

Current Status of Inheritance and Development of Community-Level Traditional Chinese Medicine Practices: A Cross-Sectional Survey in Linfen, China

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Abstract: *Objective:* To investigate the current status of inheritance and development of folk traditional Chinese medicine in Linfen City, analyze practitioner characteristics, inheritance modes, and social acceptance, and to provide references for standardized management and rational development of folk traditional Chinese medicine. *Methods:* A questionnaire-based survey was conducted from January to December 2025 among folk traditional Chinese medicine practitioners, medical staff, and urban and rural residents in Linfen City. The survey content included basic characteristics of practitioners, inheritance modes, practice status, and levels of recognition of folk traditional Chinese medicine among different population groups. An Excel database was established, and descriptive statistical analysis was performed using SPSS version 26.0. *Results:* A total of 349 participants were surveyed, including 99 folk traditional Chinese medicine practitioners, 100 medical staff members, and 150 urban and rural residents. Most practitioners were middle-aged or elderly, had more than 10 years of practice experience, primarily inherited their skills through apprenticeship or family transmission, and had a relatively low proportion of systematic theoretical training in traditional Chinese medicine. Residents showed a high level of acceptance of folk traditional Chinese medicine, whereas medical staff demonstrated a relatively cautious attitude. *Conclusion:* Folk traditional Chinese medicine in Linfen City has a certain social foundation and practical value; however, further improvements are needed in standardized inheritance, management mechanisms, and sustainable development.

Keywords: Traditional Chinese medicine; Community health; Inheritance; Social perception; Primary health care

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1. Introduction

Folk traditional Chinese medicine is an important component of the traditional Chinese medicine system and

has practical value in primary health care services and public health protection^[1]. Especially in community health services and rural primary care settings, folk traditional Chinese medicine continues to play a role in the prevention and treatment of common and chronic diseases due to its close connection with local populations and relatively simple therapeutic approaches^[2,3]. In recent years, with sustained national attention to the development of traditional Chinese medicine, social interest in traditional Chinese medicine and related folk medical practices has continued to increase. From an international perspective, traditional, complementary and integrative medicine (TCIM) remains widely used in many countries and regions, and relevant studies have shown relatively high utilization rates and social acceptance among different populations^[4]. Existing studies have also indicated that traditional medicine and folk medical practices commonly face challenges such as insufficient standardization, inconsistent technical standards, and a lack of systematic training for practitioners, which to some extent limits their further integration into modern health care systems^[5]. Although traditional Chinese medicine services have been widely implemented within China's primary health care system, regional disparities persist in resource allocation, service capacity, and standardized management across different areas^[6].

Linfen City is located in southern Shanxi Province and has a relatively profound historical foundation of folk traditional Chinese medicine. Related medical practices exert a certain influence among local populations; however, systematic data support and objective evaluation of the current status of inheritance and development remain limited. Therefore, this study conducted a questionnaire-based survey among folk traditional Chinese medicine practitioners, medical staff, and urban and rural residents in Linfen City, with the aim of providing reference evidence for the standardized management and rational development of local folk traditional Chinese medicine.

2. Materials and methods

2.1. Study population

The study population included three groups:

- (1) Folk traditional Chinese medicine practitioners with practical clinical experience in Linfen City;
- (2) Medical staff currently employed in selected medical institutions in Linfen City;
- (3) Urban and rural residents in Linfen City.

Folk traditional Chinese medicine practitioners were recruited through local recommendations and field visits, while medical staff and urban and rural residents were surveyed using convenience sampling. All participants voluntarily took part in this study.

2.2. Inclusion and exclusion criteria

2.2.1. Inclusion criteria

- (1) Age \geq 18 years;
- (2) Ability to understand the survey content and complete the questionnaire;
- (3) Practical clinical experience for folk traditional Chinese medicine practitioners.

2.2.2. Exclusion criteria

- (1) Incomplete questionnaires or questionnaires with missing key information.

2.3. Survey methods

A self-designed structured questionnaire was used for data collection. The questionnaire mainly consisted of three parts:

- (1) General demographic characteristics of the participants;
- (2) Years of practice, inheritance modes, types of techniques, and practice patterns of folk traditional Chinese medicine practitioners;
- (3) Levels of knowledge and acceptance of folk traditional Chinese medicine among medical staff and urban and rural residents.

A pilot survey was conducted before the formal investigation, and the questionnaire was appropriately revised based on feedback to improve comprehensibility and feasibility. Questionnaires were distributed and collected on site, and standardized explanations were provided by the investigators.

2.4. Ethical considerations

This study was a questionnaire-based survey. All participants voluntarily participated with informed consent. No personal privacy information was collected during the survey, and the study complied with ethical principles of medical research.

2.5. Statistical analysis

An Excel database was established, and statistical analysis was performed using SPSS version 26.0. Categorical variables were expressed as numbers and percentages, and descriptive statistical analysis was conducted.

3. Results

3.1. General characteristics of the study population

A total of 349 participants were surveyed, including 185 males (53.0%) and 164 females (47.0%). The majority of participants were aged 30–49 years or ≥ 50 years. Among all participants, 99 were folk traditional Chinese medicine practitioners (28.4%), 100 were medical staff members (28.6%), and 150 were urban and rural residents (43.0%). The general characteristics of the study population are shown in **Table 1**.

Table 1. General characteristics of the study population [n (%)]

Variable	Category	Number (n)	Percentage (%)
Sex	Male	185	53.0
	Female	164	47.0
Age	< 30 years	68	19.5
	30–49 years	142	40.7
	≥ 50 years	139	39.8
Participant type	Folk traditional Chinese medicine practitioners	99	28.4
	Medical staff	100	28.6
	Residents	150	43.0
Total		349	100.0

3.2. Inheritance and practice characteristics of folk traditional Chinese medicine practitioners

Most folk traditional Chinese medicine practitioners had more than 10 years of practice experience, with a relatively high proportion having practiced for over 20 years. Apprenticeship and family transmission were the main inheritance modes, while the proportion of practitioners who had received systematic theoretical education in traditional Chinese medicine was relatively low. In terms of technical application, empirical herbal prescriptions were the most commonly used, followed by traditional therapies such as acupuncture and Tuina. Independent practice was the predominant mode of practice, whereas cooperation with medical institutions was relatively limited. Detailed information is presented in **Table 2**.

Table 2. Inheritance and practice characteristics of folk traditional Chinese medicine practitioners [n (%)]

Survey item	Category	Number (n)	Percentage (%)
Years of practice	< 10 years	22	22.2
	10–20 years	38	38.4
	> 20 years	39	39.4
Mode of inheritance	Apprenticeship	45	45.5
	Family transmission	40	40.4
	Self-learning / other	14	14.1
Systematic study of TCM theory	Yes	31	31.3
	No	68	68.7
Commonly used techniques	Empirical herbal prescriptions	76	76.8
	Acupuncture	58	58.6
	Tuina / chiropractic manipulation	42	42.4
Practice pattern	Independent practice	80	80.8
	Cooperation with medical institutions	19	

3.3. Acceptance of folk traditional Chinese medicine among different population groups

Differences were observed in the level of acceptance of folk traditional Chinese medicine among different population groups. A chi-square test was performed, and the results showed a statistically significant difference in acceptance between medical staff and residents ($\chi^2 = 20.414$, $p < 0.001$). These findings indicate that the proportion of individuals who accepted folk traditional Chinese medicine was higher among residents, whereas medical staff demonstrated a relatively cautious attitude toward folk traditional Chinese medicine. The acceptance of folk traditional Chinese medicine among different population groups is presented in **Table 3** and **Figure 1**.

Table 3. Comparison of acceptance of folk traditional Chinese medicine among different population groups [n (%)]

Group	Accept	Uncertain	Do not accept
Medical staff	55 (55.0%)	30 (30.0%)	15 (15.0%)
Residents	120 (80.0%)	25 (16.7%)	5 (3.3%)
Total	175 (70.0%)	55 (22.0%)	20 (8.0%)

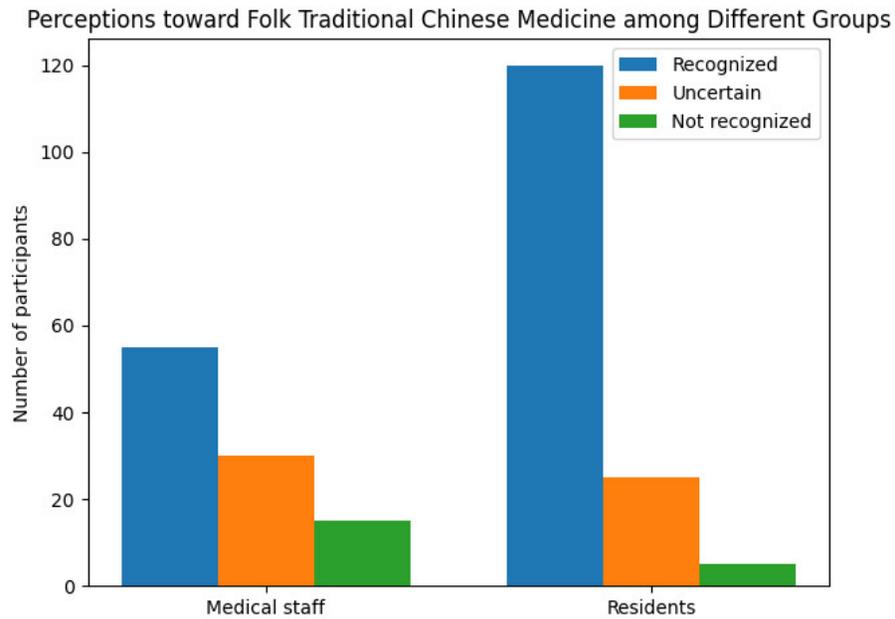


Figure 1. Comparison of perceptions toward folk traditional Chinese medicine among different groups. The figure compares the proportions of recognized, uncertain, and not recognized responses toward folk traditional Chinese medicine between medical staff and residents.

3.4. Distribution of specialties among folk traditional Chinese medicine practitioners

Folk traditional Chinese medicine practitioners were involved in multiple professional specialties, including traditional Chinese medicine internal medicine, orthopedics and traumatology, and gynecology. Certain regional differences were observed in the distribution of specialties. Detailed information is presented in Table 4 and Figure 2.

Table 4. Distribution of specialties and clinical fields of folk traditional Chinese medicine practitioners in Linfen City, 2025 (n = 99)

Region	Orthopedics and Traumatology (TCM)	Gynecology (TCM)	Pediatrics (TCM)	Internal Medicine (TCM)	Others	Total
Yaodu District	8	6	5	10	3	32
Pu County	1	0	0	0	0	1
Xiangfen County	5	4	4	6	1	20
Huozhou City	3	4	3	5	2	17
Houma City	1	1	1	1	0	4
Xi County	1	0	0	0	0	1
Total	19	15	13	22	6	99

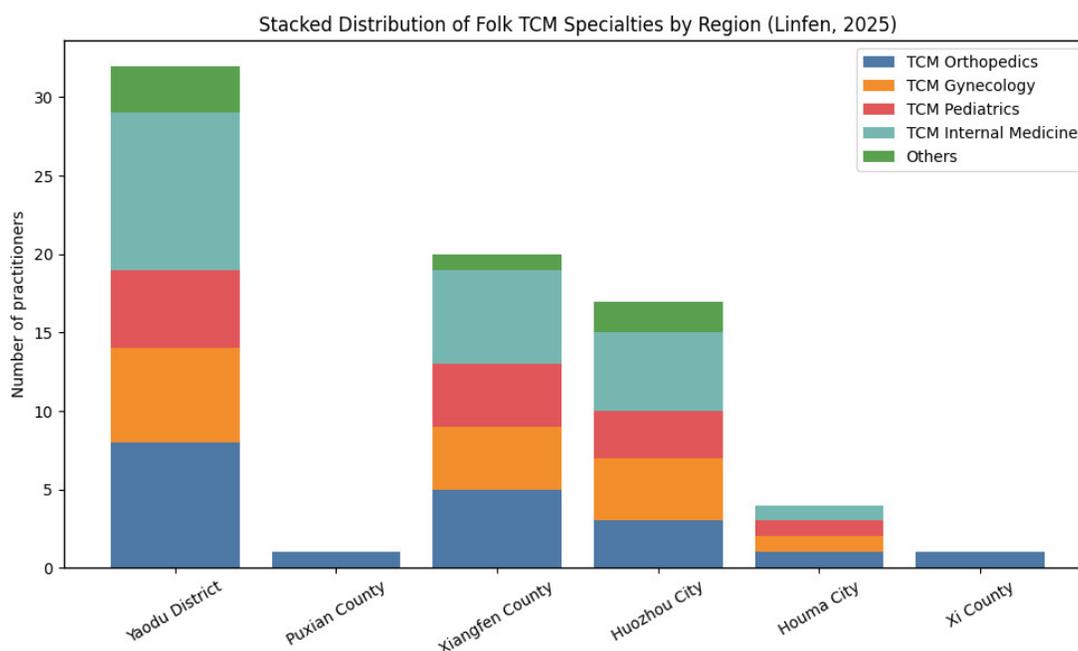


Figure 2. Stacked distribution of folk traditional Chinese medicine specialties by region in Linfen City (2025). The stacked bar chart illustrates the regional distribution and specialty composition of folk traditional Chinese medicine practitioners in Linfen City in 2025.

4. Discussion

Folk traditional Chinese medicine is an important component of the traditional Chinese medicine system and has practical value in primary health care services and public health protection ^[7]. Especially in community health services and rural primary care settings, folk traditional Chinese medicine continues to play a role in the prevention and treatment of common and chronic diseases due to its close connection with local populations and relatively simple therapeutic approaches ^[8]. This study, through an investigation of the current status of inheritance and development of folk traditional Chinese medicine in Linfen City, found that these practices still have a certain social foundation locally; however, their standardized development and systematic inheritance face multiple practical challenges. The results showed that folk traditional Chinese medicine practitioners in Linfen City were mainly middle-aged or elderly, generally had long practice experience, and primarily relied on apprenticeship and family transmission, while the proportion of practitioners who had received systematic theoretical education and standardized training in traditional Chinese medicine was relatively low ^[9,10]. This phenomenon suggests that there are still notable deficiencies in talent development and sustainable inheritance of folk traditional Chinese medicine. As older practitioners gradually retire, the absence of stable and standardized inheritance mechanisms and training pathways may place regionally distinctive and clinically valuable folk traditional Chinese medicine techniques at risk of being lost, thereby affecting their long-term development ^[11,12].

From the perspective of social perception, this study found that residents generally held a favorable attitude toward folk traditional Chinese medicine, which may be related to its accessibility in primary health care settings and the long-established foundation of trust ^[13]. However, some residents still expressed concerns regarding the standardization and safety of folk traditional Chinese medicine, reflecting room for improvement in technical

standards, efficacy evaluation, and risk prevention and control ^[14]. Medical staff demonstrated heterogeneous and overall cautious attitudes toward folk traditional Chinese medicine. To some extent, this reflects the lack of unified technical evaluation systems and standardized management pathways, making it difficult to objectively assess its therapeutic effectiveness and safety using modern medical evaluation frameworks, thereby influencing its further application within the modern health care system ^[15].

From a management and policy perspective, although national and local governments have successively introduced policies to support the development of traditional Chinese medicine and have clearly proposed strengthening the exploration, documentation, and rational utilization of folk traditional Chinese medicine, the findings of this study indicate that problems such as insufficient policy implementation, unsystematic technical documentation, and lack of sustained support for promotion and application still exist in primary practice ^[16,17]. These issues, to a certain extent, constrain the full utilization of the advantages of folk traditional Chinese medicine.

Therefore, in future efforts to promote the development of folk traditional Chinese medicine, it is necessary to strengthen standardized guidance and scientific management while respecting its traditional characteristics and practical experience ^[11]. On the one hand, establishing standardized inheritance and training mechanisms may facilitate systematic documentation and orderly transmission of folk traditional Chinese medicine experience ^[12]. On the other hand, management and evaluation systems should be gradually improved to promote appropriate integration of folk traditional Chinese medicine with modern health care systems under the premise of ensuring medical safety, thereby supporting its standardized application and sustainable development in primary health care services ^[18].

5. Conclusion

In summary, folk traditional Chinese medicine in Linfen City has a certain social foundation and practical value; however, further strengthening is needed in inheritance protection, standardized management, and application promotion. Improving policy support systems and inheritance mechanisms may help promote the sustainable development of folk traditional Chinese medicine.

Disclosure statement

The authors declare no conflict of interest.

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