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On the Margins of TCM and Modern Medicine: Ethnomedical Healers Seeking Official Qualification Certification

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Abstract

This study focuses on ethnomedical healers in Lijiang, Yunnan Province, China, and adopts the perspective of medical anthropology to examine, through field work, in-depth interview, and case study, institutional shortcomings and individual predicaments ethnomedical healers face in seeking the legal status for medical practice under the modern medicine and the "Traditional Chinese Medicine (TCM) Specialist" systems. The current assessment system and ethnomedical practice are not aligned in terms of theoretical frameworks, diagnostic and treatment methods, and linguistic logic. Particularly, the systematic discrepancy between the knowledge system required by standardized examinations and ethnomedical healers' experiential knowledge system has resulted in a large number of "skilled but uncertified" ethnomedical healers struggling to gain official recognition. This study aims to explore the possibility of institutional reform and the coexistence of diverse medical systems by probing into the institutional challenges facing ethnomedicine from the perspective of modern medicine.

Keywords: Medical Anthropology, Lijiang of Yunnan, Ethnomedical Healers

1. Introduction

Ethnomedical healers represent a branch of TCM in the broad sense. They typically practice in ethnic communities, with medical knowledge inherited through family lineages, especially the knowledge of local herbal medicine, and provide healthcare services to local communities. Well-established systems of ethnomedicine in China include Tibetan, Mongolian, Uyghur, and Dai medicine, among others. In the multi-ethnic communities of Lijiang, Yunnan Province, in southwestern China, there exists a group of ethnomedical healers—primarily from the Naxi, Bai, and Lisu ethnic groups—who persistently "seek official medical qualification certification." Despite their knowledge of herbal medicine, current medical qualification certification policies increasingly label them as "illegal practitioners." Today, these grassroots healers, who have family-inherited knowledge or specialize in specific herbal therapies, if they cannot obtain a medical qualification certificate, will face the risk of having their ethnomedical knowledge and methods being lost.

The field work was conducted in Lijiang City and and its surrounding counties. This study uses anthropological methods, including participant observation, in-depth interviews and case study, based on visits in July 2024 and 2025. It focuses on ethnomedical healers in Lijiang, examining the limitations and marginalisation they face under the current TCM Specialist assessment system.

2. Ethnomedical Healers Seeking Official Qualification Certification

Most ethnomedical healers in Lijiang possess herbal medicine knowledge passed down through generations. However, amid China's efforts to modernize, standardize, and provide universal access to healthcare services, their lack of formal training in modern medical knowledge has placed them in a dual marginalization: they are neither incorporated into the modern medical system nor able to practice freely as folk healers. Currently, there are four types of medical practitioner qualification certificate in China.

2.1 The Doctor's Certificate

In China, the doctor's qualification examinations are organized by provincial health administration departments and consist of two categories: the Physician Qualification Exam and the Assistant Physician Qualification Exam. The doctors' qualification exam applicants must hold either a bachelor's degree or higher in medicine, or an associate degree plus assistant doctor's certificate, plus at least two years' experience in a medical institution. The exam content is primarily based on modern medical science, encompassing disciplines such as anatomy, physiology, pharmacology, pathology, and infectious diseases.[1]

2.2 The Rural Doctor's Certificate

The Rural Doctor's Certificate originated from China's modern-era "barefoot doctor" system.[2] Those holders are typically without formal modern medical training, retain an agricultural *hukou* status, and work part-time in both farming and medical care. This credential was established to safeguard grassroots rural healthcare services. Eligibility for this certificate is relatively straightforward: candidates must be graduates of a secondary medical school. Upon completion of a short-term training program and passing a computer-based examination, they qualify for legal medical practice. However, the scope of practice is strictly limited by this certificate. Holders are permitted to practice only within single subdistrict-level clinics supervised by the local health commission. Practicing beyond the authorized geographical area is deemed illegal.[3]

2.3 The TCM Apprentice's and Specialist's Certificate

To address the challenges facing practitioners of traditional and ethnic medicine who were unable to obtain legal certification and practice legally due to academic qualification restrictions, China introduced the Qualification Assessment for TCM Apprentices and Specialists in 2007. This assessment system provided a pathway to legal medical practice for traditional healers with skills acquired through family or mentorship training. It targeted traditional medicine (including ethnomedicine) practitioners with years of mentorship or practice. Candidates must have at least five years of relevant clinical experience and be recommended by at least two licensed TCM doctors. The assessment included a written test and a practical evaluation, comprising oral exams, case presentations, clinical demonstrations, and panel review. Holders of this certificate, after working on probation as a licensed assistant doctor, may apply to take the national doctor's qualification examination. However, the long assessment times and complex application procedures deterred many ethnomedical healers with limited education. The difficulties will be detailed below. [4]

2.4 The TCM Specialist's Certificate

In 2017, based on the *Law of the People's Republic of China on Traditional Chinese Medicine*, the *Interim Administrative Measures for the Qualification Assessment and Registration of TCM Specialists* were promulgated and put into practice, formally recognizing the legal status of medical qualifications obtained through mentorship, practice, and assessment. This new assessment system cut short the lengthy process of obtaining a doctor's qualification certificate for holders of the TCM Specialist's Certificate, but the eligibility criteria and assessment procedures remain largely the same.[5]

3. Crossing the Threshold to an Elusive Legal License

While multiple pathways exist for obtaining legal practice qualifications, most ethnomedical healers face significant challenges in securing official credentials. According to data from the Lijiang Ethnomedicine Association in 2025, it had fewer than 400 members, of whom only 70-80 held Rural Doctor's Certificate, even fewer, just 29, hold the TCM Specialist's Certificate, and most of these certified practitioners are around 60 years old. Of these, only two are women, and less than one-third are from minorities, including two Yi, two Naxi (one of whom is Mosuo), two Lisu, and two Tibetan practitioners.[6]

3.1 The TCM Specialist Evaluation Dilemma

From an institutional perspective, the TCM Specialist's Certificate indeed provides folk healers a standardized, expedited route to legal practice. However, field research reveals significant bottlenecks in the implementation of this assessment system, including stringent execution, limited quotas, and low pass rates. According to 2023 data from Yunnan Province, of the more than 3,000 folk medicine practitioners who applied for the TCM Specialist's Certificate, only about 60 succeeded, with a pass rate of less than 2%, and Lijiang was given only three exam slots, highlighting the extreme scarcity of resources.

Through follow-up visits and in-depth interviews, the following difficulties were identified:

3.1.1 The Disparity in Knowledge Systems Between Academy-Trained Examiners and Practice-Oriented Candidates

Why it is so difficult for ethnomedical healers to pass the TCM Specialist's Certificate assessment is mainly because of the structural disconnection between the assessment system and the ethnomedical knowledge system. The current assessment is largely based on the theoretical framework of modern medical science and traditional TCM knowledge, while most ethnomedical healers rely on experiential knowledge passed down orally. As a result, many ethnomedical healers struggle to respond to the examiners' theoretical questions and find it challenging to demonstrate their practical medical skills in the exam setting. Specifically, exam content such as the recitation of the "Twelve Meridians" and "sterile operation" requirements in modern medicine is disconnected from

ethnomedical practice. In addition, the expert panel, whose members are mostly from TCM colleges and universities, bases their evaluation system on academic theories and often demands that candidates explain ethnomedical practice using standardized terminology. This double standard consequently excludes many ethnomedical healers with rich clinical experience, as they struggle to translate their practical knowledge into the theoretical discourse required for certification.

3.1.2 The Institutional Barrier Caused by Complex and Contradictory Eligibility Criteria

The series of "high barriers" set by the eligibility mechanism for the TCM Specialist's Certificate examination is another significant institutional obstacle for ethnomedical healers to obtain certification. There are two prominent structural contradictions with this system: first, applicants are required to provide treatment cases from five years of unlicensed practice, effectively forcing ethnomedical healers into a dilemma between "illegal practice" and "obtaining qualifications"; second, applicants are required to provide two recommendation letters, which poses significant practical difficulties in ethnic minority areas. Each licensed TCM doctor with at least 15 years of medical practice is permitted to recommend only two candidates per year. However, eligible recommenders are already scarce in these areas. This structural constraint has directly resulted in only around 1,000 out of tens of thousands of ethnomedical healers in Yunnan Province completing registration. Areas such as Lijiang face a severe shortage of available slots.

3.1.3 The Language Barrier in a Modernized Assessment Setting

The language barrier has become a systemic barrier for ethnomedical healers in the assessment process, representing a major challenge commonly faced by candidates from ethnic minority areas. The exclusive use of Standard Chinese, or Putonghua, throughout the examination and evaluation process creates a dual disadvantage for practitioners from Naxi, Yi, and other ethnic minorities, who speak dialects as their mother tongue, particularly as most of these candidates are elderly. First, the language barrier distorts the accurate representation of medical knowledge. Pronunciation issues and limited Putonghua proficiency directly impact scoring outcomes, leading to point deductions or even disqualification for many candidates despite their demonstrated clinical competence. In response to this challenge, President Liu[7] of the Lijiang Ethnomedicine Association once proposed a policy to provide translators for examiners, which was ultimately rejected by authorities. Second, a fundamental disconnect exists between the narrative logic inherent to ethnomedical knowledge and the standardized, theory-driven discourse expected by academically trained examiners. While ethnomedical healers typically articulate medical reasoning based on their understanding and experience, examiners often prefer the standardized, logical discourse system. This epistemological divide frequently results in the mischaracterization of nuanced practical expertise as "unsubstantiated conjecture."

3.2 The Significance of Legal Practice Status for Ethnomedical Healers

The health authorities in Lijiang have indeed recognized the practical challenges facing ethnomedical healers in balancing the needs of knowledge transmission and legitimate practice. As a result, they have refrained from strictly enforcing penalties against these practitioners for "illegal" practice. Nevertheless, for ethnomedical healers, obtaining official certification remains critically important for passing down medical traditions and for its practical utility in allowing them to practice legally.

First, from a legal perspective, possession of a medical certificate serves as the definitive criterion distinguishing "legitimate" from "illegal" medical practice. In most parts of China, practicing medicine without certification entails criminal liability and administrative penalties, including a minimum fine of 50,000 yuan. However, the situation in Lijiang presents a notable exception. Through active coordination by the Lijiang Ethnomedicine Association, local authorities have adopted a relatively tolerant stance toward folk medicine practitioners operating within the jurisdiction of "One District and Four Counties." It is important to note, however, that this policy is limited only to Lijiang; if they practice medicine outside the designated areas—in Sichuan or Guizhou, for example—they will be held accountable for breaking the law. As President Liu said, "If we follow the Law on Licensed Doctors, it is illegal for them to practice medicine. But the Law on Traditional Chinese Medicine stipulates that 'five years of clinical experience' is a prerequisite for certification, then there is a question mark to the legality of their practice."[8] The ambiguity of the current certification system places ethnomedical healers in a legal gray area.

Second, the doctor's qualification certification directly correlates with income growth. Holders of the doctor's qualification certificate are authorized to extend their practice beyond village-level settings to county- and city-wide jurisdictions. More importantly, inclusion in the national medical insurance reimbursement system enables them to charge higher consultation fees. Furthermore, they are eligible to open private clinics and apply for

professional titles. For the younger generation of ethnomedical healers, having a certificate not only means legal protection but also serves as a "passport" into modern healthcare markets.

Last but not least, official certification carries significant social recognition value. Most ethnomedical healers do not rely on medical practice as their main source of income, typically sustaining themselves through agriculture or other forms of labor. Their healing practice is more driven by a sense of medical ethics, social responsibility, and deep-rooted community ties. Although grassroots reputational recognition already constitutes a form of social recognition, state-issued medical certification represents formal acceptance by the mainstream healthcare system and official authority.

Consequently, despite persistent structural inequalities in examination design, most ethnomedical healers are still willing to invest substantial time and effort in pursuing certification.

3.3 "Herbalists" with Prescriptions but No Qualifications

3.3.1 Ethnomedical Healers who Possess Herbal Medicine Knowledge but are Unable to Apply it

The field research reveals a significant number of folk medicine practitioners in the Lijiang area who possess traditional medical practice backgrounds and specialize in herbal treatments. However, these practitioners, armed with extensive herbal medicine knowledge, generally find it challenging to realize their value due to the lack of a certificate. In in-depth interviews, most of them felt they had "specialized skills" but were restricted from exercising them by the lack of a medical certificate. This study presents the predicament of unlicensed herbalists in the Lijiang area through in-depth interviews with folk medicine practitioners of different ages, genders, and ethnic backgrounds, as well as those who have and have not obtained the TCM Specialist's Certificate, and members of the Lijiang Ethnomedicine Association. It combines data statistics and case analysis to offer a multi-perspective view.

The table below presents a statistical overview of some of the ethnomedical healers interviewed during the field survey:

Table 1. Overview of Ethnomedical Healers in Lijiang (Partial)[9]

Pseudonym	Ethnic Group	Years of Practice	Rural Doctor' Certificate (Yes/No)	TCM Specialist Certificate (Yes/No)	Reasons for Not Obtaining Certification
Doctor He	Tibetan		No	Yes	/
Doctor Zhuoma	Tibetan	27	No	Yes	/
Doctor Zhou	Naxi		No	Yes	/
Doctor Mu	Naxi	37	No	No	Lack of training, health issues
Doctor He	Naxi	17	Yes	No	Inadequate modern medical theory
Doctor Wang	Bai	26	No	No	Use of toxic herbs in prescriptions
Doctor Zhao	Bai	21	Yes	No	Inadequate theoretical knowledge in modern medical science, strong accent in speaking *Putonghua*

3.3.2 Doctor Wang, a Herbalist who can't Treat Illnesses Without Toxic Herbs

"There's no way around it. I can't control it. Without toxic herbs, I wouldn't know how to treat illnesses!"

Doctor Wang, a well-known inheritor of ethnomedicine in Diantou Village, Jiuhe Bai Autonomous Township, Lijiang, comes from a family of herbalists. He began learning traditional medical skills at the age of 19 and started practicing medicine at 29. With 26 years of clinical experience, he is proficient in identifying and using over a thousand types of Chinese herbal medicines and is respectfully referred to as the "King of Herbal Medicine" in the Lijiang area. His family-passed-down prescriptions cover a variety of therapies, including oral intake, topical application, acupuncture, and cupping, which can effectively treat a wide range of diseases, especially excelling in treating external injuries, bone injuries, and chronic illnesses. His distinctive therapeutic methods enjoy widespread local recognition. It is said that a patient with a severed thumb, after receiving topical treatment with his secret herbal formulation, regenerated new tissue and skin within days. This stands in stark contrast to modern medicine's complicated process involving registration, suturing, the use of antibiotics, and long-term recovery.

Doctor Wang once held a "Specialized Skill" certificate and practiced legally during a three-year policy period in Yunnan, accumulating rich clinical experience and a "high reputation" among his fellow countrypeople. However, after the "Specialized Skill" Certificate expired, he failed to obtain the TCM Specialist's Certificate despite taking the exam twice. Wang's failure is closely related to his use of toxic herbs in his secret formula.

In the first assessment, he mentioned in both his application case and the interview that he often included toxic herbs in his prescriptions for patients, especially Aconite and Kusnezoff Monkshood Root[10]. In Naxi medicine, "toxic" and "beneficial" are relative. Often, "the more toxic the medicine, the more effective it is." That is, after processing and neutralization, some toxic herbs have a more significant therapeutic effect than ordinary herbal medicines. However, to avoid potential treatment risks, the modern medical system prohibits the use of any "toxic medicinal materials." Therefore, it was not surprising that Wang did not pass the assessment.

Learning from his first failure and with the assistance of President Liu of the Lijiang Ethnomedicine Association, Wang revised his application materials to remove all toxic herb components from his treatment cases and was advised to avoid mentioning toxic herbs during the assessment. However, how could a few words of advice change a 20-year-plus treatment habit? In the second assessment, Wang again blurted out the toxic herb formula when explaining his self-prepared prescription and was "vetoed" by the examiners. In Doctor Wang's medical knowledge system, the preparation of toxic herbs is a "skill" rather than a "risk," while in the examiners' evaluation criteria, "toxic" is directly equated with "illegal" and "risk."

Now, when Doctor Wang recalls the two assessment experiences, he does not show obvious regret. He holds complex views regarding certification, expressing concern that Westernized standardized examinations could disrupt his own cognitive framework: "As a practitioner of Chinese medicine, I should adhere to its theoretical foundations. Studying Western medical concepts would only create confusion in my mind."[11] Furthermore, Wang prioritizes caring for his elderly mother in her advanced years—even if certified, he would be unwilling to leave his homeland to practice. Thus, certification is a must-have for him. His medical knowledge has already been inherited by his children and three apprentices, allowing his practice to continue serving local communities through the traditional principle of "Yi Bu Kou Men" (medical care is not actively solicited, but respectfully provided when sought).

Doctor Wang's case reflects the deep-seated problems of the current assessment system: when traditional ethnomedicine is based on its distinct theoretical system and diagnostic and treatment logic, the standardized modern medical assessment model not only fails to objectively evaluate its actual medical value but may also create institutional exclusion. There is a fundamental epistemological conflict between ethnomedicine's "using toxicity to counteract toxicity" treatment philosophy and the modern medicine's "toxicity avoidance"; there is an evaluative conflict between ethnomedicine's individualized diagnostic and therapeutic experience and the unified assessment standards of modern medicine; and there is a cultural value conflict between ethnomedical healers serving dual roles as cultural custodians and healthcare providers and the current assessment system that reduces their multidimensional medical practice into singular certification criteria. The root of this assessment system's dilemma lies in its failure to acknowledge the importance of ethnomedicine as a local knowledge system.

3.3.3 Doctor He, a gynecology specialist who is only certified to treat spleen and stomach disorders

"I did pass the exam, but it was really tough, and now I can only treat spleen and stomach disorders."

Doctor He was born into a traditional medical family in the multi-ethnic area of Lijiang. As a Tibetan, his father was a folk herbalist who traveled between villages. Doctor He began learning Naxi medical knowledge from a Dongba (Naxi religious leader) master at a young age and became the fifth-generation inheritor of ethnomedicine. In his medical system, he is best at using "urine diagnosis" to treat diseases. This diagnostic method originates from the theoretical techniques of the traditional Naxi "Golden-Turtle Eight-Diagram Chart," which emphasizes the correspondence between the five internal organs and six bowels in the human body and the five elements of "wood, fire, earth, metal, and water."

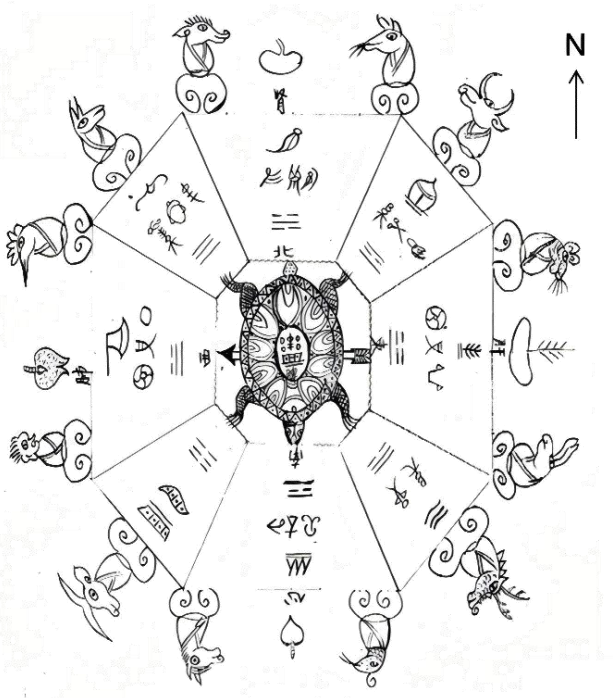

Figure 1. The Naxi "Golden-Turtle Eight-Diagram Chart"[12]

The Naxi urine diagnosis technique, inherited by Doctor He, has a unique diagnostic logic: morning urine, which stays in the human body for the longest time, is considered to most accurately reflect the body's condition. Doctor He's diagnostic method is as follows: he stirs the urine with a hollow hemp stalk and observes the color of the urine, the size of the foam, its duration, location, and other floating objects. The direction in which the foam stays after stirring is interpreted according to the "Golden-Turtle Eight-Diagram Chart" to identify the location of the disease. For example, if the foam stays to the south, it usually indicates a problem with the kidneys. In addition, he also takes into account the wind direction, the patient's diet of the previous day, and their complexion to make a comprehensive judgment. Doctor He says, "No matter which part of the body is ill, it will cause pain and discomfort, tilting the balance between different parts. The foam in the urine will concentrate in the 'heavy' position, that is, the position where there is pain."[13]

Doctor He is capable of treating a variety of diseases, especially gynecological disorders. However, when he took the Yunnan provincial examination for the TCM Specialist's Certificate in 2022, to maximize his chances of certification, he made a strategic decision to forgo applying for the disease categories in which he possessed the most profound clinical expertise. Instead, he applied for certification in spleen and stomach disorders, a domain he perceived as more familiar and more readily translatable into the standardized TCM terminology. This choice enabled him to become one of the exceedingly rare practitioners in the Lijiang area to obtain formal qualification certification. However, it also directly limits his practice to the treatment of spleen and stomach disorders, creating a clear mismatch between the scope of his certified practice and his actual area of expertise.

Doctor He's success was hard won. He underwent systematic exam-preparation training in various aspects provided by the Lijiang Ethnomedicine Association. During the two-year preparation period, he not only systematically received training in converting Naxi medical concepts into standardized TCM expressions, including repeated drilling of Putonghua pronunciation for key terms, but also received non-verbal communication training, including standardized posture, deliberate eye contact, and controlled speech rhythm. Moreover, he received training in differentiated presentation strategies, such as highlighting the commonalities between Naxi medicine and TCM theory and employing comparative frameworks to stimulate examiners' interest. President Liu also repeatedly advised Doctor He, "Do not just passively answer the examiners' questions. Treat the exam site as a stage for teaching Naxi medicine."[14] During the exam preparation, although Doctor He did learn a certain amount of basic TCM theory, he invested substantial time and effort into interview skills and mock-answer training. The above-mentioned training process far exceeded the traditional scope of "medical skills assessment" and was more like a large-scale "exam-taking skills" training project.

The case of Doctor He, who is good at gynecology but has to practice in the field of spleen and stomach disorders, also reflects the series of dilemmas faced by most ethnomedical healers. First, the difference in evaluation standards. The TCM theory, which serves as the basis for exam preparation, does have some help and value for him. However, the difficulty of the exam is not the level of medical skills, but the difference in evaluation standards. Second, the mismatch of the certification system. In the practice of the specialist assessment, the candidates' diagnostic ability and experience come second to the comprehensive training they received in preparing for the exam, in expressing and presenting themselves. As a result, certification mismatch is common, where "competent doctors may not pass the exam, and those who pass may not be competent."

4. Reality, Dilemmas, and Reform: Perspectives of TCM and Western Medicine Practitioners

To further explore the cognitive differences between different medical systems, this study employs an interdisciplinary comparative research method. Several young practitioners with backgrounds in TCM or Western medicine from major hospitals or medical colleges in Shanghai and Guangzhou were invited to participate in the field survey. Supplementary interviews were conducted regarding their perceptions of ethnomedical healers, the TCM Specialist system, and the relationship between ethnomedicine and modern medicine.

4.1 A Public Health Perspective on the Drawbacks of Ethnomedical Diagnosis and Treatment Methods

Ms. Wang,[15] a postgraduate student majoring in public health from Shanghai Jiao Tong University, expressed different views on the hygiene issues in the diagnostic and therapeutic processes of some ethnomedical healers. She believes that in the absence of strict disinfection or the implementation of infectious disease control procedures, some medical practices may pose a potential risk of cross-infection. For example, Doctor Wang, after finishing farm work, performs cupping and blood-letting for patients without disinfection. Although this might be efficient, there is a risk of spreading infectious diseases. In contrast, Doctor Zhao, who holds a Rural Doctor Certificate, will always wear gloves and use alcohol swabs and other modern medical protective measures, even when just providing head therapy for patients, demonstrating a higher level of hygiene awareness and professional standards.

Ms. Wang is cautious about the certification of ethnomedical healers. She emphasizes that medical practice must be based on a systematic theoretical framework and standardized hygiene criteria. She also believes that although Doctor Wang's herbal therapy, which "uses toxicity to counteract toxicity," has certain therapeutic effects, its excessive reliance on toxic medicinal materials, lack of systematic theoretical support, and risk management mechanisms make it difficult to meet modern medical review standards. In comparison, she is more inclined to practitioners who can clearly explain the logic of diagnosis and treatment using TCM theory, such as Doctor Zhou[16]. For ethnomedicine practitioners with specialized skills, she believes that establishing a differentiated qualification certification channel based on the "specialized skill" certificate model in Yunnan Province is a rational solution. She also pointed out a weakness in the current TCM Specialist assessment system: the lack of corresponding "standardized training" (i.e., residency training), which means that even if some ethnomedical healers pass the exam, they are unable to effectively implement the mainstream medical practice standards.

In summary, Ms. Wang, with her background in public health knowledge, prefers to establish a continuous training system and hygiene evaluation mechanism to ensure both efficacy and safety, rather than making a conclusion based on a one-time assessment, when it comes to solving the dilemma of the ethnomedicine practitioner assessment system.

4.2 A Clinical Medicine Perspective on the Certification of Ethnomedical Healers

Doctor Zhong, a postgraduate student with a background in modern clinical medicine[17], shared the importance of "official certification" and "evidence-based" practice in the modern medical system during her participation in the field survey of ethnomedicine, and her insights into the current TCM Specialist assessment system.

As a physician who has undergone systematic clinical training in modern medicine, she pointed out that from the patient's perspective, official licensing and institutional accreditation are prerequisites for gaining trust. "If I were a patient, I would want to know if the doctor has an official license. A professional qualification certificate would make me feel more at ease."[18] She does not dismiss the empirical expertise of certain ethnomedical healers, but maintains that the current system lacks a stable and standardized evaluation framework capable of reliably distinguishing which healers merit certification. Particularly given the numerous uncontrolled variables in areas such as theoretical articulation, diagnostic standardization, and hygiene safeguards, she argues that precipitous certification could undermine public trust in healthcare governance.

She also emphasized the differences between modern "evidence-based medicine" and the "dialectical medicine" of folk traditional medicine. The diagnostic and treatment process of ethnomedicine often lacks systematic evidence-based medical support, and its efficacy evaluation mainly relies on the subjective symptom improvement

described by patients. However, in the framework of modern medicine, the diagnosis and efficacy evaluation of organic diseases such as heart failure depend largely on objective and quantifiable structural indicators. Therefore, there is a widespread problem of "inability to verify the correctness of the theory" facing both TCM and ethnomedicine practitioners, which leads to the "misalignment" problem in the institutional assessment and makes it difficult to formulate a scientific and consistent certification mechanism. In addition, she pointed out that there is room for improvement in the current application mechanism. Whether it is the treatment experience learned in the field survey or the ten treatment cases filled in the application materials, their authenticity lacks verification, and there is a risk of "survivor bias."

In summary, Doctor Zhong is reserved about "whether to issue a certificate." She does not deny that the TCM Specialist system, to some extent, prevents the erosion of folk hype or "undeserved" medical skills on the medical system, nor does she deny that a legal channel should be provided for some ethnomedical healers. However, she still insists that a more verifiable, comprehensive, fair, and socially responsible set of standards must be established. When referring to the admission mechanism of international medical colleges, she suggests that recommendation systems and clinical case weighting evaluation mechanisms can be introduced as appropriate, but the premise is that there must be perfect information verification and follow-up training to truly be responsible to patients, the system, and ethnomedical healers.

4.3 Perspectives of TCM Professionals

In addition to the above two participants with backgrounds in public health or modern medicine, this field survey also included a couple of TCM professionals from Guangzhou University of Chinese Medicine: one is engaged in TCM research, while the other provides medical consultations online as a "barefoot doctor"; though neither is a registered licensed doctor, both have received systematic training on TCM theories.

Mr. Liang, the "barefoot doctor," holds relatively straightforward and positive views. After observing the diagnostic and treatment processes of ethnomedical healers, he gave high praise, especially impressed by Doctor Wang's treatment of bone injuries. He believes that Doctor Wang's pulse-taking, analysis, and prescribing are all very professional and live up to his "reputation" among neighbors. As a TCM practitioner who has received systematic academic training, Liang can confirm the practical efficacy of ethnomedical healers in specific fields through clinical observation.

In contrast, Ms. Chen, the researcher with a Ph.D., is more critical. She believes that some ethnomedical healers have a relatively singular approach to syndrome differentiation and a more formulaic use of medicine, which fails to reflect the core TCM philosophy of emphasizing a holistic view and differentiation of individual constitutions. For example, she observed that some of Doctor Wang's prescriptions, regardless of the patient's constitution or disease stage, have almost the same combination of medicinal herbs, lacking targeted modifications. In contrast, in clinical practice of TCM professionals who have received proper formal TCM training, auxiliary or adjuvant ingredients are often added based on the patient's specific constitution and manifestations of deficiency, excess, cold, or heat to enhance efficacy or reduce side effects, which is less common among ethnomedical healers. Moreover, Ms. Chen believes that the use of toxic herbs is too risky and unnecessary, as other non-toxic herbs can achieve similar effects. In her view, the safety of medication should not be overshadowed by its efficacy.

However, the couple agrees on the pharmacological value of the vast majority of herbal medicines used by ethnomedical healers. The herbs collected and processed by these healers often demonstrate bioactivity. Combined with Lijiang's superior geographical conditions—renowned as the "homeland of medicinal herbs"—these locally sourced herbs consistently show superior efficacy compared to the standardized, pre-processed formulations available in urban hospitals.

In summary, the views of this couple reveal a spectrum of attitudes, ranging from recognition and appreciation to skepticism, within the institutionalized TCM community toward ethnomedicine. This indicates that ethnomedical healers are not entirely outside modern healthcare systems, and their diagnostic and therapeutic approaches can gain technical acknowledgment from practitioners with systematic training. However, significant gaps remain in terms of standardization and other aspects.

4.4 Differences Among Ethnomedical Healers

Compared to the established medical systems of Tibetan, Mongolian, Uyghur, and Dai medicine within the current ethnomedical framework, ethnomedicine in Lijiang, such as Naxi medicine and Lisu medicine, is in a relatively disadvantaged position. Currently, there is more government policy support for Mongolian, Tibetan, Uyghur, and Dai medicine in terms of academic inheritance, medical innovation promotion, and more. In addition, many Tibetan and Mongolian medicines have been included in the national catalog of medicines covered by medical

insurance. In contrast, Lijiang's ethnomedicines (such as Naxi herbal medicines) remain predominantly self-collected and self-administered within local communities, or are marketed as semi-processed herbal products, with a relatively low commercialization and specialization level, hindering their access to mainstream healthcare markets. According to Doctor Zhuoma, a Tibetan physician interviewed in this field survey, one reason Tibetan medicine can be widely incorporated into the national healthcare systems is that most of the examiners in the TCM Specialist assessment are Tibetan doctors. Therefore, they can better understand the unique theories of Tibetan medicine articulated by the candidates, such as blood-letting therapy and Tibetan medicinal baths. These innovations are not confined to the theoretical framework of modern TCM. Thus, the evaluation and certification by examiners from the same ethnic group are more accurate and more in line with the candidates' actual situations. However, for ethnomedical healers in the Lijiang area, the examiners, most of whom are from modern medical backgrounds, often possess only a partial understanding of the theoretical frameworks and therapies unique to Naxi and other ethnic medical traditions. Consequently, the evaluation criteria they employ are ill-suited to evaluate ethnomedical knowledge systems. The lack of official discourse power in the evaluation system also exacerbates disparities among China's diverse ethnomedical traditions, which is one of the obstacles preventing Lijiang's ethnomedical healers from obtaining formal qualification certification.

5. Conclusion

The difficulties ethnomedical healers face in practicing legally are essentially not due to their inadequacy in medical skills but rather the structural limitations of the modern medical system and institutions in recognizing diverse medical traditions. These practitioners are squeezed into a "gray area"—they possess unique diagnostic and therapeutic memories passed down through generations, but they remain marginalized in a position of "having specialized skills but unable to exercise them" due to their inability to fit into mainstream certification and lack of discourse power in the evaluation system.

The TCM Specialist system implemented in China was well-intended as a policy attempt to integrate folk medical resources. However, in practice, it has revealed deep-seated contradictions in the compatibility of knowledge systems, ignoring the diversity of knowledge structures and differences in expression and operation among TCM, Western medicine, and ethnomedicine. The requirement for a standardized assessment of empirical medical skills has instead created new institutional problems.

During the field survey, every ethnomedicine practitioner I encountered held this belief: regardless of who, when, or where, the most basic and core job of a physician is to heal the sick and save lives. Whether or not they have official recognition or sufficient discourse power, ethnomedical healers still persist in using their family-passed-down medical skills to alleviate the suffering of patients in the countryside and take on the responsibility of healing. This evaluation system and practical wisdom even transcend the value system associated with the Doctor's Certificate—their medical value is not simply reflected in a piece of paper but is profoundly embedded in the memories of recovered patients.

In summary, findings from this field survey and in-depth interviews with various groups from diverse medical backgrounds reveal that the certification challenges facing ethnomedical healers reflect a deeper question: When modernity encounters diverse medical traditions, by what criteria should "legitimacy" be defined? Should it prioritize theoretical conformity or return to therapeutic efficacy? The marginalization of ethnomedical healers by TCM and Western medicine systems precisely illustrates that a truly inclusive medical system should respect and accept diverse therapeutic paradigms and acknowledge the right to practice medicine through the lens of diverse knowledge systems.

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[6] Data source: Lijiang Ethnomedicine Association.

[7] Liu Jianqin (1966-), President of the Lijiang Ethnomedicine Association, has been dedicated to digging and sorting out the traditional medical knowledge of the Naxi ethnic group.

[8] Interview with Liu Jianqin. July 4, 2025.

[9] Data source: Lijiang Ethnomedicine Association and case interviews.

[10] Aconite and Kusnezoff Monkshood Root are highly toxic. China's Administrative Measures for Toxic Drugs for Medicinal Useclearly stipulates the processing and management methods for these two types of medicinal materials. To prevent risks in medical use, except for designated institutions, no other units or individuals are allowed to engage in the procurement, distribution, or formulation of toxic drugs. This also restricts the inheritance and use of ethnomedicine practitioners' secret remedies that employ "using toxicity to counteract toxicity."

[11] Interview with Doctor Wang on July 5, 2025.

[12] The Golden Turtle Bagua Chart painted on the wall of the Lijiang Ethnomedicine Association, photo taken on July 16, 2024.

[13] Interview with Doctor He on July 4, 2025.

[14] Interview with President Liu on July 4, 2025.

[15] Ms. Wang is a postgraduate student majoring in public health at Shanghai Jiao Tong University. The interview was conducted on July 8, 2025.

[16] Doctor Zhou is Vice President of the Lijiang Ethnomedicine Association, specialized in the research of Naxi medicine theory and committed to the conservation and teaching of ethnomedicine.

[17] Doctor Zhong is a postgraduate student in the Cardiology Department at Shanghai Jiao Tong University School of Medicine, with a background in modern clinical medicine. She has several years of clinical internship experience in public hospitals and has participated in a medical education exchange program in the United States.

[18] Interview with Doctor Zhong on July 7, 2025.