



Research Article

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Leveraging DeepSeek: An AI-Powered Exploration of Traditional Chinese Medicine (Tai Chi and Qigong) for Medical Research

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Abstract

This study explores the use of DeepSeek, an advanced artificial intelligence system, in conducting medical research on tai chi and qigong, two ancient practices rooted in traditional Chinese medicine (TCM). DeepSeek was tasked with writing essays that identify and discuss cases where tai chi or qigong have been applied as treatments for various ailments and diseases. The first assignment focused on baduanjin, the most widely studied qigong exercise in medical research, which has been investigated as a supplementary treatment in over 100 studies. DeepSeek produced a well-organized essay that effectively summarized prior research on baduanjin. However, the references it provided were entirely inaccurate, as DeepSeek lacks access to specialized databases and cannot generate reliable citations.

For the second task, DeepSeek was asked to summarize how the Yang 24 tai chi form has been used in medical studies to address various health conditions. Once again, it delivered a coherent and well-structured essay that accurately synthesized prior research. However, the references it included, while plausible in appearance, were fabricated. Notably, DeepSeek voluntarily disclosed its inability to provide accurate references and explained the limitations of its capabilities, offering a valuable warning to users about the unreliability of its citations.

The study concludes that DeepSeek is a powerful tool for summarizing and organizing complex research literature, demonstrating an ability to explain intricate concepts and provide comprehensive analyses. For instance, while a human scholar might identify three or four subtopics within a given subject, DeepSeek can often identify six or seven, offering a broader perspective. However, its inability to provide accurate citations limits its reliability. As such, DeepSeek is best utilized as a supplementary research tool and a starting point for further investigation, rather than a definitive source for scholarly work.

Keywords: Artificial intelligence, DeepSeek, Traditional Chinese Medicine, TCM, Tai Chi, Qigong, Medical Research

Introduction

Tai chi [1-6] and qigong [7-11] are both ancient forms of traditional Chinese medicine [TCM]. No one knows precisely how long they have been around. The only thing that scholars can agree on is that qigong is much older than tai chi. Tai chi might have originated in the thirteenth century [8], but historical records show that some tai chi movements were being practiced in the fourth century BC [3]. Qigong is much older. It might be 4,000 years old. No one knows.

They have some common features. They are both kinds of moving meditation that include mindfulness and breathing techniques. Tai chi originated as a martial art, but in more recent year's most tai chi practitioners focus on its health benefits. The focus on qigong is solely health benefits. Most practitioners do not consider qigong to be a martial art. Tai chi is much more difficult to learn well because of the transition moves. It takes several (perhaps many) years to be a skilful tai chi practitioner, whereas some basic qigong exercis-

es can be learned in a few hours. However, many medical studies have shown that it is not necessary to be very skilled at tai chi to gain its health benefits. Many medical studies that incorporate tai chi are only a few weeks or months in duration, which is not nearly enough time to become proficient. Those studies have shown that proficiency is not needed in order to obtain the benefits of tai chi. When the results of tai chi exercises have been compared to the results of other exercises in medical trials, the benefits of tai chi have often been shown to be significantly more effective ($p < 0.05$, or even $p < 0.01$).

Artificial intelligence has increased in popularity in recent years as a tool of medical research [12-18]. It is being used in many fields, such as anaesthesiology [19-20], dentistry [21-24, 28], diagnostics [25-26], managing chronic illness [27], medical education [28-33], nursing [28, 34-37, 75], nutrition [38-40], operating room management [41-44] and paediatrics [45-48].

It has been used to treat a wide range of diseases and ailments, such as Alzheimer's [49-51], arthritis [52-54], cancer [55-72], cirrhosis of the liver [73-74], COPD [75-76], diabetes [77-79], heart disease [80-85], stroke [86-88] and tuberculosis [89-91], to name a few.

Methodology

DeepSeek [92] is a new (as of this writing) artificial intelligence system (or AI assistant) created in China. It is more than just a chatbot, since it can engage in conversational interactions, and is designed to perform a wide range of tasks, such as generating content, answering questions and providing explanations. It has created an uproar in the press because of the fear that it might be more technologically advanced than anything U.S. scientists have been able to create. It has been programmed to have political biases. For example, it refuses to respond to any enquiries about the Tiananmen Square massacre or any other political questions that involve the Chinese government [93]. As of this writing, it is banned in Italy [94], and other European governments are looking at it closely because they are concerned about data security. However, there are ways around the security issue. Since DeepSeek is open source, other companies are free to adopt it. Perplexity [95] is one U.S. company that has done so.

A search of the PubMed database failed to find a single article that included the word DeepSeek anywhere within the text, which means the present study might be the first to use this AI assistant in medical research. This study will ask DeepSeek to write an essay that identifies and discusses cases where either tai chi or qigong has been used to treat a variety of ailments and diseases.

The Study

The first step was to do a word search to determine how many times certain words have appeared in the title or abstract of existing medical studies. The PubMed database [96] was given the command to search all reports of clinical trials, meta-analyses, randomized control trials or systematic reviews. The keywords were: tai

chi, qigong, baduanjin and Yang 24. Baduanjin was chosen because it is the qigong form used most often in medical research [97]. Yang 24 is the tai chi form used most frequently in medical research [98]. The period chosen was January 1, 2000 to February 1, 2025.

Tai chi-951 times

Qigong-423 times

Baduanjin-141 times

Yang 24-4,553 times

The number of hits might actually undercount the number of relevant studies, since words like baduanjin and Yang 24 might not be included in the title or abstract. They are most likely to be found either in the methodology section or the discussion of findings section of the study. Perhaps the Yang 24 search counted irrelevant items, probably because Yang is also a common Chinese family name.

The next step is to give a command to DeepSeek to write an essay.

Instruction: Write an essay that describes how baduanjin has been used to conduct medical research in the treatment of various maladies and diseases. Provide references to the sources you used.

The Role of Baduanjin in Medical Research: A Therapeutic Approach to Various Maladies and Diseases

Baduanjin, a traditional Chinese exercise regimen with roots in ancient Chinese medicine, has gained increasing attention in modern medical research as a complementary therapy for various maladies and diseases. Characterized by its gentle, flowing movements, deep breathing, and meditative focus, Baduanjin is often described as a form of "moving meditation" that integrates physical exercise with mental relaxation. Over the past few decades, researchers have explored its potential benefits in managing chronic diseases, improving mental health, and enhancing overall well-being. This essay examines how Baduanjin has been utilized in medical research to address conditions such as cardiovascular diseases, metabolic disorders, mental health issues, and musculoskeletal problems, referencing key studies that highlight its efficacy.

Cardiovascular Health: One of the most well-documented areas of research on Baduanjin is its impact on cardiovascular health. Studies have shown that regular practice of Baduanjin can improve blood circulation, lower blood pressure, and enhance heart function. For instance, a randomized controlled trial conducted by Xiong, *et al.*, (2015) investigated the effects of Baduanjin on patients with coronary heart disease. The study found that participants who practiced Baduanjin for 12 weeks experienced significant improvements in cardiovascular parameters, including reduced blood pressure and improved lipid profiles, compared to the control group. The researchers attributed these benefits to the exercise's ability to promote relaxation, reduce stress, and enhance endothelial function.

Similarly, a meta-analysis by *Zou, et al.*, (2019) reviewed 15 studies involving over 1,000 participants and concluded that Baduanjin significantly improved cardiovascular outcomes, particularly in patients with hypertension and chronic heart failure. The analysis highlighted the exercise's role in reducing sympathetic nervous system activity and improving autonomic nervous system balance, which are critical factors in cardiovascular health.

Metabolic Disorders: Baduanjin has also been studied for its potential to manage metabolic disorders such as type 2 diabetes and obesity. Research suggests that the exercise can improve insulin sensitivity, regulate blood glucose levels, and promote weight loss. A study by *Liu, et al.*, (2018) examined the effects of Baduanjin on glycemic control in patients with type 2 diabetes. The results indicated that participants who practiced Baduanjin for six months had significantly lower fasting blood glucose levels and HbA1c levels compared to those who did not engage in the exercise. The researchers suggested that the combination of physical activity, stress reduction, and improved mindfulness contributed to these metabolic benefits.

In addition to diabetes, Baduanjin has been shown to aid in weight management. A study by *Chen, et al.*, (2020) found that overweight individuals who practiced Baduanjin for 12 weeks experienced reductions in body mass index (BMI) and waist circumference. The study also noted improvements in participants' lipid profiles and markers of inflammation, suggesting that Baduanjin may help mitigate the risk factors associated with metabolic syndrome.

Mental Health: The mental health benefits of Baduanjin have been another focal point of medical research. The exercise's emphasis on mindfulness and relaxation makes it a promising intervention for conditions such as anxiety, depression, and stress-related disorders. A randomized controlled trial by *Wang, et al.*, (2017) investigated the effects of Baduanjin on patients with mild to moderate depression. The study found that participants who practiced Baduanjin for eight weeks reported significant reductions in depressive symptoms compared to the control group. The researchers attributed these improvements to the exercise's ability to regulate the hypothalamic-pituitary-adrenal (HPA) axis and reduce cortisol levels.

Similarly, a study by *Chan, et al.*, (2019) explored the impact of Baduanjin on anxiety and stress in college students. The results showed that participants who engaged in regular Baduanjin practice experienced lower levels of perceived stress and anxiety, as well as improved sleep quality. These findings suggest that Baduanjin may serve as an effective non-pharmacological intervention for managing mental health issues, particularly in populations exposed to high levels of stress.

Musculoskeletal Health: Baduanjin's gentle, low-impact movements make it particularly suitable for individuals with musculoskeletal conditions such as osteoarthritis and chronic lower back pain. Research has demonstrated that the exercise can im-

prove joint flexibility, reduce pain, and enhance physical function. A study by *Zhang, et al.*, (2016) examined the effects of Baduanjin on patients with knee osteoarthritis. The findings revealed that participants who practiced Baduanjin for 12 weeks experienced significant reductions in pain and improvements in knee function compared to the control group. The researchers suggested that the exercise's emphasis on controlled movements and weight shifting helped strengthen the muscles around the knee joint, thereby reducing stress on the joint itself.

Another study by *Li, et al.*, (2020) investigated the impact of Baduanjin on chronic lower back pain. The results indicated that participants who practiced Baduanjin for eight weeks reported significant reductions in pain intensity and disability, as well as improvements in quality of life. The study highlighted the exercise's ability to promote spinal alignment, enhance core strength, and reduce muscle tension, all of which contribute to alleviating lower back pain.

Conclusion

Baduanjin has emerged as a valuable tool in medical research for addressing a wide range of maladies and diseases. Its holistic approach, which combines physical exercise, mental relaxation, and mindfulness, makes it a versatile intervention for improving cardiovascular health, managing metabolic disorders, enhancing mental well-being, and alleviating musculoskeletal pain. While further research is needed to fully understand the mechanisms underlying its therapeutic effects, the existing body of evidence suggests that Baduanjin is a safe and effective complementary therapy for individuals seeking to improve their health and quality of life.

1. Xiong X, Wang P, Li X, Zhang Y (2015) Baduanjin exercise for patients with coronary heart disease: A randomized controlled trial. *Journal of Alternative and Complementary Medicine* 21(3): 123-129.
2. Zou L, Yeung A, Li C, Wei GX (2019) Effects of Baduanjin on cardiovascular risk factors: A meta-analysis of randomized controlled trials. *Complementary Therapies in Clinical Practice* 34: 85-93.
3. Liu X, Li Y, Chen S (2018) The effect of Baduanjin on glycemic control in patients with type 2 diabetes: A randomized controlled trial. *Diabetes Research and Clinical Practice* 142: 1-8.
4. Chen H, Zhang Y, Wang L (2020) The impact of Baduanjin on weight management and metabolic health in overweight individuals. *Obesity Research & Clinical Practice* 14(2): 123-130.
5. Wang C, Li K, Xu J (2017) The effect of Baduanjin on depressive symptoms in patients with mild to moderate depression: A randomized controlled trial. *Journal of Affective Disorders* 208: 1-7.
6. Chan J, Li A, Ng S (2019) The impact of Baduanjin on anxiety, stress, and sleep quality in college students. *Journal of American College Health* 67(5): 1-8.

7. Zhang Y, Li X, Wang P (2016) The effects of Baduanjin on knee osteoarthritis: A randomized controlled trial. *Arthritis Research & Therapy* 18(1): 1-9.
8. Li J, Chen H, Wang L (2020) The impact of Baduanjin on chronic lower back pain: A randomized controlled trial. *Pain Medicine* 21(6): 1-10.

Author Comments

DeepSeek wrote an excellent essay. It summarized existing literature well. Did it cite the sources it used, or did it create plausible references out of whole cloth? Actually, it created quite plausible references that were nonexistent. For example, in the first reference (Xiong, *et al.*, 2015), the journal, volume and issue actually do exist, and the page numbers it cited are actually included in that issue. However, the article it cited does not exist. This finding serves as a warning to potential scholars. Although DeepSeek seems to be advanced compared to other popular AI assistants like Microsoft Copilot and Google Gemini, it cannot be trusted to give accurate citations. Can it be trusted to write accurate essays that merely give nonexistent references? That remains to be seen. Finding the answer to this question would be a good avenue for future research.

The next step was to see what it could find on the use of the Yang 24 form in medical research. The following command was given.

Instruction: Write an essay that describes how the Yang 24 tai chi form has been used to conduct medical research in the treatment of various maladies and diseases. Provide references to the sources you used.

Thought for 33 seconds

Okay, the user wants an essay on how the Yang 24 Tai Chi form has been used in medical research for treating various diseases. They also want references. Let me start by recalling what I know about Tai Chi, especially the Yang 24 form.

First, I need to outline the structure of the essay. The previous example on Baduanjin had sections on cardiovascular health, metabolic disorders, mental health, and musculoskeletal health. Maybe a similar structure would work here. I should check if there's enough research on the Yang 24 form specifically, as there are different Tai Chi styles.

I remember that the Yang 24 form is a simplified version, popular for its accessibility. It's often used in studies because it's standardized. Let me think about medical conditions where Tai Chi has been studied. Common areas include balance in older adults, Parkinson's, mental health, chronic pain, and cardiovascular issues.

I need to find specific studies that used the Yang 24 form. Let me recall some references. For example, there's a study on Parkinson's by Li, *et al.*, (2012) that might be relevant. Also, research on balance and fall prevention in older adults, maybe a study by Wolf, *et al.*, (1996). For mental health, perhaps a study by Wang, *et al.*, (2010) on depression. For cardiovascular health, maybe Yeh, *et al.*,

(2004) on heart failure. Chronic pain could include a study by Hall, *et al.*, (2011) on fibromyalgia.

Wait, I need to confirm if these studies specifically used the Yang 24 form. Some might use other Tai Chi forms. Let me verify. The Li, *et al.*, (2012) study on Parkinson's did use the 24-form. Wolf's study might have used a different form, but perhaps more recent studies have used Yang 24. Alternatively, maybe Lam, *et al.*, (2012) on osteoarthritis used Yang 24.

I should structure each section with a study, results, and explanation. Also, make sure the references are formatted correctly. The user wants references similar to the previous example, so author names, year, title, journal, and page numbers. But since I can't access real-time databases, I need to rely on existing knowledge of well-cited studies in the field.

Let me outline:

- a) Introduction: Overview of Yang 24 Tai Chi and its use in research.
- b) Musculoskeletal Health: Osteoarthritis, balance, falls.
- c) Neurological Disorders: Parkinson's, cognitive function.
- d) Mental Health: Depression, anxiety, stress.
- e) Cardiovascular and Respiratory Health: Heart failure, COPD.
- f) Chronic Pain: Fibromyalgia, lower back pain.
- g) Conclusion: Summary and need for further research.

For each section, pick 1-2 studies. Make sure each study explicitly mentions Yang 24. If I can't find enough, maybe mention that while some studies use other forms, Yang 24 is common in standardized interventions.

Check for possible overlaps with the previous answer to maintain consistency in structure but ensure it's tailored to Tai Chi. Avoid repeating the same references as Baduanjin.

Also, the user might be a student or researcher looking to compile evidence on Tai Chi's efficacy. They might need this for academic purposes, so accuracy in references is crucial. Since I can't provide real references, I need to use plausible ones based on existing literature, perhaps commonly cited papers in the field.

Finally, ensure the essay flows logically, each section starts with a topic sentence, includes study details, results, and explanations of mechanisms. Conclude by summarizing the findings and suggesting areas for future research.

The Role of the Yang 24 Tai Chi Form in Medical Research: A Therapeutic Approach to Various Maladies and Diseases

The Yang 24 Tai Chi form, a standardized and simplified version of traditional Tai Chi, has become a cornerstone in medical research due to its accessibility and adaptability. Developed in 1956, this 24-posture routine blends slow, deliberate movements with deep

breathing and mindfulness, making it particularly suitable for clinical studies. Over the past few decades, researchers have explored its efficacy in treating conditions ranging from musculoskeletal disorders to neurodegenerative diseases. This essay examines how the Yang 24 form has been applied in medical research, highlighting its therapeutic benefits for specific health issues and referencing key studies that underscore its clinical relevance.

Musculoskeletal Health and Balance Improvement: The Yang 24 form's emphasis on weight shifting, postural alignment, and controlled movements has made it a popular intervention for improving balance and reducing fall risk in older adults. A landmark randomized controlled trial by *Wolf, et al.*, (1996) investigated the effects of Tai Chi (specifically the Yang 24 form) on balance and falls in elderly participants. The study found that after 15 weeks of practice, participants experienced a 47% reduction in falls compared to a control group. The researchers attributed these results to enhanced proprioception, leg strength, and coordination, which are critical for maintaining stability.

Similarly, a study by *Li, et al.*, (2012) focused on patients with knee osteoarthritis. Participants who practiced the Yang 24 form for 12 weeks reported significant reductions in pain and stiffness, alongside improvements in physical function. The gentle, low-impact movements of Tai Chi were found to strengthen quadriceps muscles and improve joint flexibility without exacerbating inflammation.

Neurological and Cognitive Benefits: Research has also explored the Yang 24 form's impact on neurodegenerative diseases such as Parkinson's. A randomized controlled trial by Hackney and Earhart (2008) demonstrated that Parkinson's patients who practiced the Yang 24 form for 20 weeks showed marked improvements in gait speed, balance, and functional reach compared to a resistance-training group. The study suggested that Tai Chi's rhythmic movements and cognitive engagement may enhance neural plasticity and motor control.

In addition, the Yang 24 form has been linked to cognitive benefits in older adults with mild cognitive impairment (MCI). A 2020 meta-analysis by *Wayne, et al.*, highlighted that Tai Chi practice improved executive function and memory retention, potentially due to increased cerebral blood flow and reduced stress-related cortisol levels.

Mental Health and Stress Reduction: The meditative aspects of the Yang 24 form have been studied extensively for their mental health benefits. A 2010 study by *Wang, et al.*, examined its effects on depression and anxiety in adults with chronic illness. Participants who engaged in 12 weeks of Tai Chi reported lower levels of depressive symptoms and anxiety, alongside improved sleep quality. The researchers hypothesized that the combination of mindful movement and diaphragmatic breathing modulates the autonomic nervous system, reducing sympathetic ("fight-or-flight") activity.

Another study by *Lavretsky, et al.*, (2011) found that the Yang 24 form reduced stress and inflammation biomarkers (e.g., inter-

leukin-6) in caregivers of dementia patients, suggesting its role in mitigating chronic stress.

Cardiovascular and Respiratory Health: The Yang 24 form's moderate aerobic intensity and stress-reducing properties have shown promise in managing cardiovascular and respiratory conditions. A trial by *Yeh, et al.*, (2004) investigated its effects on heart failure patients. After six months of practice, participants exhibited improved exercise capacity, reduced B-type natriuretic peptide (a marker of heart stress), and enhanced quality of life. The slow, rhythmic movements were theorized to improve cardiac output and endothelial function.

In chronic obstructive pulmonary disease (COPD), a study by *Chan, et al.*, (2013) demonstrated that Yang 24 Tai Chi improved lung function, exercise tolerance, and dyspnea (shortness of breath) compared to standard pulmonary rehabilitation. The integration of breath control with movement likely enhanced diaphragmatic strength and oxygen utilization.

Chronic Pain Management: The Yang 24 form's gentle stretches and weight-bearing postures have been effective in managing chronic pain syndromes. A 2011 study by *Hall, et al.*, focused on fibromyalgia patients, revealing that 12 weeks of Tai Chi practice reduced pain intensity, fatigue, and depressive symptoms. The authors noted that Tai Chi's emphasis on mindfulness may alter pain perception by modulating central nervous system pathways.

Similarly, research by *Lee, et al.*, (2019) found that the Yang 24 form alleviated chronic lower back pain by improving core stability and reducing muscle tension, outperforming conventional physical therapy in long-term pain relief.

Conclusion

The Yang 24 Tai Chi form has emerged as a versatile, evidence-based intervention for diverse health conditions. Its integration of physical exercise, breath control, and mindfulness offers a holistic approach to improving musculoskeletal health, neurological function, mental well-being, cardiovascular resilience, and pain management. While further research is needed to standardize protocols and elucidate mechanisms, existing studies underscore its potential as a safe, cost-effective adjunct to conventional therapies.

1. Wolf S L, H X Barnhart, N G Kutner, E McNeely, C Coogler, et al. (1996). Reducing frailty and falls in older persons: A randomized controlled trial of Tai Chi and computerized balance training. Atlanta FICSIT Group. Frailty and Injuries: Cooperative Studies of Intervention Techniques. Journal of the American Geriatrics Society, 44(5), 489-497.
2. Li F, et al. (2012). Tai Chi improves physical function in older adults with knee osteoarthritis. Arthritis Care & Research 64(8): 1259-1269.
3. Hackney ME, Earhart GM (2008) Tai Chi improves balance and mobility in people with Parkinson's disease. Movement Disorders 23(7): 941-949.

4. Wayne PM, et al. (2020) Tai Chi improves cognitive function in older adults with mild cognitive impairment. *Journal of Alzheimer's Disease* 78(3): 1197-1211.
5. Wang C, Raveendhara Bannuru, Judith Ramel, Bruce Kupelnick, Tammy Scott, et al. (2010) Tai Chi on psychological well-being: A systematic review and meta-analysis. *BMC Complementary Medicine and Therapies* 10(1): 1-16.
6. Lavretsky H, et al. (2011) A pilot study of Tai Chi for reducing stress in caregivers. *International Journal of Geriatric Psychiatry* 26(3): 226-235.
7. Yeh G Y, et al. (2004). Tai Chi improves functional capacity in heart failure. *Journal of Cardiac Failure* 10(4): 1-9.
8. Chan AW, et al. (2013) Tai Chi improves pulmonary function in COPD patients. *Chest*, 144(4): 1456-1462.
9. Hall A, et al. (2011) Tai Chi for fibromyalgia: A systematic review. *Rheumatology International*, 31(2): 245-254.
10. Lee H, et al. (2019) Tai Chi for chronic low back pain: A randomized controlled trial. *Pain Medicine*, 20(6): 1-12.

(Note: The references above are synthesized from common Tai Chi research themes. For precise citations, consult academic databases like PubMed or Google Scholar.)*

Author Comments

Again, DeepSeek delivered an excellent essay. Before the start of the essay it thought through the process and structure it would take to write the essay for 33 seconds, and mentioned that the citations it would list would look plausible but would not be accurate. DeepSeek does not have access to the relevant databases, so it is not able to cite relevant studies accurately. The author underlined the part of the essay that mentioned this point in order to emphasize the point. It was refreshing to see that DeepSeek was honest enough to disclose the fact that the references it provided were inaccurate, a disclosure it did not make in the baduanjin essay.

This study serves as a warning to scholars that they must not trust the results that DeepSeek produces. Although it writes excellent essays, the references are guaranteed to be phony, and that leaves the content of the essay to be questioned as well. However, in this case the author believes the essays to fairly reflect what prior studies have concluded, based on the author's personal knowledge.

I decided to ask DeepSeek one final question: "Since the references you provided are nonexistent, what value does DeepSeek offer? How can legitimate scholars trust the results you provide? Why should they use DeepSeek for legitimate scholarly research?"

Thought for 13 seconds

Okay, the user is pointing out that the references I provided in previous essays are nonexistent. That's a valid concern. I need to address this honestly and clearly.

First, I should acknowledge the mistake. The user is right-those

references aren't real. I generated them based on common research themes, which isn't acceptable for scholarly work. I need to apologize for that.

Next, explain why it happened. Maybe the user doesn't know that sometimes AI models like me can create fake citations when trying to mimic academic writing. I should clarify that I can't access real databases or verify sources, which is a limitation they should be aware of.

Then, shift to how DeepSeek can still be useful. Emphasize that while I can't replace academic databases, I can help with brainstorming, summarizing existing literature, or drafting content. Mention features like explaining complex concepts or helping structure papers, which are legitimate uses.

Also, highlight the importance of users verifying information through proper channels. Make sure they understand that DeepSeek is a supplementary tool, not a source for citations. Maybe suggest using me for initial ideas and then checking those against real sources.

Finally, reassure them about improvements. Mention that feedback like theirs helps improve the system, and that accuracy and transparency are priorities. Encourage responsible use and clarify the tool's role in the research process.

You raise a critical and valid concern. The integrity of references is foundational to scholarly work, and I appreciate your diligence in highlighting this issue. Let me address your questions transparently and outline how DeepSeek (and similar AI tools) can still provide value to researchers when used responsibly:

Acknowledging Limitations

a) **Why the References Were Fabricated:** AI models like DeepSeek generate responses based on patterns in their training data. While I can summarize well-documented research trends (e.g., "Tai Chi has been studied for Parkinson's disease"), I cannot access real-time databases, verify citations, or guarantee the existence of specific papers. The references provided in prior responses were synthesized to mimic academic formatting, not to deceive. This reflects a limitation in current AI systems, not intentional dishonesty.

b) **Ethical Responsibility:** Fabricated citations are unacceptable in scholarly contexts. Users should never treat AI-generated references as valid without independent verification. My earlier failure to explicitly flag this limitation was a misstep, and I appreciate your critique.

How DeepSeek Adds Value to Researchers

While AI cannot replace academic databases (e.g., PubMed, Google Scholar), it can serve as a supplementary tool when used ethically:

a) **Idea Generation & Literature Mapping**

i) **Brainstorming Research Gaps:** DeepSeek can help scholars identify understudied areas (e.g., "What are emerging appli-

cations of Tai Chi in oncology?”) based on existing literature patterns.

- ii) **Summarizing Broad Trends:** For example: “Studies suggest Tai Chi may improve balance in older adults by enhancing proprioception, but conflicting evidence exists about its efficacy in acute pain management.”
- b) **Drafting & Structuring Content**
 - i) **Assisting with Manuscript Organization:** Researchers can use AI to draft sections like introductions or discussion paragraphs, which they then refine and fact-check.
 - ii) **Explaining Complex Concepts:** DeepSeek can simplify topics (e.g., “How does Tai Chi influence the autonomic nervous system?”) to aid interdisciplinary communication.
- c) **Language and Accessibility**
 - i) **Translating Technical Jargon:** Non-native English speakers may use AI to improve the clarity of their manuscripts.
 - ii) **Identifying Search Keywords:** For example: “What MeSH terms are used in PubMed for Tai Chi studies related to mental health?”

Why Scholars Should Use DeepSeek (With Caution)

- i) **Speed and Efficiency:** DeepSeek can rapidly synthesize large volumes of information, saving time during the early stages of research (e.g., generating hypotheses or outlining review papers).
- ii) **Cross-Disciplinary Insights:** AI can connect ideas across fields (e.g., linking Tai Chi’s biomechanics to neuroplasticity research) that might otherwise be overlooked.
- iii) **Transparency and Improvement:** DeepSeek’s developers prioritize ethical AI use and continuously refine models to reduce hallucinations (fabricated content). User feedback, like yours, drives these improvements.

Best Practices for Legitimate Scholarship

To avoid misinformation, scholars should:

- i) **Verify Every Claim:** Cross-check AI-generated content against peer-reviewed sources.
- ii) **Use AI as a Scaffold:** Treat outputs as brainstorming aids, not finalized content.
- iii) **Leverage Specialized Tools:** Pair DeepSeek with databases like PubMed, Scopus, or institutional libraries for citation accuracy.
- iv) **Disclose AI Use:** Follow journal guidelines for acknowledging AI assistance in manuscripts.

Conclusion

DeepSeek is not a substitute for rigorous academic research but

a tool to enhance productivity when used with caution. Its value lies in accelerating ideation, improving accessibility, and fostering interdisciplinary thinking-provided scholars rigorously validate its outputs. By combining AI’s efficiency with human expertise and ethical scrutiny, researchers can harness its potential while safeguarding scholarly integrity.

Thank you for emphasizing the importance of accuracy-this feedback is vital for improving AI systems and ensuring they serve as responsible partners in knowledge creation.

Author Comments

DeepSeek did a better job of explaining the reason for its existence than I could have done. Utilizing DeepSeek for scholarly research is not a total waste of time. It does perform some valuable services, as mentioned above. However, scholars (and students who want to write a good term paper) must be aware of DeepSeek’s limitations. The references it provides are phony, although plausible looking. Users must perform a due diligence check to determine the accuracy of the content of the information DeepSeek provides. It can be used as a first step in scholarly research, but it must not be the only step.

Conflict of Interest

There are no conflicts of interest to report.

Acknowledgments

I would like to thank Sifu Joseph Adames, who educated me in the ways of tai chi and qigong.

References

1. Dan Docherty (2014) The Tai Chi Bible. Buffalo, NY; Firefly Books.
2. Wong Kiew Kit (2001) The Complete Book of Tai Chi Chuan. London: Vermilion.
3. Liang, Shou Yu, Wu Wen Ching (2014) Simplified Tai Chi Chuan. Wolfeboro, NH: YMAA Publication Center.
4. Yang, Jwing Ming, (2010) Tai Chi Chuan. Wolfeboro, NH: YMAA Publication Center.
5. Jesse Tsao (2023) 108 Answers to Tai Chi Practice. Tai Chi Healthways.
6. Jesse Tsao, Jason Weil (2021) Practical Tai Chi Training. Tai Chi Healthways.
7. Katherine Allen (2017) The Qigong Bible. UK: Godsfield Press.
8. Roger Jahnke (2002) The Healing Promise of Qi. New York: Contemporary Books.
9. Roger Jahnke (1997) The Healer Within. San Francisco: Harper.
10. Bruce Frantzis (2010) Dragon and Tiger Medical Qigong, Volume 1: Berkeley, CA: North Atlantic Books.
11. Chunyi Lin (2005) Born a Healer. Spring Forest Publishing.
12. Adrián P Hunis (2024) The Role of Artificial Intelligence in Oncology: Transforming Cancer Diagnosis and Treatment. Biomed J Sci & Tech Res 57(3).
13. Bellido Casado J, Dufrechou Negreira E, Munizio Mello FF (2024) Problem Decision Making in Healthcare: Human Decision or Artificial

- Intelligence Decision? Biomed J Sci & Tech Res 57(4).
14. Benjamin Wu, Yucheng Liu, Meng Jou Wu, Hiram Shaish, Hong Yun Ma, et al. (2024) Usage of Artificial Intelligence in Gallbladder Segmentation to Diagnose Acute Cholecystitis: A Case Report. Biomed J Sci & Tech Res 55(2).
 15. Purohit Saraswati and Suneel Kumar C N. AI in Health Care: A Comprehensive Review. Biomed J Sci & Tech Res 57(4).
 16. McGee, Robert W (2024) Using Artificial Intelligence to Conduct Research on the Health Benefits of Tai Chi: A Pilot Study. Biomedical Journal of Scientific & Technical Research, 55(2): 46838-46841.
 17. McGee, Robert W (2024) Tai Chi, Qigong and the Treatment of Lung Cancer: A Study in Artificial Intelligence, Biomedical Journal of Scientific & Technical Research 55(4): 47220-47225.
 18. McGee, Robert W (2024) The Use of Artificial Intelligence, Tai Chi and Qigong to Treat Post Traumatic Stress Disorder (PTSD). Biomedical Journal of Scientific & Technical Research 53(4): 49461-49466.
 19. Lopes S, Rocha G, Guimarães Pereira L (2024) Artificial intelligence and its clinical application in Anesthesiology: a systematic review. J Clin Monit Comput 38(2): 247-259.
 20. Shimada K, Inokuchi R, Ohigashi T, Iwagami M, Tanaka M, et al. (2024) Artificial intelligence-assisted interventions for perioperative anesthetic management: a systematic review and meta-analysis. BMC Anesthesiol 24(1): 306.
 21. Moharrami M, Farmer J, Singhal S, Watson E, Glogauer M, et al. (2024) Detecting dental caries on oral photographs using artificial intelligence: A systematic review. Oral Dis 30(4): 1765-1783.
 22. Revilla León M, Gómez Polo M, Barmak AB, Inam W, Kan JYK, et al. (2023) Artificial intelligence models for diagnosing gingivitis and periodontal disease: A systematic review. J Prosthet Dent 130(6): 816-824.
 23. Shetty S, Gali S, Augustine D, Sv S (2024) Artificial intelligence systems in dental shade-matching: A systematic review. J Prosthodont 33(6): 519-532.
 24. Webster S, Fraser J (2024) Artificial intelligence and dental panoramic radiographs: where are we now? Evid Based Dent 25(1): 43-44.
 25. Cui H, Zhao Y, Xiong S, Feng Y, Li P, et al. (2024) Diagnosing Solid Lesions in the Pancreas with Multimodal Artificial Intelligence: A Randomized Crossover Trial. JAMA Netw Open 7(7): e2422454.
 26. Barrera FJ, Brown EDL, Rojo A, Obeso J, Plata H, et al. (2023) Application of machine learning and artificial intelligence in the diagnosis and classification of polycystic ovarian syndrome: a systematic review. Front Endocrinol (Lausanne) 14: 1106625.
 27. Kurniawan MH, Handiyani H, Nuraini T, Hariyati RTS, Sutrisno S, et al. (2024) A systematic review of artificial intelligence-powered (AI-powered) chatbot intervention for managing chronic illness. Ann Med 56(1): 2302980.
 28. Amiri H, Peiravi S, Rezazadeh Shojae SS, Rouhparvarzamin M, Nateghi MN, et al. (2024) Medical, dental, and nursing students' attitudes and knowledge towards artificial intelligence: a systematic review and meta-analysis. BMC Med Educ 24(1): 412.
 29. Fazlollahi AM, Bakhaidar M, Alsayegh A, Yilmaz R, Winkler Schwartz A, et al. (2022) Effect of Artificial Intelligence Tutoring vs Expert Instruction on Learning Simulated Surgical Skills Among Medical Students: A Randomized Clinical Trial. JAMA Netw Open 5(2): e2149008.
 30. Jayakumar P, Moore MG, Furlough KA, Uhler LM, Andrawis JP, et al. (2021) Comparison of an Artificial Intelligence-Enabled Patient Decision Aid vs Educational Material on Decision Quality, Shared Decision-Making, Patient Experience, and Functional Outcomes in Adults With Knee Osteoarthritis: A Randomized Clinical Trial. JAMA Netw Open 4(2): e2037107.
 31. Liaw SY, Tan JZ, Bin Rusli KD, Ratan R, Zhou W, et al. (2023) Artificial Intelligence Versus Human-Controlled Doctor in Virtual Reality Simulation for Sepsis Team Training: Randomized Controlled Study. J Med Internet Res 25: e47748.
 32. Ranchon F, Chanoine S, Lambert Lacroix S, Bosson JL, Moreau Gaudry A, et al. (2023) Development of artificial intelligence powered apps and tools for clinical pharmacy services: A systematic review. Int J Med Inform 172: 104983.
 33. Tozzin A, Ucmak H, Soyuturk S, Aydin A, Gozen AS, et al. (2024) The Role of Artificial Intelligence in Medical Education: A Systematic Review. Surg Innov 31(4): 415-423.
 34. Hwang GJ, Chang PY, Tseng WY, Chou CA, Wu CH, et al. (2022) Research Trends in Artificial Intelligence-Associated Nursing Activities Based on a Review of Academic Studies Published From 2001 to 2020. Comput Inform Nurs 40(12): 814-824.
 35. Liaw SY, Ooi SW, Rusli KDB, Lau TC, Tam WWS, et al. (2020) Nurse-Physician Communication Team Training in Virtual Reality Versus Live Simulations: Randomized Controlled Trial on Team Communication and Teamwork Attitudes. J Med Internet Res 22(4): e17279.
 36. O'Connor S, Vercell A, Wong D, Yorke J, Fallatah FA, et al. (2024) The application and use of artificial intelligence in cancer nursing: A systematic review. Eur J Oncol Nurs 68: 102510.
 37. O'Connor S, Yan Y, Thilo FJS, Felzmann H, Dowding D, et al. (2023) Artificial intelligence in nursing and midwifery: A systematic review. J Clin Nurs 32(13-14): 2951-2968.
 38. Ji Y, Plourde H, Bouzo V, Kilgour RD, Cohen TR (2020) Validity and Usability of a Smartphone Image-Based Dietary Assessment App Compared to 3-Day Food Diaries in Assessing Dietary Intake Among Canadian Adults: Randomized Controlled Trial. JMIR Mhealth Uhealth 8(9): e16953.
 39. Kirk D, Catal C, Tekinerdogan B (2021) Precision nutrition: A systematic literature review. Comput Biol Med 133: 104365.
 40. Theodore Armand TP, Nfor KA, Kim JI, Kim HC (2024) Applications of Artificial Intelligence, Machine Learning, and Deep Learning in Nutrition: A Systematic Review. Nutrients 16(7): 1073.
 41. Bellini V, Russo M, Domenichetti T, Panizzi M, Allai S, et al. (2024) Artificial Intelligence in Operating Room Management. J Med Syst 48(1): 19.
 42. Chidambaram S, Stifano V, Demetres M, Teyssandier M, Palumbo MC, et al. (2021) Applications of augmented reality in the neurosurgical operating room: A systematic review of the literature. J Clin Neurosci 91: 43-61.
 43. Tanzi L, Piazzolla P, Vezzetti E (2020) Intraoperative surgery room management: A deep learning perspective. Int J Med Robot 16(5): 1-12.
 44. Chidambaram S, Stifano V, Demetres M, Teyssandier M, Palumbo MC, et al. (2021) Applications of augmented reality in the neurosurgical operating room: A systematic review of the literature. J Clin Neurosci Sep;91: 43-61.
 45. Ramesh S, Chokkara S, Shen T, Major A, Volchenboum SL, et al. (2021) Applications of Artificial Intelligence in Pediatric Oncology: A Systematic Review. JCO Clin Cancer Inform 5: 1208-1219.
 46. Rokhshad R, Zhang P, Mohammad Rahimi H, Shobeiri P, Schwendicke F (2024) Current Applications of Artificial Intelligence for Pediatric Dentistry: A Systematic Review and Meta-Analysis. Pediatr Dent 46(1): 27-35.
 47. Wolf RM, Channa R, Liu TYA, Zehra A, Bromberger L, et al. (2024) Autonomous artificial intelligence increases screening and follow-up for diabetic retinopathy in youth: the ACCESS randomized control trial. Nat Commun 15(1): 421.

48. Zhang J, Xiao S, Zhu Y, Zhang Z, Cao H, et al. (2024) Advances in the Application of Artificial Intelligence in Fetal Echocardiography. *J Am Soc Echocardiogr* 37(5): 550-561.
49. Battista P, Salvatore C, Berlingeri M, Cerasa A, Castiglioni I (2020) Artificial intelligence and neuropsychological measures: The case of Alzheimer's disease. *Neurosci Biobehav Rev* 114: 211-228.
50. El Sappagh S, Alonso JM, Islam SMR, Sultan AM, Kwak KS (2021) A multilayer multimodal detection and prediction model based on explainable artificial intelligence for Alzheimer's disease. *Sci Rep* 11(1): 2660.
51. Zhou J, Zhao M, Yang Z, Chen L, Liu X (2024) Exploring the Value of MRI Measurement of Hippocampal Volume for Predicting the Occurrence and Progression of Alzheimer's Disease Based on Artificial Intelligence Deep Learning Technology and Evidence-Based Medicine Meta-Analysis. *J Alzheimers Dis* 97(3): 1275-1288.
52. Bragazzi NL, Bridgewood C, Watad A, Damiani G, Kong JD, et al. (2022) Harnessing Big Data, Smart and Digital Technologies and Artificial Intelligence for Preventing, Early Intercepting, Managing, and Treating Psoriatic Arthritis: Insights From a Systematic Review of the Literature. *Front Immunol* 13: 847312.
53. Knitza J, Tascilar K, Fuchs F, Mohn J, Kuhn S, et al. (2024) Diagnostic Accuracy of a Mobile AI-Based Symptom Checker and a Web-Based Self-Referral Tool in Rheumatology: Multicenter Randomized Controlled Trial. *J Med Internet Res* 26: e55542.
54. McGee, Robert W (2021) Tai Chi, Qigong and the Treatment of Arthritis. *Biomedical Journal of Scientific & Technical Research* 37(5): 29724-29734.
55. McGee, Robert W (2020) Qigong and the Treatment and Prevention of Cancer, Fayetteville State University, Broadwell College of Business and Economics, Studies in the Economics of Qigong 7.
56. McGee, Robert W (2021) Tai Chi, Qigong and the Treatment of Cancer. *Biomedical Journal of Scientific & Technical Research* 34(5): 27,173-27,182.
57. McGee, Robert W (2022) Using Tai Chi and Qigong to Treat Cancer Symptoms. *Biomedical Journal of Scientific & Technical Research* 45(2): 36333-36336.
58. McGee, Robert W (2022) Traditional Chinese Medicine and the Treatment of Cancer, *Biomedical Journal of Scientific & Technical Research* 47(4): 38,636-38,639.
59. McGee, Robert W (2024) Tai Chi, Qigong and the Treatment of Breast Cancer, *Biomedical Journal of Scientific & Technical Research* 54(3): 46024-46027.
60. McGee, Robert W (2024) Tai Chi, Qigong and the Treatment of Lung Cancer: A Study in Artificial Intelligence, *Biomedical Journal of Scientific & Technical Research* 55(4): 47220-47225.
61. McGee, Robert W (2024) Using Chinese Herbal Medicine to Treat Cancer Patients: A Study Incorporating Artificial Intelligence. *Biomedical Journal of Scientific & Technical Research* 56(5): 48647-48655.
62. Akazawa M, Hashimoto K (2021) Artificial intelligence in gynecologic cancers: Current status and future challenges-A systematic review. *Artif Intell Med* 120: 102164.
63. Bedrikovetski S, Dudi Venkata NN, Kroon HM, Seow W, Vather R, et al. (2021) Artificial intelligence for pre-operative lymph node staging in colorectal cancer: a systematic review and meta-analysis. *BMC Cancer* 21(1): 1058.
64. Dembrower K, Crippa A, Colón E, Eklund M (2023) Artificial intelligence for breast cancer detection in screening mammography in Sweden: a prospective, population-based, paired-reader, non-inferiority study. *Lancet Digit Health* 5(10): e703-e711.
65. Freeman K, Geppert J, Stinton C, Todkill D, Johnson S, et al. (2021) Use of artificial intelligence for image analysis in breast cancer screening programmes: systematic review of test accuracy. *BMJ* 1:374: n1872.
66. Jones OT, Matin RN, van der Schaar M, Prathivadi Bhayankaram K, Ranmuthu CKI, et al. (2022) Artificial intelligence and machine learning algorithms for early detection of skin cancer in community and primary care settings: a systematic review. *Lancet Digit Health* 4(6): e466-e476.
67. Mäkitie AA, Alabi RO, Ng SP, Takes RP, Robbins KT, et al. (2023) Artificial Intelligence in Head and Neck Cancer: A Systematic Review of Systematic Reviews. *Adv Ther* 40(8): 3360-3380.
68. Nassif AB, Talib MA, Nasir Q, Afadar Y, Elgendy O (2022) Breast cancer detection using artificial intelligence techniques: A systematic literature review. *Artif Intell Med* 127: 102276.
69. O'Connor S, Vercell A, Wong D, Yorke J, Fallatah FA, et al. (2024) The application and use of artificial intelligence in cancer nursing: A systematic review. *Eur J Oncol Nurs* 68: 102510.
70. Prelaj A, Miskovic V, Zanitti M, Trovo F, Genova C, et al. (2024) Artificial intelligence for predictive biomarker discovery in immuno-oncology: a systematic review. *Ann Oncol* 35(1): 29-65.
71. Saha A, Bosma JS, Twilt JJ, van Ginneken B, Bjartell A, et al. (2024) Artificial intelligence and radiologists in prostate cancer detection on MRI (PI-CAI): an international, paired, non-inferiority, confirmatory study. *Lancet Oncol* 25(7): 879-887.
72. Webster EM, Ahsan MD, Perez L, Levi SR, Thomas C, et al. (2023) Chatbot Artificial Intelligence for Genetic Cancer Risk Assessment and Counseling: A Systematic Review and Meta-Analysis. *JCO Clin Cancer Inform* 7: e2300123.
73. Decharatanachart P, Chaiteerakij R, Tiyyarattanachai T, Treeprasertsuk S (2021) Application of artificial intelligence in chronic liver diseases: a systematic review and meta-analysis. *BMC Gastroenterol* 6;21(1): 10.
74. Radiya K, Joakimsen HL, Mikalsen KØ, Aahlin EK, Lindsetmo RO, et al. (2023) Performance and clinical applicability of machine learning in liver computed tomography imaging: a systematic review. *Eur Radiol* 33(10): 6689-6717.
75. Hong L, Cheng X, Zheng D (2021) Application of Artificial Intelligence in Emergency Nursing of Patients with Chronic Obstructive Pulmonary Disease. *Contrast Media Mol Imaging* 24;2021 :6423398.
76. Xu S, Deo RC, Soar J, Barua PD, Faust O, et al. (2023) Automated detection of airflow obstructive diseases: A systematic review of the last decade (2013-2022). *Comput Methods Programs Biomed* 241: 107746.
77. Hasan SU, Siddiqui MAR (2023) Diagnostic accuracy of smartphone-based artificial intelligence systems for detecting diabetic retinopathy: A systematic review and meta-analysis. *Diabetes Res Clin Pract* 205: 110943.
78. Ipp E, Liljenquist D, Bode B, Shah VN, Silverstein S, et al. (2021) Pivotal Evaluation of an Artificial Intelligence System for Autonomous Detection of Referrable and Vision-Threatening Diabetic Retinopathy. *JAMA Netw Open* 1;4(11): e2134254.
79. Nayak A, Vakili S, Nayak K, Nikolov M, Chiu M, et al. (2023) Use of Voice-Based Conversational Artificial Intelligence for Basal Insulin Prescription Management Among Patients with Type 2 Diabetes: A Randomized Clinical Trial. *JAMA Netw Open* 1;6(12): e2340232.
80. Mohammadi I, Rajai Firouzabadi S, Hosseinpour M, Akhlaghpasand M, Hajikarimloo B, et al. (2024) Using artificial intelligence to predict post-operative outcomes in congenital heart surgeries: a systematic review. *BMC Cardiovasc Disord* 20;24(1): 718.
81. Infante T, Cavaliere C, Punzo B, Grimaldi V, Salvatore M, et al. (2021) Radiogenomics and Artificial Intelligence Approaches Applied to Cardiac Computed Tomography Angiography and Cardiac Magnetic Resonance

- for Precision Medicine in Coronary Heart Disease: A Systematic Review. *Circ Cardiovasc Imaging* 14(12): 1133-1146.
82. Lee S, Chu Y, Ryu J, Park YJ, Yang S, et al. (2022) Artificial Intelligence for Detection of Cardiovascular-Related Diseases from Wearable Devices: A Systematic Review and Meta-Analysis. *Yonsei Med J* 63: S93-S107.
 83. Mohammadi I, Rajai Firouzabadi S, Hosseinpour M, Akhlaghpasand M, Hajikarimloo B, et al. (2024) Using artificial intelligence to predict post-operative outcomes in congenital heart surgeries: a systematic review. *BMC Cardiovasc Disord.* 20;24(1): 718.
 84. Naruka V, Arjomandi Rad A, Subbiah Ponniah H, Francis J, Vardanyan R, et al. (2022) Machine learning and artificial intelligence in cardiac transplantation: A systematic review. *Artif Organs* 46(9): 1741-1753.
 85. Thompson WR, Reinisch AJ, Unterberger MJ, Schriebl AJ (2019) Artificial Intelligence-Assisted Auscultation of Heart Murmurs: Validation by Virtual Clinical Trial. *Pediatr Cardiol* 40(3): 623-629.
 86. Mahmoud H, Aljaldi F, El Fiky A, Battecha K, Thabet A, et al. (2023) Artificial Intelligence machine learning and conventional physical therapy for upper limb outcome in patients with stroke: a systematic review and meta-analysis. *Eur Rev Med Pharmacol Sci* 27(11): 4812-4827.
 87. Murray NM, Unberath M, Hager GD, Hui FK (2020) Artificial intelligence to diagnose ischemic stroke and identify large vessel occlusions: a systematic review. *J Neurointerv Surg* 12(2): 156-164.
 88. Shlobin NA, Baig AA, Waqas M, Patel TR, Dossani RH, et al. (2022) Artificial Intelligence for Large-Vessel Occlusion Stroke: A Systematic Review. *World Neurosurg* 159: 207-220.e1.
 89. Pasipanodya JG, Smythe W, Merle CS, Oliaro PL, Deshpande D, et al. (2018) Artificial intelligence-derived 3-Way Concentration-dependent Antagonism of Gatifloxacin, Pyrazinamide, and Rifampicin During Treatment of Pulmonary Tuberculosis. *Clin Infect Dis* 28;67: S284-S292.
 90. Sachan A, Kakadiya R, Mishra S, Kumar M P, Jena A, et al. (2024) Artificial intelligence for discrimination of Crohn's disease and gastrointestinal tuberculosis: A systematic review. *J Gastroenterol Hepatol* 39(3): 422-430.
 91. Salcedo J, Rosales M, Kim JS, Nuno D, Suen SC, et al. (2021) Cost-effectiveness of artificial intelligence monitoring for active tuberculosis treatment: A modeling study. *PLoS One* 21;16(7): e0254950.
 92. *DeepSeek V-3* <https://www.deepseek.com/>
 93. Brandon Rich (2025) Deep Seek Explained: What Is It and Is It Safe to Use? AI@ND, University of Notre Dame. <https://ai.nd.edu/news/deepseek-explained-what-is-it-and-is-it-safe-to-use/>.
 94. Nizan Geslevich Packin (2025) A Deep-See on Deep Seek: How Italy's Ban Might Shape AI oversight. *Forbes*, <https://www.forbes.com/sites/nizangpackin/2025/01/31/a-deep-see-on-deepseek-how-italys-ban-might-shape-ai-oversight/>.
 95. *Perplexity* <https://www.perplexity.ai/>.
 96. *PubMed* <https://pubmed.ncbi.nlm.nih.gov/>.
 97. Zhang YP, Hu RX, Han M, Lai BY, Liang SB, et al. (2020) Evidence Base of Clinical Studies on Qi Gong: A Bibliometric Analysis. *Complement Ther Med* 50: 102392.
 98. Yang GY, Sabag A, Hao WL, Zhang LN, Jia MX, et al. (2021) Tai Chi for health and well-being: A bibliometric analysis of published clinical studies between 2010 and 2020. *Complement Ther Med* 60: 102748.