

A Comparison of the Development of Ethnic Medicine and Traditional Chinese Medicine

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Abstract. In the field of academic research, Chinese medicine in a broad sense covers both minority medicine (shaoshu minzu yixue, or ethnic medicine) and Han medicine. In a narrower sense, Chinese medicine refers only to Han medicine, while minority medicine in the general term for the theories and experiences of the various minority nationalities in China. This article attempts to summarise the links and differences between minority medicine and traditional Chinese medicine by analysing the relevant literature, with a view to explaining the characteristics of the development of minority medicine, and giving its own views on the difficulties and opportunities it is currently facing.

Keywords: Han Medicine; Minority Medicine; Ethnic Medicine; Traditional Chinese Medicine.

1. Introduction

Modern China, as a multi-ethnic country, is home to fifty-five officially recognized minority ethnic groups, as well as the Han people, which is the majority. In the long-term process of production and living, people from all ethnic groups have created a rich variety of medical techniques based on practice and experience, and have formed a highly distinctive system of ethnic medicine.

After the founding of the People's Republic of China, ethnic medicine was gradually incorporated into traditional Chinese medicine in order to facilitate the development of ethnic cultures and to protect the rights and interests of ethnic minorities. Since then, Chinese medicine in a broad sense has emerged. At the same time, compared to the complex development path in the broader context, classic Chinese medicine in the narrower sense refers to a system of medicine centred on Han medicine, which is based on the theoretical foundation of the Yellow Emperor's Inner Canon (Huangdi Neijing) and combines acupuncture, herbal medicine, meditation, physical exercise and other therapeutic means to help people maintain internal balance and promote physical recovery and mental health.

In fact, however, the definition of ethnic medicine or ethnomedicine varies in different contexts. In the English context, ethnomedicine is more often associated with 'culture' than with 'ethnic'. Ethno is a variation of the Greek word ethnos, meaning cultural group. Therefore, ethnomedicine in the Western context tends to refer to medicine belonging to different cultural groups [1]. There are probably two definitions or classifications of ethnomedicine in the Chinese context. One is the definition of "minority medicine" adopted in this article, which refers mainly to the traditional medicine of ethnic minorities [2]. The medical systems of ethnic minorities have developed in their own cultural contexts, therefore, this classification is to a certain extent similar to the English context, which emphasises that "ethnic medicine" is based on ethnic culture. The other is to contrast 'ethnomedicine' with 'Western biomedicine' and to consider Chinese medicine, ethnic minority medicine and other folk medicine together as ethnomedicine [2].

At present, research on 'minority medicine' in China is not only focused on summarising and collating minority medical texts and using them to explore new medicines or medical treatments that can be exploited [3,4,5,6]. Scholars with backgrounds in biology, medicine, and pharmacology have also been drawn upon to validate minority medicines or therapies using biomedical tools [7,8,9]. In addition, some medical anthropology researchers have also dissected the therapeutic and social functions of ethnic minority medicine through the lens of folk beliefs, lending themselves to exploring the understanding of life and the body in different cultural contexts. Some have also conducted a comparative analysis of the different perceptions of some traditional medical concepts (e.g. 'qi') from the perspectives of classical Chinese medicine and ethnic minority medicine [10].

Based on the above research, this article intends to focus on the unique cultural treatment methods and medicine systems of China's ethnic minorities, and to take the elaboration of the internal development logic of each ethnic minority medicine as the theme of the article, considering "ethnic minority medicine" as a relatively independent system, and comparing it with traditional Chinese medicine, which is mainly Han Chinese. On the one hand, it attempts to summarise the differences between traditional Chinese medicine and traditional Chinese medicine. On the other hand, the article aims to explore the dilemmas and opportunities faced by Chinese medicine and ethnic minority medicine in the context of globalization.

2. Similarities and Differences between Ethnic Minority Medicine and Traditional Chinese Medicine

In China's current legal rules concerning Chinese medicine, Chinese medicine and minority medicine are both considered as a category of Chinese medicine. However, under the influence of different societies and cultures, ethnic minority medicine has some distinctive theories and practices that are different from traditional Chinese medicine, as a generalisation of the local people's perception and treatment of health and illness. Apart from this, there are also certain links between the two.

2.1 Similarities

The similarities between ethnic minority medicine and traditional Chinese medicine can be described in two broad directions: origin and development.

Firstly, in terms of origin, both minority medicine and traditional Chinese medicine are the product of individual or group adaptation to their surroundings. During the period of clan society, people inevitably suffered from injuries and illnesses during hunting and gathering activities, which prompted them to find suitable ways to treat them, and thus plants with healing properties were discovered and used in the production process. For example, the area in which the Dai people live is often characterised by a hot and humid climate and a high number of snakes, insects and rodents. A number of diseases associated with regional characteristics pose hazards to the lives of the Dai people. To address these problems, local Dai medicine made full use of the desirable local animal, plant and mineral resources to develop superior therapeutic skills in clearing heat, detoxifying the body, reducing swelling and relieving pain [11]. During the Ming and Qing dynasties, as the economic centre moved south and the population of southern cities grew, various epidemic diseases spread. The warm and humid climate of Jiangsu and Zhejiang was very different from the northern environment, which made it difficult for the methods originally used in the *Shanghan Lun* to be effective in the southern region. As a result, traditional Chinese medicine practitioners, known as the School of Warm Diseases (Wenbing Xuepai), adapted their treatment methods and medicines to the climate and symptoms of the patients, and eventually curbed the epidemic [12]. Alongside the development of medicine, some simple medical instruments were gradually invented, such as a needle stone (bianshi) unearthed at the Hancheng site in Xinzheng, Henan province, which shows a flat, rounded end and a three-pronged end. The round end of the stone was used for massage and the sharp end for bloodletting. Similarly, a stone with one sharp end and one rounded end was found at a Neolithic site in Toudaohua, Duolun County, Inner Mongolia [13]. It is evident that the development of medicine was closely linked to the environment in which groups lived, and that the emergence or advancement of medical technology was often a product of the environment.

Technically, ritual medicine is an important method of treatment in both traditional Chinese medicine and minority medicine. In ancient times, when the art of medicine was not well developed, people were inclined to seek the help of wu (also translated in ritualist, spirit medium or shaman) when faced with the threat of illness [14]. In addition to using divination and rituals, wu also used herbs and needle stones to relieve patients' ailments. In subsequent historical developments, the image of the witch and the healer gradually overlapped. A dialogue between Huangdi and Qibo is recorded

in the traditional Chinese medical theory textbook [15], Yellow Emperor's Inner Canon, indicating that ritual or taboo can fill the gaps of illnesses that cannot be treated with medicine or stone [16]. Among ethnic minorities, witch doctors have different titles. For example, the Dai people called wu as "moya", the Tibetan shaman is called a "dunba" and the Yi have a "bimo". For the Dai people, the cause of their illness is most likely to be their anger with spirits, ancestors, etc. Therefore, in order to cure their illness, they must seek the help of a moya who can "communicate with the spirits". In order to cure patients, the moya would not only go to the mountains to collect medicine and make "yagei" to remove toxins from the body [11]. At the same time, they would also use appropriate healing techniques, such as different requirements for the time and direction of taking the medicine. Before collecting the medicine, the moya prepares a pair of wax strips, flowers and cotton thread, and when they meet a river or a tree, they mumble a blessing to the king of medicine or the lord of land to seek for help. When they find the target medicine, the moya will place the wax strips and flowers in front of the medicine and attach cotton thread to it to express their gratitude to the gods and seek their blessings [11]. This shows that the ritual medicine plays an important role in both ethnomedicine and traditional Chinese medicine.

Secondly, the development of both traditional Chinese medicine and minority medicine relies on a logically coherent philosophical system. For example, the doctrines of yin 阴 and yang, the Five Elements (Wuxing) and qi are the theoretical foundations of traditional Chinese medicine. The doctrine of yin and yang originates from the The Book of Changes (Yijing), a philosophical concept of life summarised by the ancient Chinese people as they explored the workings of the universe [17]. The attributes of a certain individual cannot be judged singularly as yin or yang; only the harmony of yin and yang can maintain the dynamic balance within things [17,18]. At the same time, the Five Elements theory is often used as an important basis for traditional Chinese medicine treatment. The theory proposes that there are mutually reinforcing properties among the five basic substances of the world: gold, wood, water, fire and earth, which can also represent the properties of medicines and correspond to the five tastes of sour, bitter, sweet, pungent and salty, as well as to climate and even human virtues. And as the origin of the world, qi is the basis for constituting life and sustaining life activities, and its balance in the body affects the balance of yin and yang. Traditional Chinese medicine practitioners use medicines and foods with different five elemental attributes to replenish deficient qi or diarrhea excess qi in order to maintain the balance of yin and yang.

Such philosophical guidance is also found in minority medicine. In Tibetan medicine, for example, the doctrine of the five sources is an important theoretical support, which holds that everything in this world is made up of the five elements (earth, water, fire, wind and space), and that space is the necessary place for the existence of objects, while the four elements of earth, water, fire and wind not only make up the human body, but are also the source of disease. Because the five sources are mutually reinforce and neutralize each other, Tibetan medicine practitioners first consider the surplus and deficit of the five sources in the human body before selecting the drugs to be used [19]. In addition, the Three Principles of Functionis also one of the core doctrines raised during the development of Tibetan medicine. It states that the three elements (rlung, mKhris-pa and Bad-kan) of the body are the basis for supplying energy to the body, and when they are imbalanced or disrupted in the body, disease will arise. In particular, rlung dominates the body's respiratory, circulatory and motor functions, similar to qi in traditional Chinese medicine; mKhris-pa controls the regulation of heat in the body and is also associated with digestion, absorption and wisdom; and Bad-kan influences one's temperament and weight, as it controls the body's absorption and metabolism of water and food [19]. The three principles of function are interdependent but also influence each other [20].

Both minority medicine and traditional Chinese medicine have faced certain challenges in their development to date. With the arrival of biomedicine in China, other medical systems that are not based on 'science' have been placed in opposition to it. Traditionally, traditional Chinese medicine and minority medicine have developed with their own theoretical logic, but now have to deal with the challenges of biological experimentation and be tested on issues such as active ingredients and side-effects. In the 20th century, indigenous Chinese medicine was at risk of being banned. After the

founding of New China, although traditional medicine was supported by the government, it still advocated "learning from Western medicine and transforming Chinese medicine". Essentially, traditional medicine was still facing competition with Western medicine, while being at a relative disadvantage [21]. Until the 1970s, when acupuncture fever began to take hold in the global North, the term 'alternative medicine' emerged, indicating that the efficacy of traditional medicine was gradually being affirmed, but society always questioned its underlying logic, and there was no shortage of academic debate and controversy about the theoretical system of traditional medicine. The emergence of the term 'alternative medicine' indicates that the efficacy of traditional medicine is gradually being affirmed. At the same time, the use of some minority medicines has been questioned and even banned under the biological science paradigm. For example, some of the herbs used to make Mongolian medicine are labelled as 'poisonous', but in the Mongolian medical system, the concept of 'poison' is not a single negative property. The herb, caowu, for instance, is considered by Mongolian practitioners to have been concocted in such a way that the actual poison within it can be transformed into a substance that reduces swelling and pain, while its toxicity can be regulated and limited when taken with other medicines. However, most medicines containing caowu have been banned because it has been judged to be "toxic" after biological tests. Similar problems exist with some other traditional Chinese medicines. Thus, under the pressure of Western medicine and the scientific view, the development of traditional Chinese medicine and ethnic minority medicine has been limited to a certain extent, and both have had to move closer to "science" in order to break through this limitation.

However, as the tendency to "scientificise" traditional medicine becomes more apparent, the problems of passing on traditional Chinese medicine and ethnic minority medicine are slowly coming to light, mainly in two areas. Firstly, it is difficult to pass on the "heritage" of people. In the case of ethnic minority medicine, urbanisation has led to an influx of people to the cities and eastern regions, which has significantly reduced access to ethnic minority medicine and made it more difficult for people to learn and pass on their medicine. At the same time, the high barriers to employment in the medical field itself, both in terms of mastering and practising medical knowledge and the long years of study in the medical field, can certainly dampen students' enthusiasm for the study and application of medicine. The restriction of practice qualification makes it difficult for ethnic minority physicians to legally inherit and carry forward the characteristics of their own ethnic medicine, which invariably hinders the professional development of ethnic minority medicine [22]. On the other hand, it is difficult to inherit therapeutic drugs and treatment practices. Except for the four major ethnic minority medicines which have corresponding written texts passed down and available for reference, other ethnic minority medicines are mostly passed down in oral form, which involves language issues.

By sorting out the commonalities between ethnic minority medicine and traditional Chinese medicine, it is easy to understand why they are grouped together in the national classification. Although the two medical systems were born in their own contexts, they are both the product of people adapting to their surroundings. They also share some similarities in their initial methods of treatment and logic of healing, and both currently face common challenges. In addition, however, there are also many differences between traditional Chinese medicine and minority medicine.

2.2 Differences

The natural differences in the origins of ethnic medicine and traditional Chinese medicine have led to the gradual formation of distinctive medical systems.

In terms of the characteristics of the treatments administered, some of the medicines that were discovered and utilised in the hot and humid environment of the south are difficult to survive in the cold and dry environment of the north. The difference in geography between the north and the south has led to the development of indigenous remedies with different characteristics in the two regions. The same herbs that survive in different places are also used in many different ways under minority medicine and traditional Chinese medicine systems. In Uyghur hands, for example, psoralea and other related herbs are ground into powder and made into pills or topical ointments for the treatment of various skin diseases such as vitiligo, as well as for insect repellent effects [23]. In the Bencao

Gangmu traditional Chinese medicine uses psoralea to treat people with kidney deficiency and other related diseases, and is mainly taken internally. In parallel, the Tibetan people living on the Tibetan plateau, are more likely to develop diseases such as hypertension, heart disease and rheumatism due to their predominantly nomadic lifestyle and meat-based diet, and local Tibetan medicine is more experienced in targeting these illnesses [2]. Tibetans in the river valleys, on the other hand, focus more on the use of purgative and detoxifying medicines to relieve the threat of gastrointestinal diseases, liver and lung diseases [19]. It is thus clear that different geographical and natural climatic conditions create different characteristics in the practice of medicine. This difference in living environment not only serves as a natural boundary between traditional Chinese medicine and various ethnic minority medicine, but also highlights the characteristics of medicine and techniques of ethnic minority medicine and traditional Chinese medicine.

In addition, the pluralistic value system behind the practice of medicine also reflects the differences between traditional Chinese medicine and minority medicine. While the origins of the healer's identity within each medical system can be traced back to the role of the ritualist, different roles have evolved over the course of their development. For traditional Chinese medicine practitioners, although some supernatural elements are still involved in the healing process, their main social function remains the treatment of disease and prolongation of life, and their role is primarily as healers. The Yi 'bimo', on the other hand, not only mastered the medical techniques of the tribe, but also had a high status as a priest, and performed medical acts with the aim of treating illnesses as well as conveying positive moral values and views on life and death to patients through rituals and other means. This shows that traditional Chinese medicine and ethnic medicine do not have the same aims in mind when it comes to medical treatment.

There are also differences in the way minority medicine and traditional Chinese medicine are administered. Unlike traditional Chinese medicine, which involves making observation, listening to breathing, asking about symptoms and taking the pulse, Tibetan practitioners sometimes diagnose illnesses by observing the urine of patients, a method known as "urine diagnosis". According to The Four Treatises of Tibetan Medicine, urine is the product of the constant separation of people's daily diet in the body., and when the "three principles" of the body are disturbed and cause disease, the internal conditions of the body can be judged from urine [24]. Usually, the physician takes the patient's urine in a white vessel and agitates it, and later observes the colour, odour, foam and suspension of the urine at three stages of the cooling process, whereby the etiology of the patient is investigated [25].

In general, the differences in cultural background, living environment, habits and religious beliefs of various ethnic groups have led to both commonalities and differences in the origins and development of traditional Chinese medicine and the medicine of various ethnic minorities. However, it is undeniable that ethnic medicine and traditional Chinese medicine still retain their own unique charm in the process of development and intermingling.

3. Challenges and Opportunities for Minority Medicine and Traditional Chinese Medicine

The advance of globalisation has brought challenges as well as opportunities to both ethnic medicine and traditional Chinese medicine. An analysis of the challenges and development prospects of each in the wider context, based on an exploration of the boundaries between traditional Chinese medicine and ethnic medicine, will help to better understand their importance.

3.1 The dilemma in the Context of Globalisation

In the context of globalisation, how to be recognised and needed by the market has become the primary challenge for all industries. For traditional Chinese medicine and ethnic minority medicine, in the face of competition from biomedicine, both have to address not only internal development issues, but also external challenges.

3.1.1 Scarcity of traditional medicine resources

"Wild plant and animal resources", as the main raw materials for traditional Chinese medicine and minority medicine, are facing problems such as over-exploitation and destruction of the living environment. Under the influence of market demand, many plant and animal materials and minerals with high economic value have been produced on a large scale, but the wild species of these medicinal materials have been severely damaged [10]. At the same time, some medicines are experiencing resource depletion [26]. In addition, there is also a gradual decrease in traditional medicine resources due to the loss of medicine documents. For example, the oxidation of paper notation files, the loss of some literature due to foreign trade and other factors, and the discontinuity in the identification and transmission of many indigenous medicines and prescriptions have added to the goal of enriching the traditional medicine resource base [10]. At the same time, although there is a rich variety of ethnic medicine, many treatments lack the recognition of modern medicine, which in turn reduces the desire of pharmaceutical and biological companies to promote them. Thus, compared to modern biomedicine, traditional medicine resources are at a certain disadvantage in terms of variety and quantity.

In addition to the lack of medical resources, the shortage of traditional medical talents is also one of the main factors hindering the development of ethnic medicine. Although urbanisation has driven economic development in urban and rural areas, it has also taken away talents from ethnic minority areas [10]. Fewer and fewer people are familiar with and know minority languages and scripts, leaving a gap in the transmission of local medical culture. The talent pool at Yunnan University of Traditional Chinese Medicine, for example, has no more than 200 students enrolled and a total of around 20 instructors and researchers for relevant courses [27]. Compared to the situation within other modern medical schools, there is a development dilemma of insufficient manpower in both academic research and education and training of ethnic minority medicine and traditional Chinese medicine.

3.1.2 Obscurity of Pharmaceutical Properties

As mentioned earlier, for traditional medicine, passing biological tests and clinical validation are the main challenges currently faced. Although the collection and collation of various ethnic medicines is helping to establish a more systematic structure of traditional medicine, many of the registered medicines are difficult to use successfully in real-life treatment, and the distinctive ethnic therapies that have been passed down in folklore and have not yet been explored are facing the prospect of being lost or even banned [28]. In the case of the Yi and Qiang medical systems, for example, with the exception of the therapeutic practice of tuina (generally translated in massage), which can be legally used within medical institutions, other herbal remedies can only appear in the circulation market in the form of health products [28]. At the same time, Qiang and Yi physicians are not licensed to practise medicine in the true sense of the word, and there is currently no system in place to qualify Yi or Qiang physicians. As a result, the medical cultures and theories of the two communities can only be represented and developed by Chinese or Western medical practitioners. Ethnic medicine can only be promoted in the form of 'intangible cultural heritage' rather than being qualified as a 'science' [29]. In such an embarrassing situation, traditional medicine can only appear in the medical market in the form of "alternative therapies", "health products" and "complementary therapies", and is sometimes even put in the face of scientific [21,30]

The same problem exists in overseas markets. In Australia, traditional Chinese medicine must undergo a pilot study by the local Medicines Board, which includes verification of the efficacy and safety of the medicine. However, due to the complex and individualised formulations of Chinese traditional medicine, or the 'toxic' herbs in the formulations, no traditional medicine is currently available in the Australian market as a registered medicine. The majority of Chinese traditional medicine circulating in overseas markets is in the form of healthcare products, which is minimal compared to biopharmaceuticals. It is clear that traditional medicine is being weakened by globalisation and the pressure of biomedical standards.

Internally, how traditional Chinese medicine and ethnic minority medicine can ensure the transmission of their medicinal systems in the face of the gradual loss of medicines, theoretical literature and inherited talents is an important challenge for both to accept passively in the context of marketisation. Externally, how to gradually transition from alternative therapies and be accepted by a wider public while ensuring the sustainability of resources is also one of the unavoidable issues for the future development of traditional Chinese medicine and ethnic minority medicine.

3.2 The Importance of Establishing a Modern System of Minority Medicine and Traditional Chinese Medicine

By reflecting on the current dilemmas and problems faced by ethnic minority medicine and traditional Chinese medicine, it can help both to gradually explore a development path adapted to their own needs. At the same time, the environment of opportunities that coexist with the obstacles to development will also provide the impetus for the development of minority medicine and traditional Chinese medicine.

3.2.1 Promote ethnic exchanges, explore emerging medicine and enhance national confidence

In promoting and developing the application of minority medicine and traditional Chinese medicine in China and around the world, medicine itself becomes a cultural vehicle. The exchange of cultures among ethnic groups not only helps to promote their own ethnic cultures, but also provides a platform for the different medical theories and treatment models of each ethnic group to be exchanged and learnt from each other, and the medical resources held by each can be shared mutually. At present, the reform and innovation of traditional medicine is mainly focused on the reform of drug dosage forms, and less on the innovation of the drugs themselves or the therapies. However, when the systems of medicine between peoples collide, a spark of innovation may emerge. Ethnic medicine with similar therapies and medicines can learn from each other and complement each other's strengths, and medicinal traditions with their own characteristics can inspire the development of other ethnic medicine. Traditional Chinese medicine, which has a relatively wide audience, can also provide resources and platforms to help ethnic medicine, so that more people can understand and try to embrace ethnic medicine.

Compared to the promotion of ethnic minority medicine and traditional Chinese medicine at home, the promotion of Chinese traditional medicine overseas will be one of the effective means to meet the challenges of globalisation. The "One Belt, One Road" initiative proposed in 2013 has become a stage for traditional medicine to go global, and China is trying to establish an international standard system and certification system for Chinese medicine in the countries covered by the "One Belt, One Road" framework, which is an important attempt for traditional medicine to break through the limitations of biomedicine. This is an opportunity for traditional medicine to break through the limitations of biomedicine, helping it to break out of the confines of the "health industry" and reclaim its faded medical attributes. For minority medicine, taking Zhuang and Yao medicine as an example, the Guangxi region has taken advantage of the "One Belt, One Road" and its geographical location to cooperate with Thailand and other ASEAN countries to create joint research laboratories to promote exchanges and cooperation between local traditional medicine in Thailand and Zhuang and Yao medicine [31]. At the same time, the Inner Mongolia region has also used exchange platforms in countries such as Russia to export Mongolian medicine preparations and health products to the outside world, and regularly hosts Mongolian medicine forums and ethnic medicine treatment services to expand the international visibility and influence of Mongolian medicine [32]. The outward promotion of traditional medicine not only helps exchange and cooperation between countries, but also gives opportunities to promote the culture and medical system of each ethnic group, and allows more platforms to see the unique charm of minority medicine. At the same time, international exchanges also provide traditional medicine with new perspectives and directions for development, trying to find new breakthroughs based on the original medical system to adapt to the changing environment. The act of spreading and promoting the medical systems and cultures of various ethnic groups, whether at home or abroad, is also effective in strengthening national pride.

In order to develop a system of medicine with ethnic characteristics, it is essential to review and innovate oneself, but how to use the international stage to showcase the medical capabilities of minority medicine and traditional Chinese medicine to other regions is an important means for them to cope with the impact of international trends. Ethnic medicine and traditional Chinese medicine not only represent their own mystical and medical attributes, but also act as ambassadors of Chinese ethnic cultures, trying to gain more attention, recognition and support from people inside and outside the community on a broader development platform.

4. Conclusion

Law of the People's Republic of China on Traditional Chinese Medicine, implemented in 2017, stipulates that the scope of modern Chinese medicine covers both minority and Han medicine. In practice, however, a comparison of the origins and development processes of minority medicine and traditional Chinese medicine, which is predominantly Han Chinese medicine, shows that it is difficult to distinguish between the two in a clear dichotomy. It is even possible that the boundaries between ethnic medicine will become increasingly blurred in the course of future development. As mentioned in the book *Gathering Medicines: Nation and Knowledge in China's Mountain South* (2021), co-authored by Lai Lili and Judith Farquhar, ethnic medicine has more opportunities for exchange and integration in modern times. In this context, it is not impossible that the sense of boundaries will gradually fade away. This paper also suggests that there is a tendency for the knowledge of different ethnomedicines, spread across the same region, to merge with each other. Even so, ethnomedicine is still an effective medium for transmitting the identity and culture of the people, and it has a stronger local character than its national character, which is distinctly its own.

Although the development of ethnomedicine has been difficult, the growing number of international opportunities and policy tilts will provide a stepping stone for its subsequent development. The integration of ethnomedicine is helping to generate opportunities for innovation and collaboration within it, while at the same time contributing to its overall future development and gaining acceptance and recognition by a wider audience. At present, research on ethnomedicine and traditional Chinese medicine is more focused on areas such as biomedicine and chemistry, with a greater emphasis on analysing and verifying the feasibility and clinical effectiveness of a drug or treatment from a physiopathological perspective. This may help ethnic medicine and traditional Chinese medicine to gain more trust from the medical community and folklore in the context of biomedicine, and may attract more scholars to the therapeutic benefits of ethnic medicine.

However, when the focus turns back to the study of ethnic medicine or traditional Chinese medicine in the academy, it is not difficult to find that the current research on the medicine of various ethnic minorities is not rich enough, and few people have studied the similarities and differences between the origin and development of ethnic minority medicine and traditional Chinese medicine from a historical or social science perspective, or have neglected to compare and summarise the similarities and differences between ethnic minority medicine and traditional Chinese medicine when exploring the difficulties in the development of the two. The importance of In addition, social science and literary studies on ethnic medicine and traditional Chinese medicine are weak, and the background to their development and the cultural characteristics of the two are neglected. This paper attempts to summarise the history of the development of ethnic medicine and traditional Chinese medicine, and to provide insights into the future direction of the development of ethnic medicine and traditional Chinese medicine in the light of their characteristics. At the same time, the paper hopes to draw the attention of scholars from different disciplines, including history, anthropology and biomedicine, in the hope that more historical, cultural and medical values of ethnomedicine can be explored and explored in the future through multi-disciplinary cooperation.

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