Cheng" project tries to break (Wang, 2022)

Rather than simply relying on algorithms to process those highly condensed written medical cases, we return to clinical sites and directly capture experts' thinking changes in diagnosis and treatment through in-depth interviews. This paradigm of "qualitative interview + AI quantitative analysis" tries to retain the personalized diagnosis and treatment characteristics of TCM. Meanwhile, it realizes the externalization and computability of experience with technical tools. It not only supplements existing research methods, but also serves as a micro exploration for the inheritance mode of traditional Chinese medicine enabling the wisdom scattered in consulting rooms to be retrieved, reasoned and referenced by more young physicians in the form of knowledge graphs.

The originalintention behind our launch of the "Yimai Zhicheng" project is precisely to break this bottleneck. Instead of solely relying on algorithms to "digest" those highly condensed written medical cases, it is better to return to the clinical scene and directly capture the thought processes of experts during diagnosis and treatment through in-depth interviews. This paradigm of "qualitative interviews + AI quantitative analysis" attempts to preserve the personalized diagnosis and treatment characteristics of traditional Chinese medicine while leveraging technological means to achieve the explicit and computable representation of experience. This is not only a supplement to existing research methods, but also a micro-exploration of the inheritance methods of traditional Chinese medicine - allowing the wisdom scattered in the consulting rooms to be retrieved, reasoned, and referenced by more young doctors in the form of a map.

2. Review of Relevant Research

"AI + Traditional Chinese Medicine" has emerged as a hotspot in interdisciplinary research in recent years, yet the focus of studies varies. In terms of knowledge graph construction, domestic scholars predominantly adopt a bottom-up approach, extracting entities and relationships from classic ancient texts such as "Treatise on Cold Damage" and "Synopsis of Prescriptions for Golden Chamber", or from databases of medical cases by renowned modern doctors, to construct a static knowledge network encompassing diseases, syndromes, and prescriptions. While such research has achieved considerable maturity in terminology standardization and ontology construction, the limitations of data sources hinder its ability to reflect the dynamic decision-making process in clinical diagnosis and treatment (Li and Wang, 2023).

In the application of natural language processing to the field of traditional Chinese medicine (TCM), named entity recognition and relation extraction algorithms have been continuously optimized. However, the unstructured characteristics of TCM texts, such as a large number of metaphors, omitted subjects, and context dependence, remain technical challenges. More importantly, existing research generally lacks attention to "people" - whether it is deep interaction with interviewees or real demand feedback from end users, it is often simplified to an auxiliary link of data collection (Zhang and Chen, 2023).

Our research attempts to find a differentiated positioning within this landscape. Compared to purely technology-driven approaches, we emphasize "human-machine collaboration": the interview process is led by team members with basic theories of traditional Chinese medicine to ensure that questions can touch upon the core of syndrome differentiation; in the data processing stage, computer professional methods are introduced to enhance annotation efficiency and graph quality. This interdisciplinary collaboration itself is also a response to the phenomenon of "separation of medicine and engineering" in current research on the informatization of traditional Chinese medicine (Liu and Zhao, 2024).

3. Research methods

3.1. Design of In-Depth Interviews

The design of the interview protocol underwent multiple rounds of refinement. Instead of directly applying a generic semi-structured interview template, we designed a structured outline encompassing four modules: syndrome differentiation thinking, prescription application, medication addition and subtraction, and typical medical cases, based on our preliminary review of over 60 Chinese and English literature articles and combined with the characteristics of clinical thinking in traditional Chinese medicine. There are a total of 28 core questions. For example, in the "syndrome differentiation thinking" module, we not only ask "How do you diagnose spleen deficiency and dampness excess," but also follow up with "When the tongue and pulse images are inconsistent, which indicator do you prefer to rely on for decision-making?" Such questions aim to capture the experts' trade-off logic in clinical uncertainty (Chen and Wang, 2023).

Ethical approval and expert liaison were carried out simultaneously. Considering the busy clinical work of traditional Chinese medicine, we clarified during the appointment that the interview duration would be controlled between 1.5 to 2 hours, and promised that the recording would only be used for academic research and strictly kept confidential. The two experts finally selected specialize in spleen and stomach diseases and gynecological insomnia respectively, with overlapping and different areas of diagnosis and treatment, facilitating subsequent comparative analysis.

3.2. Data Acquisition and Preprocessing

The field visits were concentrated in the 5th and 6th months, during which the team traveled to two traditional Chinese medicine hospitals and clinics in Shunyi District and Chaoyang District of Beijing. They completed three rounds of interviews, recording five audio and video files with a

total duration of about four hours. In addition to interviews, we also collected six published papers by experts as supplementary corpus to cross-validate the consistency of medication habits mentioned in the interviews.

In addition, this study strictly adheres to the ethical norms for interviews in the humanities and social sciences. Prior to the interviews, a paper version of the informed consent form was submitted to two interviewed experts, fully informing them of the research purpose, interview process, purposes of audio and video recording, and scope of data usage. Audio and video collection was only conducted after the experts were fully informed and signed the consent form. All interview materials are solely used for academic research in this project, and the original audio and video files are encrypted and stored locally on the project team's equipment, not made public. In the papers and subsequent outcomes, personal information of the experts is anonymized, with identifiable personal information such as names and work units hidden. After the transcript is completed, the original audio files are archived and preserved according to project archive standards. Throughout the interview process, the experts' clinical work schedules are fully respected, and the interview can be interrupted or terminated at any time. The experts have the right to withdraw their interview materials at any time.

Data preprocessing is the most time-consuming step. After transcribing the interview recording of approximately ten thousand words word-for-word, team members cross-checked the results, and invited a graduate student majoring in traditional Chinese medicine to assist in terminology verification. This step is crucial, as vague expressions such as "shanghuo" (excessive internal heat) and "xuexu" (blood deficiency) often appear in spoken language transcriptions. These need to be standardized to "shirezheng" (excess-heat syndrome) and "xuexuzheng" (blood deficiency syndrome) according to the "Standard for Clinical Terminology of Traditional Chinese Medicine". During the cleaning process, we deleted colloquial redundancies, irrelevant chatter, and duplicate content, but deliberately retained pauses and self-corrections made by experts during their thinking. These details often reflect the real process of clinical decision-making. Entity annotation was conducted manually without the use of automated extraction tools. The reason lies in the strong contextual dependency of traditional Chinese medicine (TCM) terminology. For instance, "Guizhi" (Cassia twig) may serve different functions such as relieving exterior syndrome, warming and promoting circulation, or harmonizing the yin and yang in different prescriptions, making it challenging for algorithms to accurately determine. The final annotated key entities encompass 320 symptom types, 85 syndrome types, 42 prescription types, 156 Chinese herbal medicine types, and 210 pairs of relationships. These entities and relationships constitute the underlying layer of the knowledge graph (Zhang and Chen, 2023).

3.3. Questionnaire Design

To investigate the public's cognitive level, current usage status, and functional needs regarding AI-assisted inheritance of traditional Chinese medicine (TCM) experience, this study adopts the Technology Acceptance Model (TAM) as the basic framework. Combining the research objectives of dynamic inheritance of TCM, it adds research dimensions such as preference for TCM inheritance methods, functional expectations ofAI-based TCM products, and platform value expectations, and compiles a survey questionnaire. The questionnaire content is mainly divided into

four modules: basic information of respondents, current cognitive status of TCM inheritance, experience of using AI-based TCM tools, and functional needs ofAI platforms, with a total of 18 questions, including single-choice, multiple-choice, and scale questions (Zhou and Wu, 2024).

The questionnaire was primarily distributed through online social channels, collecting samples from the general public. A total of 416 questionnaires were distributed, and 317 were returned. After excluding invalid questionnaires with too short answer times or identical answers, 102 valid questionnaires were obtained, with an effective response rate of 24.52%. The sample for this survey was mainly composed of undergraduate and graduate students aged 18-25, who have a high level of acceptance towards new digital technologies but have relatively limited knowledge of traditional Chinese medicine. There are certain limitations in the sample, which will be explained in the subsequent analysis.

4. Results and Analysis

4.1. Interview Results: Pathways to the Explicitation of Tacit Knowledge

From the distribution of entity numbers, an inherent contradiction can be observed: the number of symptom-related entities is significantly greater than that of syndrome-related entities. This reflects the authentic clinical thinking of renowned traditional Chinese medicine (TCM) practitioners, who derive syndromes from a plethora of symptoms and tongue-pulse clues through induction and deduction, rather than directly applying pre-established fixed syndrome types. Compared to most existing knowledge graphs constructed based on ancient books and published medical cases, ancient texts often present syndrome types first and then list prescriptions, lacking detailed symptom trade-offs. This also suggests that relying solely on publicly available written literature is difficult to reconstruct the implicit diagnostic and treatment logic of experts' dynamic clinical trade-offs. This is precisely the unique value of in-depth interviews in collecting dynamic experiences. At the same time, it should be objectively stated that the sample in this section consists of only two experts, and the entity statistics only reflect the characteristics of the interview corpus, not the general situation of all renowned TCM practitioners (Table 1).

Through coding analysis of interview texts, we found that the experience of renowned traditional Chinese medicine practitioners is not a scattered "secret recipe", but a traceable chain of thought. Taking an expert who specializes in spleen and stomach diseases as an example, when discussing the differentiation of "stomachache", he did not directly give the syndrome type, but described a dynamic judgment process: "First, check whether the tongue coating is thick or not. If it is thick and greasy, there is likely dampness; then, check whether the pain is dull or sharp. Dull pain often indicates deficiency, while sharp pain often indicates blood stasis; finally, ask about diet, whether it gets worse or better after eating..." This colloquial expression, after entity annotation, can be transformed into multiple relational triples, such as "stomachache - thick and greasy tongue coating - dampness retention", "stomachache - dull pain - spleen and stomach deficiency", "stomachache - worsens after eating - food stagnation in the stomach", etc. The originally vague clinical intuition is disassembled into queryable knowledge nodes.

Table 1. Collection of physical symptoms

Entity category	quantity	Explanation
Symptom category	320 items	Including various clinical indicators such as somatic symptoms, tongue and pulse conditions, diet, and bowel movements
Symptom category	85 items	All syndrome types related to viscera, deficiency and excess, qi, blood, and body fluid have been standardized according to the "Standard for Clinical Terminology of Traditional Chinese Medicine"
Prescription category	Article 42	Including classic original prescriptions as well as those modified and adjusted by experts in clinical practice
Traditional Chinese medicine	156 items	Single Chinese herbal medicine, taking into account the efficacy differences of the same herb in different compoundingscenarios
entity relationship	210 pairs	Covering ternary relationships of various types of knowledge, such as differentiation-symptoms, syndrome- prescription, and time-medication

When discussing insomnia treatment, another gynecologist repeatedly emphasized "prioritizing liver regulation while considering the heart and spleen", but the specific medication adjustments vary with the menstrual cycle. During annotation, we deliberately added relationship labels of "time dimension", such as "premenstrual period - insomnia - soothing the liver and relieving depression - modification of Chaihu Shugan Powder" and "postmenstrual period - insomnia - nourishing blood and calming the nerves - modification of Guipi Decoction", to enable the knowledge graph to reflect the dynamic diagnostic and treatment logic of traditional Chinese medicine, which emphasizes "adjusting measures according to the time of year".

4.2. Questionnaire Results: Mismatch Between Public Cognition and Demand

The respondents to over 100 questionnaires were primarily students aged 18-25 with undergraduate or college degrees. This group has a high acceptance of new technologies but limited depth of understanding of traditional Chinese medicine (TCM). 74% of respondents believe that TCM and Western medicine "each have their advantages and disadvantages," indicating that the public's attitude towards TCM tends to be rational, rather than blindly advocating or outright rejecting it.

In terms of inheritance methods, 31% of the respondents believe that it should "focus on talent cultivation and education", 83% point out that "the inheritance methods are single, mainly relying on apprenticeship, with limited coverage", and 67% believe that "the difficulty in making tacit knowledge explicit and systematic".

The data presents a set of realistic contradictions: the public not only highly recognizes the status of traditional apprenticeship education (31% value talent education and training), but also generally realizes the shortcomings of the apprenticeship model, such as narrow coverage and difficulty in retaining tacit knowledge. This indicates that AI digital inheritance is not intended to replace

apprenticeship, but rather serves as a supplementary tool for apprenticeship, providing a realistic basis for the positioning of this project.

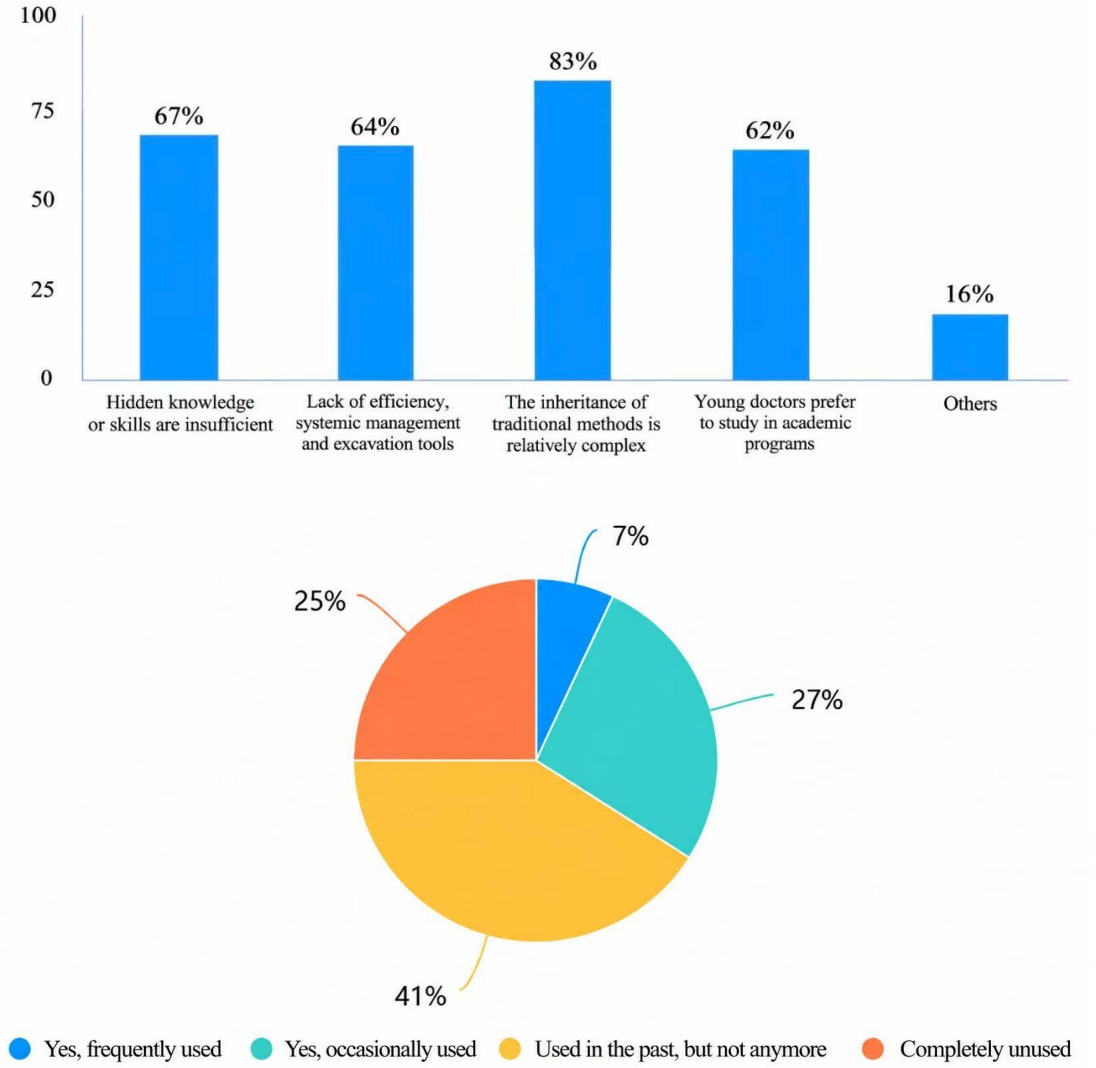


Figure 1. Coverage of interviewees

However, there is a significant gap between the awareness and usage rates ofAI- assisted products: 41% have "heard of but not used" them, 25% "have no understanding at all", and only 34% have actually used them. When asked about the "AI function they are most concerned about", 72% chose "accuracy of diagnosis and recommendation", followed by "data security and privacy protection" and "explainability of decision-making process". It is worth noting that 57% of the respondents believe that "building a visualized knowledge graph of traditional Chinese medicine" is most helpful, and 72% expect "intelligent recommendation of treatments and prescriptions based on the condition" - this indicates that the public's

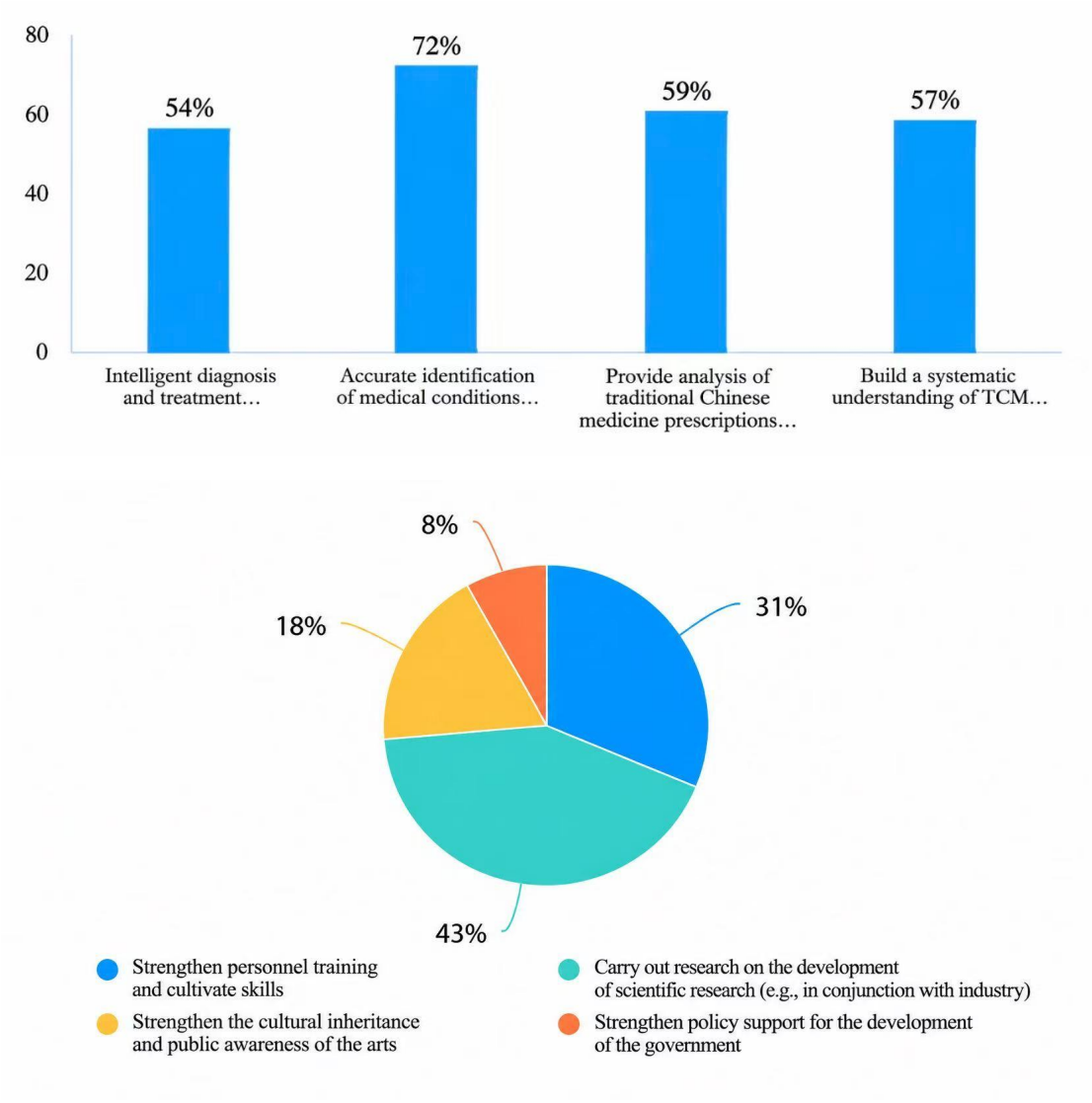


Figure 2. Overview of interviewees' understanding

Figure 2 reveals a key supply-demand contradiction: the public has high expectations for the functions ofAI-based traditional Chinese medicine (TCM) tools, but the actual conversion rate of use is relatively low. It is not that the public rejects technology; the core obstacle stems from concerns about the accuracy of output results and the transparency of reasoning logic. Users not only want intelligent prescription recommendations but also wish to see the complete knowledge logic behind them. This precisely highlights the application value of knowledge graph visualization, which can address the "black box problem" ofAI.

In the ranking of core values for an ideal platform, "heritage" (17%), "innovation" (29%), and "assistance" (44%) all have a certain proportion, indicating that users not only hope AI can preserve traditional experience but also expect it to promote the modern expression of traditional Chinese medicine. 79% of respondents expressed willingness to experience the "Yi Mai Zhi Cheng" platform, but whether this willingness can be translated into actual usage still depends on whether the product can address the two major pain points of "accuracy" and "interpretability".

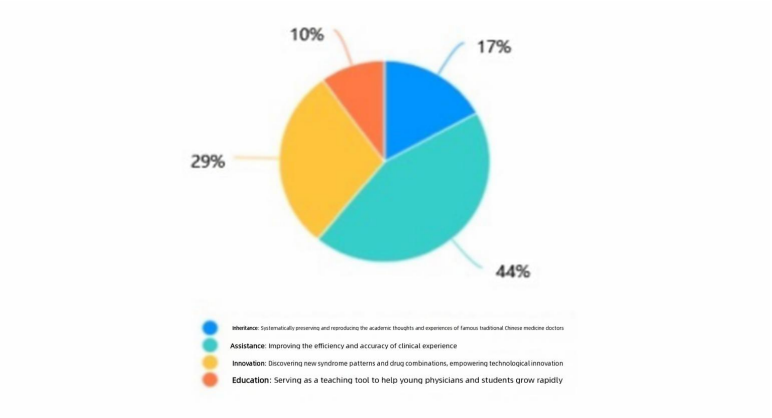


Figure 3. Proportion of Core

Over 40% of the respondents viewed the platform's prioritization as an "experience assistance tool" rather than a purely archival tool for inheritance, reflecting that users do not want AI to directly replace doctors and place more emphasis on the assistance and enhancement provided by the tool to humans. The coexistence of high willingness to experience and practical pain points in use suggests that product development must adhere to the boundaries of assistance tools and not pursue independent diagnostic output.

4.3. Summary of Bidirectional Comprehensive Contradictions Between Supply and Demand

Knowledge supply contradiction: A large amount of high-value tacit knowledge from renowned traditional Chinese medicine (TCM) practitioners, such as the trade- off judgment of contradictory symptoms and the addition and subtraction logic that varies with time cycles, is mostly retained in oral experience and rarely seen in published medical cases. However, users urgently need interpretable and complete chains of dialectical reasoning. Currently, most AI-based TCM products lack this type of contextualized knowledge.

Contradiction between experiential characteristics and user expectations: The expert experience obtained from interviews is strongly personalized and contextualized; however, the questionnaire shows that users expect standardized and reliable auxiliary suggestions from AI output. How to standardize personalized expert experience is a practical challenge in digital inheritance. Technical willingness and practical implementation are contradictory: Young people subjectively highly recognize AI's empowerment of traditional Chinese medicine inheritance and have a strong willingness to experience it; however, the accuracy and interpretability of products on the market are insufficient, resulting in the current situation of "high willingness but low actual usage rate".

5. Discussion

5.1. Innovation and Research Value

The core innovation of this study lies in the establishment of a human-machine collaborative paradigm of "in-depth interviews + AI quantitative analysis". Unlike the previous linear process of "collecting text first, then processing with algorithms", we regard interview design, data collection, and entity annotation as an organic whole: the design of the interview outline incorporates the ontological structure of the knowledge graph, making the collected data naturally compatible with

subsequent modeling; the ambiguity of terms discovered during entity annotation, in turn, revises the questioning methods in the interview outline. This itera tive collaboration makes the process of explicitizing tacit knowledge more precise (Liu and Zhao,2024).

The reproducibility of methodology is another significant contribution. The standardized interview outline, data collection protocol, and entity annotation specifications we have developed can serve as references for similar research. Notably, the mapping dictionary of "Traditional Chinese Medicine terminology-information extraction rules" established in interdisciplinary collaboration has alleviated, to some extent, the issue of insufficient understanding of Traditional Chinese Medicine terminology among computer science professionals. Although this integration is still in its early stages, it has demonstrated that interdisciplinary teams can overcome knowledge barriers through structured collaboration.

The "active preservation" value of knowledge graphs is also noteworthy. Compared to static medical case compilations, the graph we constructed supports retrieval and inference. For instance, by inputting "stomachache + thick and greasy tongue coating + worsening after meals", the system can automatically link to syndromes such as "dampness retention inside" and "stagnation of food in the stomach" and their corresponding prescriptions, and also prompts experts to mention their experience in adding or subtracting medications during interviews. This dynamic invocation capability elevates the knowledge graph from a "database" to a "decision-making aid" (Li and Wang, 2023).

5.2. Limitations and Reflections

The insufficient depth of interdisciplinary integration poses a deeper challenge. Despite team members having studied courses such as basic theories of traditional Chinese medicine (TCM) and diagnostics, they still struggled to fully comprehend the metaphorical expressions used by experts during interviews (such as the specific clinical manifestations of "liver-wood suppressing spleen-earth"), resulting in some key information not being effectively captured. During the entity annotation process, differences in understanding of the boundaries of "syndrome" between TCM graduate students and computer science members also led to multiple discussions and revisions - this friction, while promoting cognitive deepening, also exposed the costs of interdisciplinary collaboration in terms of adjustment and adaptation.

Furthermore, the clinical validation of knowledge graphs has not yet been conducted. The accuracy of current graphs is only verified through terminology standardization and cross-validation of expert papers, lacking testing in real diagnostic and treatment scenarios. If directly applied to clinical assistance, there may be a risk of misjudgment due to data bias.

5.3. Targeted Suggestions and Opinions

Based on the entity annotation results of interview corpus and the supply- demand contradiction revealed by public questionnaires, combined with the first-hand research findings ofthis project, we propose corresponding practical suggestions for the digital inheritance of the living experience of famous veteran Chinese medicine practitioners. In the process of knowledge graph construction, emphasis should be placed on the mining and collection of contextualized tacit knowledge, rather than solely relying on published written medical cases for construction. As can be seen from the

entity distribution characteristics in Table 1, many clinical diagnostic and treatment wisdoms of experts are reflected in the level of symptom trade-offs and prescription adjustments under time cycle constraints, and such information is limited in written medical cases. For subsequent similar digital research, the logic of selecting contradictory physical signs, the rules of prescription adjustments under differentiated contexts, and the changes in medication based on time phase can be solidified into the interview outline. The contextual relationship can be designated as an independent relationship category in the knowledge graph, thus compensating for the shortcomings of static knowledge in ancient books and medical cases.

AI-based traditional Chinese medicine (TCM) inheritance products need to adhere to their function as auxiliary tools, with visualizing the traceability of knowledge graphs as an important output form, in response to users' practical demands for interpretability. Survey results show that nearly half of the respondents recognize the auxiliary attributes of the platform, and most respondents are highly concerned about the accuracy of diagnosis and treatment recommendations. Product development should weaken the black-box one-click prescription function, and while outputting reference information for prescriptions, fully present the source of experience, applicable symptom conditions, and expert differentiation and balancing logic, exposing the underlying reasoning process to the outside world.

System design needs to accommodate the differentiated demands of different users, distinguishing between the needs of the general public and professional physicians. The sample for this questionnaire is primarily composed of ordinary young people, whose knowledge background differs significantly from that of young clinical physicians. The platform can be designed with two sets of usage logic: one for the general public, focusing on the popularization and dissemination of atlas knowledge, while simultaneously annotating medical treatment risk warnings and clarifying that the product cannot replace offline diagnosis and treatment; the other for young physician learners, providing access to complete entity-relationship triples to serve as a review and learning tool for expert dialectical thinking, avoiding the use of the same set of functions to accommodate two user groups with significantly different needs.

At the project practice level, an iterative medical-engineering collaborative model is advocated to improve the current industry status of medical and engineering separation. The pipeline work approach of completing all data collection before handing over to technical personnel for processing is abandoned. The interview process is led by members with a theoretical foundation in traditional Chinese medicine (TCM), and the entity annotation work implements a cross-review mechanism between TCM and computer professionals. The terminology ambiguity issues discovered in the annotation process are fed back in reverse to iteratively optimize the interview outline, achieving bidirectional interaction and feedback between TCM expertise and information technology (Wang and Zhu, 2022).

6. Conclusion and Outlook

This study initially achieved the explicit and structured representation of the implicit experience of renowned traditional Chinese medicine (TCM) practitioners through a human-machine

collaborative approach of "in-depth interviews + AI quantitative analysis", verifying the feasibility of this method. The interview data was transformed into a knowledge graph containing 320 symptoms, 85 syndromes, 42 prescriptions, 156 traditional Chinese medicines, and 210 pairs of relationships, providing a new paradigm for the digital preservation of TCM experience. The questionnaire survey revealed the mismatch between the public's high expectations for AI-assisted inheritance and the low usage rate, suggesting that future product development should focus on "accuracy" and "interpretability". Based on the aforementioned research findings, we plan to continuously advance the research from three aspects: Firstly, we will invite 3-5 young Chinese medicine practitioners to test the knowledge graph query, system every month, and optimize the graph structure and retrieval logic through user feedback. Secondly, we will deepen the collaboration between medical and engineering fields, organize small academic discussion meetings, and invite Chinese medicine experts and computer scientists to jointly discuss terminology annotation rules and algorithm optimization directions. Thirdly, we will complete in-depth data analysis and paper writing, aiming to submit to the "Journal of Traditional Chinese Medicine" or "Chinese Digital Medicine", and systematically present the research results and limitations during the conclusion defense.

The inheritance of traditional Chinese medicine (TCM) experience is a long-term project. The knowledge graph is not an end point, but rather a bridge connecting traditional wisdom with modern technology. We are well aware of the small scale of current research, but we also believe that every attempt to externalize tacit knowledge is a continuation of the vitality of TCM. In the future, with the expansion of data samples, the deepening of interdisciplinary collaboration, and the advancement of clinical verification, this method is expected to provide a reproducible path for the preservation and activation of the experience of more renowned elderly TCM practitioners allowing the wisdom passed down orally in the clinic to truly integrate into the digital era.

Author Contributions:

Conceptualization, X.L. and R.Z.; methodology, X.L.; validation, X.L., X.X. and Y.L.; investigation, X.L.; resources, X.L. and X.X.; writing—original draft preparation, X.L. and R.Z.; writing—review and editing, X.L. and R.Z.; visualization, X.L. and Y.L.; supervision, X.L.; project administration, X.L.; funding acquisition, X.L. All authors have read and agreed to the published version of the manuscript.

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Conflict of Interest:

The authors declare no conflict of interest.

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