Research on the Compilation of Oral Documentation and Pathways for Living Transmission of Traditional Medicine of the Hani Ethnic Group in Yunnan - Based on the Fieldwork Conducted in Lianzhu Town, Mojiang County

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Abstract

The traditional medicine of the Hani ethnic group has long relied on oral transmission by inheritors for its survival. With the withdrawal of elderly inheritors and the prominent issue of young people abandoning the inheritance, the carriers of Hani medical knowledge are shrinking rapidly. This study conducted a field investigation in the villages of Lianzhu Town, Mojiang County, Yunnan Province, analyzed and discussed the practical predicaments in Hani traditional medicine, and proposed new countermeasures for shifting from “rescue sorting” to “living inheritance” of ethnic medicine.

Keywords

Hani ethnic group, Traditional medicine, Living transmission, Oral record, Fieldwork

Introduction

Ethnic medicine is an integral component of traditional Chinese medicine. It incorporates the diagnostic and therapeutic knowledge accumulated by ethnic groups through long-term production activities and daily life [1]. The 14th Five-Year Plan for the Development of Traditional Chinese Medicine advocates for enhanced preservation of ethnic minority medical heritage and the training of relevant personnel, aiming to improve service capacity.

The Hani people primarily reside in Honghe and Pu’er in Yunnan Province. Mojiang County, administered by Pu’er, is China’s sole Hani autonomous county. According to the Seventh National Population Census, the Hani population in Yunnan exceeds 1.63 million, constituting 10.44% of the province’s ethnic minority population. Incomplete statistics estimate the number of folk Hani medical practitioners in the province at over 20,000. Some operate clinics, while others practice medicine part-time alongside agricultural work.

Historically, the Hani people lacked a widely used written script. Their medical knowledge was transmitted orally by Beima (Hani ritual priest-healers) and folk herbalists through songs, mnemonic formulas, rituals, and taboos, forming a distinct indigenous knowledge system.

The heritage of Hani traditional medicine is currently in decline. The dissemination of modern medical knowledge, coupled with the year-round migration of young and middle-aged laborers for work, has exposed the clear limitations of traditional transmission modes.

Existing studies have primarily examined Hani medicine through ethnobotanical and ethnopharmacological perspectives. Ghorbani et al. documented 199 medicinal plant species used by Hani communities in Xishuangbanna, highlighting the breadth of Hani medicinal flora while noting that this intergenerationally transmitted knowledge is endangered due to intensified land use and cash-crop cultivation [2]. Based on fieldwork across ten villages in Yuanyang, Ma et al. further demonstrated that Hani plant knowledge is embedded within ritual practices and traditional ecological beliefs [3]. However, such studies lack a systematic compilation of firsthand oral narratives from Hani medical practitioners themselves. The academic community has increasingly recognized the value of oral historical materials for understanding ethnomedical knowledge. For instance,

Shannon et al. show that Irish ethnomedicinal traditions were orally transmitted across generations and remained largely undocumented until a national folklore collection project recorded over 700,000 pages of material in the late 1930s [4]. More recently, Milani et al., in an Italian ethnobotanical survey, identified a significant lack of intergenerational knowledge transfer, finding that medicinal plant knowledge strongly correlates with age - grandparents possessed the deepest knowledge, while schoolchildren had the least [5]. This led the authors to conclude that a "deep erosion" of traditional knowledge is underway. Simultaneously, scholarship on intangible cultural heritage cautions that documentation alone does not equate to living transmission. Parowicz argues that heritage experiences a form of double demise when a practice continues to be performed after its generative capacity - the formation of new practitioners - has already collapsed [6]. These findings provide methodological references for the intangible cultural heritage inheritance of Hani traditional medicine. Nevertheless, to date, few existing studies have systematically organized firsthand oral narratives collected from Hani medical inheritors through targeted fieldwork.

This study organizes oral data on Hani traditional medicine in Mojiang County. It examines the structural challenges in contemporary transmission and proposes strategies to shift the focus of ethnic medicine from emergency documentation to living inheritance.

Research design and fieldwork process

Research subjects

From July 9th to 15th, 2026, the research team conducted a seven-day field survey in villages under the jurisdiction of Lianzhu Town. The team interviewed 13 inheritors of traditional Hani medicine, including Li Wenming, a fourth-generation family inheritor. Li Jianxue, a fifth-generation inheritor. He Youfang, a 90-year-old Lahu herbal doctor. Luo Zhongbin, a county-level intangible cultural heritage inheritor of Hani medicine. Cang Damo has long been engaged in gynecological healthcare. Li Yunkun holds a rural doctor practice certificate.

Methodology

Mojiang Hani Autonomous County is the only Hani autonomous county in China, with a high proportion of Hani population. Lianzhu Town is the seat of the county government, and surrounding villages have retained a relatively complete tradition of herbal medicine collection, with relatively intact preservation of medical culture. The county has established the Hani Folk Medicine Association, and the completed Hani Medicine Garden serves as a germplasm conservation base with more than 300 types of herbs. Local residents have a high recognition of Hani medicine. Therefore, Mojiang was prioritized as the field site for this survey.

The collection of oral data in this study was mainly conducted through semi-structured interviews, supplemented by participant observation. The interviews were structured around six sections: the medical training experience of inheritors, knowledge sources, medication experience, diagnostic and therapeutic techniques, inheritance rules, and current difficulties. Each interview lasted from 30 minutes to 2 hours, with a total of over 40 hours of recorded oral audio. Meanwhile, 160 questionnaires were distributed in Lianzhu Town, and 147 valid questionnaires were recovered. The questionnaires covered aspects including respondents' basic information, their cognitive level of Hani medicine, recognition of therapeutic efficacy, willingness to inherit, preference for product types, and policy support.

Significance of organizing oral records of Hani traditional medicine

Mojiang lies within the Ailao Mountain Range, characterized by a distinct vertical climate and abundant medicinal herb resources. Hani medical concepts originate from terraced farming and a belief in animism. The Hani language lacks a written script, so ethnic knowledge is transmitted and preserved orally, primarily through rhythm, repetition, and parallelism.

Field research and literature review reveal three characteristics of Hani oral medical records: empiricism, regionalism, and embeddedness. These characteristics set requirements for organizing such records. Transcription alone is insufficient; the material needs structured reconstruction.

Regionalism

This knowledge is transmitted through ballads and jingles, forms that are easy to memorize and verify. Herb names and disease names are closely tied to local ecological and linguistic features. This linkage facilitates herb identification and use.

Regarding the authentic medicinal materials of the Hani ethnic group, the identification experience orally

conveyed by Li Wenming, the fourth-generation inheritor, emphasizes that plant morphology, odor, and medicinal properties can be correlated through "observing leaf shape, smelling odor, and tasting flavor". The team followed the inheritor into the mountains and forests to identify local medicinal materials, such as cat's whisker grass and sour leaf rubber vine, on-site, and recorded their growth environments, harvesting seasons, and traditional processing methods. Since the names of the same medicinal herb vary across regions, each entry requires verification, which is the most time-consuming part of organizing oral records.

Empiricism

The diagnostic and therapeutic techniques and rituals of Hani traditional medicine are scattered across the memories of multiple inheritors. For example, Li Jianxue, a fifth-generation inheritor, adheres to the individualized treatment philosophy of "different medicines for different people". In treating bone injuries, rheumatism, and gynecological diseases, he applies the ancestral Hani egg-rolling diagnostic method, combined with decoctions and the external application of medicinal mud, which yields remarkable curative effects. Meanwhile, he controls medication risks based on the natural principle that "poisonous herbs must have antidotes". Rituals are typically performed alongside medication. They involve fumigation or wearing specific herbs. The result is a combined "medicine + ritual" therapy. This therapy has long served as basic medical care in mountainous areas where medical resources are scarce. It is easily accessible, low in cost, and based on effective prescriptions.

Technical knowledge is the most difficult to fully textualize. It depends on tactile perception, force control, and on-site judgment. Interview records alone tend to lose key details.

Embeddedness

Hani traditional medical knowledge is tied to the individual life cycle. Hani medicine is transmitted primarily through family lineage and master-apprentice teaching. A long-standing rule dictates that knowledge remain within the family and not be passed to outsiders. Some branches impose further restrictions, such as transmitting knowledge only to male heirs, not females, and excluding learners with different surnames. These rules preserve the purity of the knowledge but also restrict its dissemination. Due to the lack of unified operational standards for Hani traditional medical diagnostic and therapeutic techniques, the proficiency of apprentices varies significantly. Factors such as the long learning cycle, complex knowledge system, shrinking market, and low income associated with Hani medicine have substantially reduced young people's willingness to inherit it.

The practical predicament of living inheritance

Intergenerational discontinuity

The results of this survey indicate that the primary challenge facing the inheritance of Hani traditional medicine is the "impact of the popularization of modern Western medicine" accounting for 66.70% of responses. This is followed by the "lack of a standardized teaching system" and "low income and poor employment prospects" which account for 53.10% and 50.30%, respectively. Regarding the transmission of Hani medicine, nearly half of the respondents stated that there are almost no young people in their communities willing to undertake apprenticeships, with 68 respondents (46.30%) reporting this. In contrast, only 5 respondents (3.40%) believed that many young people are willing to become apprentices. In interviews with six inheritors, five stated that no direct descendants are willing to learn and continue the tradition.

Fragile knowledge carriers

The knowledge of Hani traditional medicine is primarily concentrated among elderly inheritors. This survey found that among the 13 interviewees, the oldest was 90 years old. Most inheritors of Hani medicine lack official recognition and fixed venues for teaching and learning. This research collected a total of 40 hours of audio recordings and 40,000 words of textual material. These records represent only a small fraction of the total knowledge of an entire ethnic group. Due to the combined effects of factors such as the advanced age of the inheritors, the lack of written records, and the absence of backup materials, the knowledge of Hani traditional medicine is at risk of disappearing at any time.

Institutional tension

Under current professional qualification and intangible cultural heritage recognition standards, the main criteria for recognition are academic credentials, examinations, and standardized medical records. This regulatory model is state-centric and centralized, allowing limited space

for community-based customary norms or alternative forms of evidence [7]. Due to factors such as the lack of written documentation of Hani medicinal knowledge and the relatively weak theoretical foundation of Hani inheritors, many find it difficult to meet these requirements.

Among the 13 respondents, only one is a county-level intangible cultural heritage inheritor and one holds a rural doctor's license. Further investigation revealed that the remaining Hani inheritors do not possess a physician's certificate. This directly affects their eligibility for corresponding subsidies, teaching and training funds, and legal practice rights. Hani medicine is also markedly less competitive in the ethnic medicine market compared to Yi, Tibetan, Dai, and Miao medicines. This discrepancy mirrors the distinct industrialization trajectories observed in other ethnic medicinal systems. For example, Miao medicine in Guizhou province underwent systematic reevaluation and standardization beginning in the 1990s. By 2002, 154

of its varieties had gained formal approval, and by 2014, the sector's industrial output had surpassed 11 billion yuan. Concurrently, Yi medicine has fostered the development of a leading enterprise currently valued at over 75 billion yuan [8]. Most Hani products remain as in-house or folk preparations in local hospitals, lacking standardization and branding. To address local geographical characteristics, prevalent diseases, and clinical needs, traditional preparations suitable for the Hani ethnic region should be developed.

Value mismatch

Currently, the Hani Folk Medicine Association in Mojiang has spontaneously compiled materials such as "Bai Cao Tang", and the Hani Medicinal Garden serves as a cultivation base for genuine medicinal plants. To date, it has preserved over 300 kinds of medicinal plants. In the field of academic research, Fu Kaicong and colleagues have spearheaded the compilation of the two-volume works *Chinese Hani Medicine Catalogue* and *Hani Medicine Single Prescription*. These volumes systematically document the images, names, applications, and therapeutic experiences associated with various medicinal materials, thereby establishing a foundational literature base for subsequent research. However, the archived oral recordings and textual materials lack search tools and practical application scenarios. Digitization efforts have largely stalled at the archiving stage, neither reintegrating into the community nor being applied in teaching or clinical practice.

Path construction for living inheritance

Establishing a tiered urgent-priority interview roster

For this rescue initiative, inheritors can be classified into three tiers - red, yellow, and green - based on their age, health status, and the rarity of their knowledge. The red tier comprises priority rescue targets, for whom the first round of documentation must be completed within six months. This group primarily includes inheritors aged 80 and above, those in poor health, or those who possess unique techniques. The yellow tier covers inheritors aged 60 to 79, for whom documentation should be completed within one year. The green tier mainly consists of middle-aged and young medical practitioners, who can be followed up on an ongoing basis. Documentation is conducted by two-person teams. Interviews, equipment setup, and environmental recording proceed simultaneously. Filming focuses on diagnostic and treatment procedures. A three-column table is created for Hani language terms, containing the original audio, International Phonetic Alphabet (IPA) notation, and Chinese semantic translations. This prepares the ground for subsequent translation work.

Establishing digital archiving

An archival layer holds the collected materials. These include audio-visual records, medicinal herb images, handwritten empirical prescriptions and diagnostic records. AI speech recognition converts oral recordings into a searchable text database, a pipeline consistent with recent work on digitizing oral cultural heritage through cascaded speech recognition and knowledge graph construction [9]. Annotated herb images and ritual videos are added to it. Together they form the "Hani Medicine Digital Humanities Platform". Local disease names and herb names are mapped to verifiable expressions, so that terminology stays consistent. Knowledge is broken into units under the framework of symptom, syndrome differentiation, medication, preparation method, contraindications and efficacy feedback. This ontology-based decomposition mirrors the approach adopted in the structured digital management of Malay medical manuscripts, where herbal taxonomy, medicinal compounds, and therapeutic applications were classified

through an ontology framework to enhance searchability and knowledge representation [10]. These units become entries in the digital archive. Index descriptions are added. Anything that cannot be confirmed is marked "to be verified" and is not filled in arbitrarily.

Developing a community Hani medicine and culture experience

The organized outcomes should be returned to the community in a usable form. This survey found that the most preferred Hani health products are "external physiotherapy herbal patches and fumigation preparations" and "medicinal meals and health teas" at 66.70% and 59.90%, respectively. However, over 80.00% of respondents have never purchased local Hani medical or health products, indicating weak marketing for Hani medicine. At the same time, 53.00% of respondents expressed willingness to buy Hani characteristic health products developed from the "Human Body Two Systems Theory (a local Hani ethnomedical theoretical framework)", suggesting considerable market potential.

A "Beima Studio" or "Herb Garden" can be established within the community. Together, they can form a community ethnic medicine and culture experience park. Residents and tourists can participate in herb collection and processing and learn about the history of Hani medicine, its clinical applications, and health education. In this way, oral knowledge transitions from "heritage" into daily "life". Hani medicine can also be integrated with rural tourism. The cultural and tourism resources of the Tropic of Cancer region provide material for developing characteristic health and wellness tours.

Enhancing public understanding of Hani medicine through education and science popularization

Education and science popularization are the primary means to raise public awareness. The questionnaire indicates that the most recognized approaches are "festival-based science popularization" and "systematic training in universities". Drawing on local festival customs, the Hani Medicine Association can organize herbal practice classes. Primary and secondary schools can introduce "Hani Traditional Medicine Culture Courses". Hani inheritors can be invited to campuses to share herbal stories, and illustrated readers can be compiled, transforming oral transmission into textbook content. Medical universities can convert oral materials into teaching cases and integrate them into rehabilitation therapy and nursing courses. Knowledge modules on characteristic Hani diagnostic and therapeutic techniques can be offered. This allows students interested in Hani medicine to develop both cultural identity and practical skills.

Conclusion

The oral records of Hani traditional medicine constitute not only a compendium of diagnostic and therapeutic experience but also a vehicle for the ethnic group's cosmology, ecological outlook, and ethical values. This study draws on seven days of fieldwork, in-depth interviews with 13 inheritors, on-site surveys in mountain forests, and 147 valid questionnaires to outline the characteristics and existing challenges of these oral records and to propose a corresponding framework. Due to the relatively short duration of the field study and the limited sample size, the questionnaire results cannot be generalized to the broader population. Additionally, the translation of Hani terms remains largely sense-based, which may lead to partial semantic loss. These factors contribute to notable limitations in the present study. Future research could extend follow-up periods, establish dynamic registries of the health and knowledge reserves of inheritors, and comprehensively employ digital archiving, educational integration, community revitalization, and policy support. Such measures would help ensure that these ancient voices continue to resonate in the modern era, thereby contributing unique value to human health and cultural diversity.

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Conflicts of Interest

The authors declare no conflict of interest.

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