The Dilemmas of Living Transmission and Protection Pathways of Hani Traditional Medicine from the Perspective of Cultural Heritage

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Abstract

Objective: This study analyzes the predicament of inheriting the Hani traditional medicine and proposes an approach for dynamic protection. Methods: In July 2026, a questionnaire survey was conducted among villagers, folk inheritors, and grassroots medical staff. Interviews were conducted with 6 inheritors in person to investigate their knowledge composition and inheritance status. The questionnaire covered aspects such as the understanding, use, willingness, and support for Hani ethnic medicine. A total of 147 valid questionnaires were recovered. Results: Only 6.80% of the respondents "very well understood" the theory of the "two systems of the human body". Among those who have long used Hani Traditional Medicine, only 10.20% did so. In addition, 46.26% of the respondents said that almost no young people are willing to learn from them. Finally, 90.40% of the respondents supported systematic protection by the government and other departments. Conclusion: The inheritance of Hani Traditional Medicine faces four major predicaments. The first is insufficient depth of understanding of related theories. The second is the coexistence of an aging inheritance population and a youth gap. The third is shrinking application scenarios due to modern medical interference, and the fourth is difficulty in concentrating protection forces. Exploring an adaptive dynamic protection approach suitable for the mountainous society of the Hani ethnic group can provide a reference for the rescue, inheritance, and active utilization of traditional medicine cultural heritage of ethnic minorities.

Keywords

Cultural heritage, Traditional Hani medicine, Inheritance dilemma, Protection path

Introduction

Traditional medicine of ethnic minorities belongs to the category of "traditional medicine" in intangible cultural heritage. The Hani people in Yunnan Province mainly live in the high mountains and deep valleys in southern Yunnan. Mojiang Hani Autonomous County is the only Hani autonomous county in China, with nine Hani branches distributed within its territory [1].

Having lived in mountainous environments for a long time, they have developed medical knowledge centered on the "two systems of the human body". It is believed that the human body is composed of a skeletal system and a pipe network system for transporting nutrients. If the pipes are unobstructed, people will not fall ill. If they are not unobstructed, they will fall ill. This understanding is consistent with the traditional Chinese medicine concept that "unobstructed flow means no pain, and pain means unobstructed flow" [2].

As there is no common language of the ethnic group, it is passed down through family oral transmission and master-apprentice instruction. This makes it a typical oral living cultural heritage.

The research on Hani medicine is relatively weak. Since 1996, only 42 related documents have been included in the China National Knowledge Infrastructure (CNKI). Early efforts systematically organized Hani medicine through the publication of the "Chinese Hani Medicine" in 1999. By 2022, the "Materia Medica of the Hani Ethnic Group" documented 912 Hani medicines and 2,329 supplementary prescriptions. Among these, over 80 were unique and commonly used medicines.

Regarding clinical research, an analysis of 172 prescriptions for treating arthralgia syndrome revealed clear patterns. Wind-dampening drugs showed the highest frequency of use. The use of alcohol for

arthralgia treatment was also a characteristic therapy.

For treating bone and injury diseases, Ye Shang Hua is the most common herb for external treatment. Su Mu is the most common herb for internal administration.

It can be seen from this that overall empirical research on Hani medicine is still relatively scarce at present. This scarcity is reflected in both the characteristics of the medicines and the state of cultural protection research. For instance, Hani drugs are mainly plant-based, have many alternative names, and have a single dosage form. The empirical prescriptions are compact in composition and simple in processing. Research on the protection of medical culture is still in its infancy, with few literature sources, insufficient exploration, and a single method. The loss of literature and the shortage of talents are the main factors leading to the predicament of ethnic medicine [3].

Hani medicine falls within the category of "knowledge and practice related to nature and the universe" in intangible cultural heritage. It encompasses four levels: understanding of life and disease, medical techniques, drug processing, and customs and festivals. Therefore, the core of protecting ethnic medicine intangible cultural heritage does not lie in the technical surface. It lies in deeper cultural connotations and concepts. Therefore, this study analyzes the key factors of the living inheritance predicament of Hani traditional medicine. It thereby proposes relevant protection paths from the perspective of cultural heritage [4].

Research objects and methods

This research was conducted from July 9th to 15th, 2026, in Mojiang Hani Autonomous County, the only Hani autonomous county in China. The participants included villagers, folk inheritors, and grassroots medical staff. A total of 160 questionnaires were distributed, with 147 valid, representing an effective rate of 91.88%. The questionnaire mainly covers the cognition, use, willingness, and support for Hani ethnic medicine. These quantitative data were further complemented by qualitative insights. Finally, the investigation results were summarized and analyzed, and corresponding countermeasures were proposed. At the same time, on-site interviews were conducted with six inheritors to examine their knowledge composition and the actual situation of inheritance [5].

Research results and analysis

Relatively broad awareness of Hani medicine, but insufficient depth of understanding

Among respondents, 59 (40.14%) had only a slight awareness of the traditional medical theory of "two systems of the human body" in Hani medicine. Another 39 respondents (26.53%) had no understanding of it at all, bringing the total to 98 respondents (66.67%). Only 10 respondents (6.80%) were very familiar with and well acquainted with the diagnostic and therapeutic logic. This indicates that respondents have a relatively broad awareness of Hani medicine, but their understanding of its connotations is insufficient. As a highly visible cultural symbol, Hani medicine is perceived only superficially. This superficial understanding is the most important factor affecting its transmission [6].

The use of Hani medicine narrows: From everyday reliance to a marginal alternative

The survey found that only 15 respondents had long-term experience of diagnosis and treatment by folk practitioners, accounting for 10.20%. Another 49 had tried it occasionally, accounting for 33.33%, for a total of 64, or 43.54%. Another 40.10% had heard of it but had not tried it, and 16.30% had never heard of it. This indicates that more than half of the respondents had only indirect contact with traditional diagnosis and treatment. In light of the interview results, willingness to try Hani herbal medicine was limited to chronic conditions such as sprains and bruises, rheumatic and bone pain, and gastrointestinal discomfort. For acute and severe conditions, respondents still preferred to seek treatment at township health centers and county-level hospitals [7].

The inheritance chain within the Hani ethnic group's families has almost come to an end

In terms of the inheritance of Hani ethnic medicine, the respondents believe that "many" young people in their vicinity are willing to learn from masters. However, only 5 of them are actually willing to do so, accounting for 3.40%. The proportion of young people who choose not to study medicine at all is 46.26%, with a total of 68 people.

During interviews with 6 inheritors, 5 stated that no direct descendants were willing to fully inherit the knowledge. Several common reasons were identified.

The learning process is long, and young people are

unwilling to spend years in the mountains learning about medicinal plants and recording prescriptions. In addition, prescriptions are passed down orally, and Hani medicine names are difficult to translate. Furthermore, qualifications for practicing medicine are limited, and the skills cannot be steadily transformed into income [8].

The consensus on the protection and inheritance of the Hani ethnic medicine coexists with a sense of unease

The survey results show strong support for the government and universities jointly establishing a platform to inherit Hani ethnic medicine.

A total of 40.10% of respondents expressed strong support and 50.30% expressed support, totaling 90.40%. Those who were "indifferent" accounted for 9.50%, and no one opposed. It can be seen that "nearly 90% in support" coexists with "about half believe no one is willing to learn". This indicates that Hani ethnic medicine is worthy of preservation as a cultural heritage, but it is not favored as a means of livelihood. Only when cultural value is proportional to actual benefits can the willingness of young people to study medicine possibly increase.

Implementation countermeasures for dynamic conservation path

Emergency recording: Using "knowledge units" as the collection unit

Record keeping based on individuals is convenient for archiving but not conducive to integration. Different doctors describing the same medicinal herb have repetitive content that is difficult to compare. It is suggested to use "knowledge units" as the collection unit.

This means "one herb, one certificate, one method, one caution". The collection includes names in the Hani and Chinese languages, the botanical name, habitat and collection season, processing and usage, indications and cautions, self-reports of typical cases, and the transmission range. Six items should be collected, and a three-column comparison table (Hani language name-Chinese language name-Latin name) should be established. The "untranslatable" content can be transformed into accumulable technical work [9].

Relevant materials can be retained through the rescue record of inheritors. For instance, Bai Congzhi, who is 91 years old, and Cang Damao, who has worked for over 40 years, both possess rich practical experience. They can simultaneously record, videotape, and conduct oral history interviews. This converts the herbal list, prescriptions, taboos, and medical treatment experiences into written and audio-visual archives. Such methods have been used to collate and study the Yao oral medicinal literature, providing a mature framework for the inheritance of medicine.

Layered digital archiving

Digital archiving can be divided into three aspects for file-level preservation: audio and video, medicinal material images, and handwritten prescriptions and medical records. They can be uniformly named and backed up in different locations.

The search layer sets fields such as drug names, disease names, techniques, inheritors, and villages to avoid the situation of being "preserved but not used". At the same time, referring to the national intangible heritage recording method, short videos and teaching cases can be made to convert the archives from preservation tools to dissemination resources.

For example, physical skills can be recorded through video. The core of "feeling the abdomen with hands" and other unique medical treatments lies in force, rhythm, and body feedback. It is more abstract to record through written words, but it can be recorded through video methods.

At the same time, Li Yunkun and other inheritors have voluntarily conducted surveys of herbal resources and rescued and organized secret recipes for many years. They participated in the compilation of "The Chinese Hani Pharmacological Dictionary". These efforts should be incorporated into the county-level archival system. Simultaneously, efforts should be made to establish a special shelf for Hani medicine literature in county libraries, gathering the current materials scattered among cultural centers, inheritors, and universities. Relevant maps and data resource libraries should be established.

In 2023, the Ministry of Culture and Tourism released the cultural industry standard "Digital Protection of Intangible Cultural Heritage - Digital Resource Collection and Cataloging - Part 10: Traditional Medicine". This standard unified the collection elements such as life and disease cognition, diagnostic methods and therapies, and preparation techniques. It can provide

a ready-made normative basis for hierarchical digital archiving [10].

Inheritance mechanism: Cross-family pay respect to a master and seek for knowledge and linkage of professional qualifications

The apprenticeship system should break the closed nature of families. It should support cross-family and cross-village apprenticeship arrangements, registered by the cultural tourism and health departments. It should also set up apprentice subsidies, providing living allowances to those who complete the study hours and pass the examinations.

These subsidies should connect with the physician qualification assessment for individuals with specialized medical skills in traditional Chinese medicine. Internal and external herbal treatments should be included in the assessment scope. Through assessment and training, more inheritors can obtain relevant qualification certificates.

According to relevant data, 124 people in Pu'er City meet the registration requirements, but only 11 passed the assessment. This indicates that the low pass rate is directly related to the lack of pre-assessment guidance. If the traditional medicine of the Hani people cannot be converted into income, the subsidies will only be a temporary compensation. Only by opening up the professional practice channels can learning and skills acquisition become a predictable career choice.

Currently, the government of Yunnan Province is strengthening the protection of intangible cultural heritage. For inheritors who have difficulties in obtaining the professional qualification certificate, additional services such as registration guidance and apprenticeship filing can be provided. Through concentrated training before the exam, guidance on material review, and mock examinations, the pass rates of the candidates can be effectively improved.

Scene reconstruction: The integration practice of primary medical institutions

Currently, there is a lack of unified standards for some Hani medicines. In the questionnaire, "lack of unified industry standards and no safety guarantee" is the greatest concern of the public. Relevant medical institutions or hospitals can incorporate safe and mature herbal external applications and therapeutic programs into grassroots health services. These can be used for common diseases such as muscle and bone injuries, cold and damp pain, and chronic gastrointestinal discomfort. On this basis, verified drugs can be transformed into specific products according to market uses.

For example, the Traditional Chinese Medicine Hospital of Pu'er City has developed five products based on the Hani medicine concept. These include Qiwei Kushen Ointment, Dahuang Xiexia Ointment, Simiao Kushen Granules, Sanhuang Shengji Liquid and Qufu Shengji Lotion. These products have good efficacy for perianal diseases.

In the mass market, the categories that the public prefers the most are external therapeutic products and medicinal tea and food-based dietary supplements. 53.00% of the respondents in the questionnaire already have the intention to purchase, indicating a certain market potential. At the same time, promoting and popularizing Hani medicine can also enhance the consumption recognition of Hani medicine. More than 40.00% of the public only "heard of it but never experienced it". This indicates that what Hani medicine lacks is not awareness but contact opportunities.

Education embedding and public communication

Educational popularization is the primary way to enhance cognition. The questionnaire shows that the public most approve of "celebration-based popularization" and "systematic training in universities" as two methods.

The Hani Medicine Association can offer courses on Hani medicine culture or herbal practice classes. Alternatively, based on the rehabilitation and traditional Chinese medicine majors of universities, a module on ethnic medicine culture can be set up. This module can teach the basic theories and health care customs of ethnic medicine and incorporate appropriate Hani technologies into practical training content.

Field research can also be included as a practical credit, continuing the "three to the Countryside" format. This makes collection, recording, and organization part of the course content, so that students interested in Hani medicine do not merely obtain abstract cultural identification but can actually use the skills.

In terms of dissemination, bilingual popularization materials can be produced, and a medical section can be set up in village-level cultural activities. This transforms

Hani medicine from “the skills of the elders” into “our village’s tradition”.

Multi-party collaboration and assurance mechanism

It is suggested that the county government take the lead in establishing a joint meeting mechanism for the protection of Hani medicine. The departments of health, science and technology, culture and tourism, and ethnic affairs should all participate. One department should be designated as the lead to complete tasks such as resource census, identification of inheritors, provision of professional qualifications services, and standard formulation [11].

For example, the cultural tourism department should be responsible for identification, recording and application. The health department should be responsible for qualification connection and promotion of appropriate technologies. Universities should be responsible for courses and talent cultivation, and grassroots institutions should provide scenarios, while village communities should maintain the inheritance environment.

In addition, it is necessary to improve the recognition of traditional medicine intangible cultural heritage. This includes promoting a tilt towards traditional medicine in county-level recognition. Currently, the number of county-level recognition of Mojiang Hani medicine is relatively small. Special application channels should be established and inheritance subsidies should be provided to the inheritors.

Conclusion

The traditional medicine of the Hani ethnic group is a complete knowledge system. Its theoretical core is “two systems of the human body”. Its framework includes herbal identification, disease cognition, and folk healing. It is a precious living cultural heritage of ethnic minorities.

Dynamic protection is the optimal path for protecting the Hani medicinal cultural heritage. It requires the collaboration of the government, inheritors, universities, and grassroots medical institutions. They need to rescue digital oral literature, support apprenticeship and mentoring, carry out campus science popularization, and promote the integration of grassroots medical care.

This will ensure that the Hani medicinal knowledge system remains uninterrupted and sustainable. It will also protect this precious cultural heritage of the southwestern ethnic minorities and facilitate the inheritance and development of excellent ethnic traditional culture.

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Conflicts of Interest

The authors declare no conflict of interest.

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