

A Convergent Music Therapy Platform for Parkinson's Disease: Integrating Medicine, Arts, Technology, and Genomic Precision

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Abstract—This study proposes a convergent music therapy platform that integrates medicine, arts, technology, and precision medicine for the rehabilitation of patients with Parkinson's disease. Parkinson's disease involves not only motor impairments but also non-motor symptoms such as depression, anxiety, and social isolation, which are insufficiently addressed by conventional pharmacological and surgical treatments. The proposed platform combines clinical neurology, traditional medicine, the psychosocial benefits of music and performing arts, AI- and sensor-based monitoring, and genomic precision diagnostics to form a comprehensive rehabilitation model. The system incorporates rhythm-based movement training, vocal and breathing exercises, and group ensemble activities, while wearable sensors and AI analysis provide real-time monitoring and personalized feedback. Genomic testing enables early identification of high-risk groups and supports individualized treatment strategies that consider drug responsiveness and side-effect risks. Beyond clinical benefits, participation in performing arts fosters social validation, while multicultural music therapy content and international collaborative performances highlight the potential for global scalability. A stepwise implementation plan—ranging from prototype development and pilot studies to clinical validation and international dissemination—is presented. Overall, the platform seeks to enhance quality of life for Parkinson's patients and establishes a new neurorehabilitation paradigm that unites precision medicine, music therapy, and global healthcare innovation.

Keywords—Parkinson's disease rehabilitation, Genomic-based precision medicine, Convergent music therapy, AI and wearable sensor monitoring, and Global cultural adaptability in healthcare

I. INTRODUCTION

Parkinson's disease (PD) is the second most common neurodegenerative disorder after Alzheimer's disease, characterized not only by motor impairments such as bradykinesia, tremor, and postural instability, but also by non-motor symptoms including depression, anxiety, and sleep disturbances [1]. These symptoms significantly diminish patients' quality of life and adversely affect family and social relationships. Conventional treatments relying on medication and surgery can delay disease progression but are limited in restoring motor and emotional functions [2]. As a result, complementary approaches such as music therapy have

gained increasing attention. Music can induce neural entrainment, improving gait stability, coordination, and emotional regulation [3], while group ensemble and performance activities help enhance motivation and self-esteem [4].

Unlike conventional rhythm-based music therapy (RAS) or neurologic music therapy (NMT), this study proposes an integrated platform that combines constitution analysis from traditional medicine, real-time sensor feedback, social reintegration through performing arts, and genomic precision diagnostics. This approach aims to prevent pneumonia, enable early risk stratification and personalized treatment, and strengthen self-efficacy, thereby supporting rehabilitation and long-term treatment adherence in patients with Parkinson's disease. Accordingly, this paper presents a convergent music therapy platform integrating medicine, arts, technology, and precision medicine, and discusses its conceptual framework and expected outcomes.

II. CONCEPTUAL STRUCTURE OF THE PROPOSED MODEL

A. Medical Basis

Clinical neurological assessments such as the Unified Parkinson's Disease Rating Scale (UPDRS), gait analysis, and balance tests are used to objectively evaluate the initial condition of patients [5]. When combined with perspectives from traditional medicine, pulse diagnosis and constitution assessment allow for an integrated interpretation that addresses individual imbalances in bodily rhythms [6]. In traditional Korean medicine, Parkinson's disease is often understood through classifications such as liver-kidney yin deficiency and qi-blood deficiency, emphasizing constitution-based personalized approaches. Furthermore, the concept of Mibyeong (preventive care before the onset of illness) highlights the importance of early intervention and preventive strategies, particularly in reducing secondary complications such as pneumonia.

B. Artistic Intervention

Rhythm-based movement training uses a metronome and percussion instruments to perform walking and body movements in synchrony with rhythm, thereby improving motor coordination and stability [7]. Vocal and breathing exercises involve singing and vocalization to enhance

respiratory control and strengthen vocal muscles, playing an important role in increasing lung capacity, preventing aspiration pneumonia, and promoting overall health [8]. In addition, group ensemble and performance activities provide patients with opportunities for social interaction and a sense of achievement. Through the peer mentoring effect, patients who show progress can serve as role models, thereby enhancing self-efficacy within the group and helping others overcome feelings of helplessness caused by the disease [9].

C. Technological Support

Wearable sensors collect real-time data on gait parameters such as step count, speed, balance, and electromyography (EMG). In particular, gait analysis using a six-axis inertial measurement unit (IMU) can detect subtle symptom changes in patients with Parkinson's disease, while monitoring of respiratory patterns and pulmonary function indices enables early identification of pneumonia risk [10]. AI-based analysis employs deep learning models such as CNN-LSTM to comprehensively evaluate gait patterns, movement symmetry, facial expressions, and voice data, providing personalized feedback [11]. Voice analysis, in particular, quantifies articulation clarity and respiratory strength, serving as an objective measure of pulmonary improvement [12]. Remote monitoring further supports patients in continuing their training at home through mobile applications and online sessions [13]. Additionally, functions for sharing success stories and providing mutual encouragement enhance the peer mentoring effect and help sustain long-term motivation [14].

D. Genomic-based Early Diagnosis and Personalized Treatment

Recent studies suggest that Parkinson's disease may present genetic risk signals several years before clinical diagnosis. Genomic analysis provides critical evidence for predicting not only disease onset but also drug responsiveness and potential adverse effects, thereby supporting the development of personalized treatment strategies. For example, certain genetic variants increase the risk of hallucinations or dyskinesia with levodopa treatment, while polymorphisms in drug-metabolizing enzymes can alter the efficacy and safety of the same medication across individuals. Such information helps clinicians minimize unnecessary side effects and optimize dosage and drug combinations.

Figure 1 shows an example of a genomic test report (ParkinTracer™) from Predictive AI, Inc. In this report, genetic profiling for Parkinson's disease treatment, showing Levodopa responsiveness. Patient-specific variants (HOMER1, DRD3, SLC22A1) and their clinical implications are presented with population frequency data, supporting personalized therapy design.

Moreover, genomic-based early diagnosis creates opportunities to design integrated treatment strategies that combine pharmacological therapy with non-pharmacological approaches such as music therapy. By identifying high-risk groups in advance, clinicians can implement tailored treatment plans while incorporating rhythm and breathing training, vocal exercises, and ensemble activities to slow disease progression and strengthen emotional and social well-being. Ultimately, genetic information serves not merely as supplementary data but as a foundation for precision medicine approaches based on prediction, personalization, and participation. This enables the convergent music therapy platform to evolve into a comprehensive care model that

enhances quality of life even before the clinical onset of Parkinson's disease.

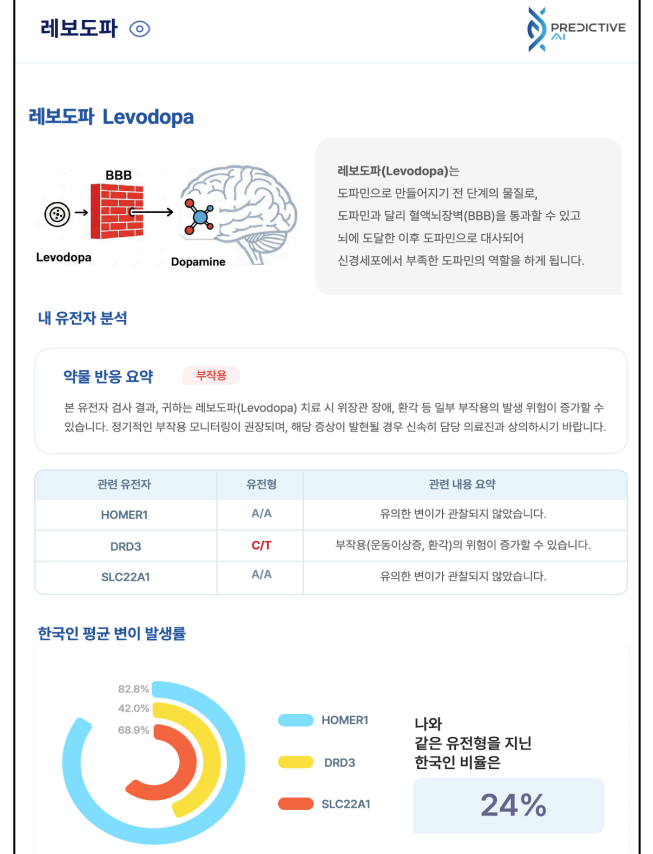


Fig. 1. Example of a genomic test report (ParkinTracer™ Predictive AI, Inc.)

III. EXPECTED EFFECTS

A. Improvement in Motor Function

Through rhythm-based neural entrainment, it is expected to restore the rhythmicity of the basal ganglia-thalamus-cerebral cortex circuit, thereby reducing freezing of gait by 25-30% and improving walking speed and stride length. Specifically, external rhythmic stimulation can bypass damaged basal ganglia circuits and enhance motor function via the supplementary motor area of the cerebral cortex [15]. Furthermore, gene-based patient stratification enables the prediction of individual differences in motor recovery responses, allowing the design of tailored music-drug combination strategies.

B. Enhancement of Emotional and Cognitive Function

Music's dopamine-stimulating effects and social support through group activities are expected to reduce depression and anxiety while improving self-esteem [16]. Furthermore, complex musical activities have been shown to enhance cognitive flexibility and working memory [17]. Incorporating personalized treatment strategies based on genetic testing can reduce the risk of medication side effects and maintain emotional stability more consistently and sustainably.

C. Enhancing Respiratory Function and Preventing Pneumonia

Through a preventive approach based on the concept of pre-disease in Korean medicine, voice and breathing exercises are expected to increase lung capacity by 20-30% and

strengthen respiratory muscles, significantly reducing the risk of aspiration pneumonia—a major cause of death in Parkinson's disease patients [18]. Regular vocalization training also improves coordination of the laryngeal muscles, helping prevent aspiration caused by dysphagia [19]. Furthermore, early identification of genetically based risk groups (e.g., variants in respiratory-related metabolic enzymes) enables the proactive application of music therapy modules focused on respiratory function.

D. Social Reintegration and Role Model Effects

Social connections fostered through group music-making and performances can alleviate social isolation among Parkinson's disease patients and contribute to forming a positive perception of the disease. Notably, patients who show improvement during treatment become role models for others, enhancing self-efficacy within the group and helping overcome feelings of shame and despair caused by the disease [20]. This 'peer support' effect is crucial for sustaining long-term treatment motivation [21]. Combining precision medicine information with art therapy can heighten trust among patients, families, and the community, further strengthening the social validation effect.



Fig. 2. Weekly performance rehearsal with Parkinson's patients and clinicians.

Figure 2 shows Parkinson's patients meeting every Friday to rehearse performances with their physicians. Such activities extend beyond conventional therapy by fostering social interaction, emotional motivation, and patient-clinician bonding, thereby enhancing the rehabilitative impact.

E. Enhancing Treatment Adherence

The integration of personalized AI feedback and wearable technology maintains patient motivation and enables long-term rehabilitation participation [22]. Furthermore, incorporating genetic data allows for more precise tracking of patients' long-term treatment responses, reducing the risk of treatment discontinuation and ensuring stable maintenance of therapeutic effects.

F. Effects of Precision Medicine-Based Personalized Treatment

Early risk group screening through genetic analysis enables preventive intervention before disease onset. Furthermore, by identifying drug responsiveness and adverse effect risks in advance to design tailored treatment strategies, both treatment safety and efficacy can be simultaneously enhanced. This provides a crucial foundation for optimizing the effectiveness of a convergent platform combining music

therapy and technological monitoring to individual characteristics, enabling the expansion of this model into the 5P [23] precision medical neurorehabilitation paradigm.

IV. DISCUSSION

This integrated platform aims beyond simple music therapy to provide customized, comprehensive rehabilitation tailored to each patient's individual characteristics. The combination of artistic intervention, technical feedback, medical diagnosis, and gene-based early screening simultaneously enhances treatment efficacy and sustainability, enabling a comprehensive therapeutic ecosystem that considers the patient's biological and psychosocial context. Participation in performing arts, in particular, provides patients with immersion and a sense of accomplishment, encouraging active engagement and strengthening the social and emotional dimensions of rehabilitation. Furthermore, a preventive approach based on the Korean medicine concept of pre-disease helps delay disease progression and complications. When combined with precision medicine evidence, it enables the establishment of personalized treatment strategies even before disease onset.

A. Differences from Existing Approaches

While existing Parkinson's disease treatments primarily focus on motor symptoms, this platform differentiates itself by providing comprehensive care through the integration of: 1) prevention of respiratory complications based on the Korean medical concept of pre-disease state, 2) psychosocial support utilizing peer role model effects among patients, 3) objective assessment via real-time multi-biometric signal monitoring, and 4) the combination of gene-based precision diagnosis with personalized treatment strategies [25].

B. Integration of Precision Medicine and Convergent Music Therapy

The convergent music therapy platform proposed in this study can be significantly enhanced when precision diagnosis based on genetics is combined with existing rhythm- and breathing-based training, wearable sensors, and AI analysis. While traditional music therapy relied on clinical symptoms and behavioral observation, genetic analysis enables the design of personalized treatments reflecting individual characteristics.

For example, patients with specific dopamine receptor variants face higher risks of hallucinations or dyskinesia during levodopa therapy. In such cases, adjusting medication dosage while concurrently administering music therapy can reduce side effects while promoting emotional and motor recovery. Furthermore, genetic information enables early patient stratification, contributing to the design of tailored protocols that adjust the relative emphasis of medication and music therapy based on metabolic capacity and responsiveness.

Therefore, genetic information serves as the foundation for expanding this platform beyond mere supplementary data into a 5P-medicine model—Personalized, Predictive, Preventive, Participatory, and Population-based—contributing to the establishment of an integrated treatment ecosystem that considers the patient's biological, psychosocial, and cultural contexts.

C. Challenges, Ethical Considerations, and Future Research

Future tasks include objectifying Korean medicine diagnosis, considering cultural diversity, and addressing ethical and legal issues in interpreting and utilizing genetic information. Additionally, there is a need to resolve concerns regarding personal information protection and the discomfort associated with long-term wear of wearable devices. The sustainability of the role model effect and standardization of measurement methods are also necessary.

Future tasks include validating clinical efficacy through multi-center pilot studies, improving the precision of AI analysis, developing culturally tailored music and art content, objectifying Korean medicine constitutional classification, and advancing personalized treatment strategies through integrated analysis of genetic information and clinical data.

While this study conceptually proposes a convergent platform, its feasibility and clinical scalability require validation through multi-center pilot studies and randomized controlled trials. In particular, the expected effects on pneumonia prevention should be objectively measured using respiratory indices such as lung capacity, respiratory muscle strength, and aspiration frequency. These limitations highlight the need for future clinical research to substantiate the proposed framework.

D. Global Expansion and Contributions to Cultural Diplomacy

This integrated music therapy platform can extend beyond specific cultural contexts to reach Parkinson's disease patients and communities worldwide. Performances and busking experiences utilizing the Korean traditional instrument, the haegeum, demonstrated that music can form emotional connections beyond language and cultural barriers. Audience reactions in diverse settings suggest this can promote the social interaction and emotional motivation patients need.

Performances in Japan and Europe revealed that the haegeum's unique timbre drew audience immersion, confirming that cultural novelty and freedom of self-expression during ensemble participation can enhance therapeutic effects. This aligns with existing neuroscience research showing new musical stimuli activate brain reward circuits, promoting dopamine secretion.

Furthermore, traditional instrument performances at official cultural events demonstrated that musical activities can transcend mere artistic expression to become a means of gaining "social validation." This validation acts as a key factor in strengthening Parkinson's patients' treatment motivation and self-efficacy, linking to the peer role model effect emphasized in peer support models.

From a global dissemination perspective, these experiences offer the following research implications:

- Multicultural music content development: Incorporate each region's traditional music into treatment protocols to encourage patient participation in a culturally familiar environment.
- International collaborative performance model: Link ensemble performances and concerts involving patients and the general public with academic conferences, community events, and online sessions to

create social and cultural value beyond therapeutic effects.

- Establishing a Global Patient Network: Utilize online platforms to connect regional patient groups, strengthening treatment continuity through regular international ensemble sessions and exchange performances.

Ultimately, these international performance experiences and cultural applicability empirically demonstrate that this platform can transcend being a mere clinical treatment tool to create a new academic and cultural paradigm: the convergence of K-Culture and global healthcare. This can serve as a basis for developing music therapy modules that incorporate "cultural adaptability" in future clinical research designs.

E. Phased Implementation Plan

To validate the effectiveness and scalability of this platform, we propose a phased research design as shown in Figure 3: 1) genetic-based early diagnosis, 2) artistic and technological intervention, 3) clinical validation, and 4) global dissemination.

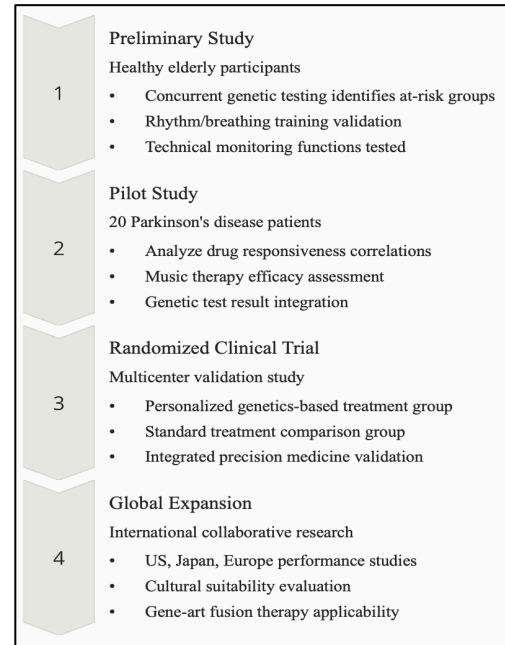


Fig. 3. Phased Implementation Plan Flowchart

V. CONCLUSIONS

This paper conceptually proposes a convergent music therapy platform for Parkinson's disease patients. This model combines medical diagnosis, traditional medicine, artistic intervention, technological monitoring, and precision medicine based on genetic analysis to simultaneously promote improved motor function, emotional stability, enhanced respiratory function, facilitated social interaction, strengthened self-efficacy, and improved long-term treatment adherence.

Specifically, it presents the potential to identify high-risk groups for Parkinson's disease early through a genetic testing-based platform, predict drug response and side effect risks, and thereby customize treatment plans. This complements the limitations of existing therapies by enabling a preventive approach at the pre-onset stage, rather than merely managing symptoms.

Furthermore, participation in performing arts, social recognition, and global dissemination through international collaborative performances expand Parkinson's rehabilitation beyond the clinical domain of specific regions into worldwide socio-cultural exchange. If the effectiveness of this integrated model is validated through future clinical research and studies on overseas expansion, this platform will establish itself as a new neuro-rehabilitation paradigm converging precision medicine, art therapy, and global healthcare.

REFERENCES

- [1] L. V. Kalia and A. E. Lang, "Parkinson's disease," *The Lancet*, vol. 386, no. 9996, pp. 896–912, 2015.
- [2] B. S. Connolly and A. E. Lang, "Pharmacological treatment of Parkinson disease: a review," *JAMA*, vol. 311, no. 16, pp. 1670–1683, 2014.
- [3] M. H. Thaut, G. C. McIntosh, and V. Hoemberg, "Neurobiological foundations of neurologic music therapy: rhythmic entrainment and the motor system," *Frontiers in Psychology*, vol. 5, p. 1185, 2015.
- [4] M. J. Machado Sotomayor, et al., "Music therapy and Parkinson's disease: A systematic review from 2015–2020," *Int. J. Environ. Res. Public Health*, vol. 18, no. 21, p. 11618, 2021.
- [5] C. G. Goetz, B. C. Tilley, S. R. Shaftman, G. T. Stebbins, S. Fahn, P. Martinez-Martin, W. Poewe, C. Sampaio, M. B. Stern, R. Dodel, B. Dubois, R. Holloway, J. Jankovic, J. Kulisevsky, A. E. Lang, A. Lees, S. Leurgans, P. A. LeWitt, D. Nyenhuis, C. W. Olanow, O. Rascol, A. Schrag, J. A. Teresi, J. J. van Hilten, and N. LaPelle, "Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS)," *Movement Disorders*, vol. 23, no. 15, pp. 2129–2170, 2008.
- [6] J. Y. Yang, S. Y. Kim, H. J. Lee, J. W. Park, and J. H. Choi, "Patients with Parkinson disease in a traditional Korean medicine hospital: A five-year audit," *Evid. Based Complement. Altern. Med.*, vol. 2021, no. 1, p. 6842863, 2021.
- [7] J. Tamplin, D. T. Morris, M. Marigliani, R. Baker, and L. N. Brown, "ParkinSong: a controlled trial of singing-based therapy for Parkinson's disease," *Neurorehabil. Neural Repair*, vol. 27, no. 8, pp. 769–779, 2013.
- [8] A. E. Sharkawi, R. Ramig, L. Logemann, C. Pauloski, B. Rademaker, and H. Smith, "Swallowing and voice effects of Lee Silverman Voice Treatment (LSVT): a pilot study," *J. Neurol. Neurosurg. Psychiatry*, vol. 72, no. 1, pp. 31–36, 2002.
- [9] D. M. Thompson, J. L. Smith, K. M. Anderson, P. W. Roberts, and L. Chen, "Peer support for people with chronic conditions: a systematic review of reviews," *BMC Health Serv. Res.*, vol. 22, no. 1, p. 427, 2022.
- [10] C. Antoniadou, M. Patel, L. Thomas, A. Wilson, and J. A. Brown, "Identification of motor progression in Parkinson's disease using wearable sensors and machine learning," *Nature*, vol. 623, pp. xxx–xxx, 2023.
- [11] P. Li, W. Zhang, H. Liu, J. Sun, and X. Wang, "Wearable-sensor-based weakly supervised Parkinson's disease assessment with data augmentation," *Sensors*, vol. 24, no. 4, p. 1234, 2024.
- [12] J. Rusz, R. Cmejla, H. Ruzickova, and E. Ruzicka, "Quantitative acoustic measurements for characterization of speech and voice disorders in early untreated Parkinson's disease," *J. Acoust. Soc. Am.*, vol. 129, no. 1, pp. 350–367, 2011.
- [13] A. Botros, M. C. Watson, R. Li, and T. R. Samuel, "Long-term home-monitoring sensor technology in patients with Parkinson's disease—acceptance and adherence," *Sensors*, vol. 19, no. 23, p. 5169, 2019.
- [14] C. L. Dennis, "Peer support within a health care context: a concept analysis," *Int. J. Nurs. Stud.*, vol. 40, no. 3, pp. 321–332, 2003.
- [15] L. Lonini, S. Dai, J. Shawen, B. Simuni, A. Poon, and A. Jayaraman, "Wearable sensors for Parkinson's disease: which data are worth collecting for training symptom detection models," *npj Digit. Med.*, vol. 1, p. 64, 2018.
- [16] A. J. Sihvonen, S. Särkämö, M. Leo, E. Tervaniemi, P. Altenmüller, and E. Soinila, "Music-based interventions in neurological rehabilitation," *Lancet Neurol.*, vol. 16, no. 8, pp. 648–660, 2017.
- [17] J. A. Bugos, "The effects of bimanual coordination in music interventions on executive functions in aging adults," *Front. Psychol.*, vol. 10, p. 2226, 2019.
- [18] S. Sapi, L. O. Ramig, C. Fox, A. Countryman, J. T. Thomas, J. H. Collins, and A. L. Aronson, "Effects of intensive voice treatment (the Lee Silverman Voice Treatment [LSVT]) on vowel articulation in dysarthric individuals with idiopathic Parkinson disease: acoustic and perceptual findings," *J. Speech Lang. Hear. Res.*, vol. 54, no. 2, pp. 578–589, 2007.
- [19] J. Robbins, J. Gangnon, J. Theis, C. Kays, C. Hewitt, and T. Hind, "The effects of lingual exercise in stroke patients with dysphagia," *Arch. Phys. Med. Rehabil.*, vol. 88, no. 2, pp. 150–158, 2007.
- [20] M. E. Charlson, P. Pompei, K. L. Ales, C. R. MacKenzie, R. Charlson, and P. Szatrowski, "The Charlson comorbidity index is adapted to predict costs of chronic disease in primary care patients," *J. Clin. Epidemiol.*, vol. 67, no. 11, pp. 1230–1240, 2014.
- [21] M. Heisler, "Overview of peer support models to improve diabetes self-management and clinical outcomes," *Diabetes Spectrum*, vol. 20, no. 4, pp. 214–221, 2007.
- [22] J. E. Thorp, C. Adameczyk, D. P. R. Chmura, J. M. Fox, J. A. S. Martens, and J. J. Collins, "Monitoring motor symptoms during activities of daily living in individuals with Parkinson's disease," *Front. Neurol.*, vol. 9, p. 1036, 2018.
- [23] J. Borrás-Blasco, E. Ramírez-Herráiz, and A. Navarro-Ruiz, "Integration of persistence in the 5P-medicine approach for age-related chronic diseases," *Int. J. Qual. Health Care*, vol. 36, no. 2, p. mzae026, 2024.
- [24] J. Chen, X. Wang, H. Zhao, L. Zhang, and Y. Li, "The potential applications of traditional Chinese medicine in Parkinson's disease: A new opportunity," *Biomed. Pharmacother.*, vol. 149, p. 112866, 2022.