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Construction of a Yunnan-Characteristic Traditional Chinese Medicine Aromatherapy System Grounded in Ethnic Aromatic Medicinal Resources and Its Application Scenarios in Residential Health-and-Wellness Tourism

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Drawing on Yunnan's multi-ethnic endowment of aromatic medicinal plants, and responding to practical bottlenecks in the province's residential health-and-wellness tourism—insufficient supporting facilities, scarce distinctive wellness products, and absent digital service tools—this study explores the construction of a localized Traditional Chinese Medicine (TCM) aromatherapy system that is distinct from Western aromatherapy and from the aromatic practices of other regions of China, so as to extend aromatherapy into residential scenarios and provide differentiated TCM wellness services for "Residential Yunnan". Using ethnobotanical field investigation, literature review, and comparative analysis, the study maps indigenous aromatic medicinal resources (such as Yunnan agarwood and lemongrass) and the traditional aromatic therapies of the Dai, Yi, and Hani peoples; analyzes current shortcomings in the hardware, software services, and digital tools of Yunnan's residential tourism; and builds a five-dimensional framework comprising theoretical core, raw-material system, technical paradigm, safety norms, and digital support. Yunnan possesses exceptional ethnic aromatic medicinal resources and living folk aromatic practices, yet its residential tourism largely remains at the level of climate-based sightseeing, with homogenized TCM wellness products and a lack of aromatherapy services and supporting software adapted to residential populations. The proposed system adheres to a core of "TCM holism + Yunnan multi-ethnic aromatic medicines": It prioritizes indigenous geo-authentic aromatic herbs, integrates ethnic incense fumigation, aromatic baths, and "sleeping-medicine" external therapy, and combines Chinese meridian techniques with modern essential-oil technology. It can be deployed across five scenarios—standardized services in residential wellness institutions, immersive guesthouse experiences, inclusive community wellness stations, cultural-tourism study travel, and digitally enabled self-care at home—while requiring digital supporting tools to fill the software gap. Constraints include weak basic research on ethnic aromatic medicines, missing service standards, a shortage of

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interdisciplinary talent, and insufficient hardware-software coordination. Constructing a Yunnan-unique TCM aromatherapy system can leverage local biodiversity and ethnic-medicine advantages, enrich wellness-tourism supply, and fill the software gap; through raw-material quality control, scenario standards, digital-tool development, and talent cultivation, the modern transformation of traditional ethnic aromatic wisdom can be achieved to support the high-quality development of "Residential Yunnan".

Keywords: TCM aromatherapy, ethnic aromatic medicines, residential health-and-wellness tourism, Yunnan characteristics, wellness scenarios, digital support

Introduction

Yunnan's three-dimensional (vertical) climate has produced exceptionally rich aromatic medicinal plant resources. Long-settled ethnic groups such as the Dai, Yi, Hani, and De'ang peoples have transmitted across generations a set of ethnic aromatherapy practices—incense fumigation, aromatic sachets, aromatic medicinal baths, and herbal compresses—that make the province an important repository of China's ethnic aromatic medicines (Xishuangbanna Tropical Botanical Garden, 2025; Xishuangbanna Dai Autonomous Prefecture People's Government, 2021). In recent years, Yunnan's residential tourism has grown rapidly. In 2025, the province hosted 5.5124 million residential tourists with an average stay of about 83 days (Yunnan Provincial Department of Culture and Tourism, 2026). Many incoming residential visitors experience sub-health conditions such as insomnia and anxiety, chronic fatigue, emotional dysregulation, and osteoarticular discomfort, and their demand for non-pharmacological, gentle Traditional Chinese Medicine (TCM) wellness services continues to rise (He, 2025).

At present, however, the development of Yunnan's residential industry still exhibits clear shortcomings. Most residential sites emphasize natural scenery and accommodation; medical and health facilities are unevenly distributed; and distinctive wellness software services and digital health tools for residential groups are in short supply (He, 2025; Sun, 2026). Many wellness products simply replicate models from elsewhere, lacking differentiated offerings rooted in indigenous ethnic resources (He, 2025). Meanwhile, TCM aromatherapy is reviving rapidly across China (Song, Zhou, & Gong, 2021), yet in most regions the aromatherapy system still follows traditional Central-Plains compound-incense prescriptions or directly imitates the Western single-essential-oil massage model (Jiang, 2013; Lu, Cheng, & Lu, 2024), thereby failing to fully exploit local ethnic-medicine resources; and an aromatherapy application model aimed specifically at mobile residential populations has not yet been established.

Existing research mostly focuses on the clinical mechanisms of TCM aromatherapy and the chemical constituents of single aromatic medicines, or discusses the hardware construction of the residential industry in isolation; few studies systematically integrate Yunnan's indigenous ethnic aromatic-medicine resources, the construction of a distinctive aromatherapy system, residential wellness scenarios, and the shortcomings of digital support. Grounded in Yunnan's resource endowment, this paper proposes the construction of a localized TCM aromatherapy system that differs both from Western aromatherapy and from other regions of China (Liu et al., 2026). In response to the practical problem of inadequate supporting software in the residential industry, it

conducts a scenario-application analysis, examines the practical obstacles, and proposes a development pathway, aiming to provide a theoretical reference for empowering "Residential Yunnan" through TCM.

Methods

Data Sources

Four types of data were used. (1) Ethnic-medicine literature: Ancient Dai medical texts, the Shuangbai Yi Medical Book, historical incense manuals, and materia medica works were drawn upon to collect records related to ethnic aromatherapy. (2) Publicly available research literature: Journal articles, dissertations, and industry survey reports on Yunnan's ethnic aromatic medicines, TCM aromatherapy, and residential wellness were retrieved from databases including CNKI, Wanfang Data, and PubMed. (3) Fieldwork materials: Survey records from aromatic-medicine production areas, ethnic villages, residential guesthouses, and wellness institutions in Xishuangbanna, Dehong, Honghe, and Dali were collected, including oral accounts of folk aromatherapy and data on the current state of the residential industry. (4) Industry-policy materials: Policy documents and statistical bulletins concerning Yunnan's residential industry and ethnic-medicine development.

Analytical Methods

Ethnobotanical induction, literature synthesis, and comparative analysis were employed. The study reviewed Yunnan's indigenous aromatic-medicine resources and ethnic aromatherapy traditions; compared Western aromatherapy and the TCM aromatherapy models of other regions of China to distill the distinctive features of a Yunnan-localized aromatherapy system; and, in light of the shortage of supporting software in the residential industry, delineated aromatherapy application scenarios, analyzed practical constraints, and proposed development countermeasures. As a theoretical-policy study, this research did not conduct human clinical trials.

Results

The Resource Base for Yunnan-Characteristic TCM Aromatherapy and the Practical Dilemmas of the Residential Industry

Indigenous ethnic aromatic-medicine resource base. Yunnan possesses a large number of distinctive aromatic medicinal plants, including Yunnan agarwood, lemongrass, red cardamom, fine-haired cinnamon, flea herb, and wild Elsholtzia (Xishuangbanna Tropical Botanical Garden, 2025). Yunnan agarwood is an indigenous species of the genus Aquilaria (family Thymelaeaceae); the Dai, Achang, and De'ang peoples use it for incense-based calming and for relieving cough and dyspnea (Wang et al., 2026). Lemongrass (Cymbopogon citratus) is cultivated on a large scale in Yunnan; modern pharmacological studies show that its essential oil is dominated by citral and related constituents and possesses antibacterial, anti-inflammatory, and other activities (Shah et al., 2011), and Dai physicians commonly use it in medicinal baths and compresses to relieve arthralgia and fatigue (Ekpenyong, Akpan, & Nyoh, 2015). The various ethnic groups have developed relatively complete aromatherapy methods—including medicated smoke fumigation, aromatic medicinal baths, sleeping-medicine compresses, and sachet wearing—that address both physical conditioning and mental regulation, constituting precious living resources for building a localized aromatherapy system.

Prominent shortcomings of current Yunnan residential wellness. First, hardware and medical resources are unevenly distributed. Most rural residential sites are far from formal medical institutions, and residential

populations urgently need safe and convenient non-pharmacological wellness methods as a supplement (He, 2025).

Second, wellness products are severely homogenized. Most existing products simply copy general massage and hot-spring bathing models and lack distinctive offerings that deeply mine indigenous ethnic-medicine resources (He, 2025).

Third, software support and digital health tools are lacking. Existing residential platforms focus on accommodation and travel queries and lack health-service software for residential populations, such as constitution identification, wellness-plan recommendations, aromatherapy usage guidance, and contraindication reminders. Residential visitors are mostly mobile outsiders experiencing a change in regional climate, yet they lack wellness-guidance tools adapted to the local climate (Sun, 2026).

Fourth, the transformation of ethnic-medicine resources is inadequate. Ethnic aromatherapy techniques remain largely at the level of folk oral transmission and have not yet been turned into standardized, replicable residential wellness services (Xishuangbanna Dai Autonomous Prefecture People's Government, 2021).

Construction Approach of the Yunnan-Characteristic TCM Aromatherapy System (Distinct From Extra-regional Systems)

Current mainstream aromatherapy can be divided into two categories. The first is Western aromatherapy, which is dominated by distilled single essential oils and uses skin massage as its core method, emphasizes molecular pharmacology, and lacks the notion of constitution-based pattern differentiation (Jiang, 2013; Lu et al., 2024). The second is the traditional aromatherapy of most regions in China, which is mostly centered on Central-Plains compound-incense formulas and rarely uses indigenous southwestern ethnic aromatic medicines as raw materials (Song et al., 2021).

The Yunnan-characteristic TCM aromatherapy system proposed in this paper takes the TCM principles of "correspondence between heaven and humanity" and "treatment based on pattern differentiation" as its core (Liu et al., 2026) and the multi-ethnic aromatic-medicine resources of the Dai, Yi, and other peoples as its material foundation. It integrates traditional Chinese compound incense, ethnic external-treatment techniques, and modern essential-oil extraction technology to form a complete system with regional distinctiveness. The system comprises five core modules, whose differences from extra-regional systems are shown in Table 1.

Table 1
Five Core Modules of the Yunnan-Characteristic TCM Aromatherapy System and Their Differences From Extra-regional Systems

Module	Core content	Difference from extra-regional systems
Theoretical core	TCM holism combined with the Dai "four elements and five aggregates" and the holistic view of Yi medicine	Guided by administering aromatherapy according to place, person, and season, distinct from the Western logic centered on the molecular pharmacology of single essential oils
Raw-material system	Prioritizes indigenous geo-authentic ethnic aromatic medicines while also including classic aromatic medicines	Distinct from the West's heavy use of imported single essential oils, and also from Central-Plains generic compound incense based mainly on classical formula materials
Technical paradigm	Multiple parallel routes: fumigation, wearing, bathing, compress, inhalation, and massage	Distinct from the single paradigm of skin massage dominant in Western aromatherapy
Safety norms	Layered management of indications and	Establishes a three-tier usage hierarchy and

	contraindications, dilution concentrations, and special populations	simple operating standards for residential scenarios
Digital support	Constitution identification, plan recommendation, contraindication alerts, institution navigation, and safety education	Fills the software gap in residential wellness and differs from existing platforms offering only accommodation and travel

Theoretical core: TCM holism combined with Yunnan ethnic-medical thought. The theoretical foundation integrates the TCM idea of regulating qi movement with the Dai "four elements and five aggregates" and the holistic view of Yi ethnic medicine (Xishuangbanna Dai Autonomous Prefecture People's Government, 2021; Liu et al., 2026). Rather than simply imitating the Western logic centered on the molecular pharmacology of single essential oils, the system emphasizes administering aromatherapy according to place, person, and season. Incoming residential visitors travel from elsewhere to Yunnan, where altitude, humidity, and climate change markedly, making them prone to disordered qi movement, sleep disturbance, and generalized heaviness and fatigue. Aromatherapy interventions therefore fully incorporate Yunnan's plateau, damp-heat, and alternating dry-wet season climatic features and target the common conditions of residential populations, including dampness obstruction, emotional stagnation, plateau-related insomnia, and muscle soreness.

Raw-material system: Prioritizing indigenous geo-authentic ethnic aromatic medicines. The raw-material system prioritizes indigenous aromatic medicinal materials such as Yunnan agarwood, lemongrass, wild Elsholtzia, and red cardamom, while also including traditional classic aromatic medicines (Xishuangbanna Tropical Botanical Garden, 2025; Wang et al., 2026). Formulas inherit the compound-compatibility experience of ethnic medicines rather than copying the Western practice of heavily using imported single essential oils. At the same time, modern phytochemical evaluation methods are introduced to carry out raw-material quality control and hazardous-substance screening, and a catalogue of Yunnan ethnic aromatic-medicine raw materials is established, combining wild-resource protection with artificial cultivation to reduce dependence on external aromatic materials and to form a distinctive raw-material identity.

Technical paradigm: A localized operating model integrating multiple techniques. The technical paradigm integrates four types of methods: (1) ethnic traditional techniques, including Dai aromatic medicinal baths, sleeping-medicine compresses, and folk incense fumigation and sachet wearing; (2) traditional Chinese incense conditioning, including indirect-fire fumigation, compound incense pills, and incense-stick inhalation to regulate the spirit; (3) modern indigenous essential oils combined with Chinese meridian techniques, in which diluted essential oils from Yunnan indigenous aromatic medicines are used together with acupoint massage and local compresses; and (4) aromatic emotional intervention, relying on the olfactory–limbic pathway for emotional soothing (Herz, 2009). The system is not a single essential-oil massage but rather multiple parallel routes of fumigation, wearing, bathing, compress, inhalation, and massage, distinct from the paradigm of Western aromatherapy dominated by skin massage. Pharmacological research also shows that volatile substances from aromatic materials such as agarwood have sedative and sleep-promoting effects when administered by inhalation (Wang et al., 2023), providing mechanistic support for the system. Its positioning must also be made clear: Aromatherapy is a non-pharmacological adjunctive wellness method and cannot replace medication for treating organic disease.

Safety and service-standard system. The indications and contraindications of different aromatic materials are reviewed, and the prevention and control of particulate matter from incense burning, essential-oil dilution concentrations, and contraindications for special populations (older adults, patients with asthma, and pregnant women) are specified. With reference to relevant standards such as the Technical Specification for Traditional Chinese Medicine Sachets (Powder-Type Inner Core) (China Association of Chinese Medicine, 2024), three tiers are distinguished—adjunctive intervention in medical institutions, experiential services in residential wellness institutions, and self-use at home—and the exaggeration of aromatherapy's therapeutic efficacy in residential scenarios is prohibited, with simple operating standards established for residential service practitioners.

Digital supporting software module (filling the residential software gap). In response to the current lack of residential health software, a lightweight digital-tool module is designed that can be embedded in the existing "Residential Yunnan" mini-program (Sun, 2026). It includes simple constitution identification for residential populations, aromatherapy-plan recommendations corresponding to Yunnan's seasonal climate, contraindication alerts for aromatic materials, navigation to aromatherapy experience institutions, and home aromatherapy safety education. The module aims to address the practical problems that incoming residential visitors are unfamiliar with the local climate, do not know how to choose aromatherapy products, and are unclear about risks and contraindications, thereby filling the software gap in residential wellness (Yunnan Provincial Department of Culture and Tourism, 2026; Sun, 2026).

Analysis of Five Application Scenarios of Yunnan-Characteristic TCM Aromatherapy for Residential Populations

Residential populations can be divided into five practical forms—institutional residential, guesthouse residential, community residential, cultural-tourism study-travel residential, and home-based self-care residential (He, 2025)—for which the following actionable application scenarios can be delineated.

Scenario 1: Standardized aromatherapy services in residential wellness institutions. Aimed at mid- to high-end residential wellness centers and eldercare residential bases, and delivered by trained wellness technicians, this scenario addresses the common sleep disorders, musculoskeletal soreness, and emotional agitation of older residential adults through acupoint massage with diluted indigenous essential oils, Dai-style aromatic medicinal baths, and low-temperature incense inhalation. Safety norms are strictly enforced, and aromatherapy serves as a non-pharmacological adjunct; when a residential client develops organic disease, timely referral to a medical institution is arranged.

Scenario 2: Immersive aromatherapy experiences in distinctive guesthouses. Aimed at the large guesthouse-residential clientele in Dali, Xishuangbanna, Pu'er, and other areas, this scenario emphasizes a lightweight experience. Guesthouse aromatherapy experience packages are provided, including indigenous herbal sachets, low-concentration diffusing essential oils, and simple incense-burning utensils, together with short experience activities such as aromatic inhalation for relaxation and localized soothing essential-oil massage. Positioned primarily as cultural experience and stress relief rather than medical service, it posts contraindication-education notices and suits short-term residential visitors.

Scenario 3: Inclusive wellness at residential community health stations. Ethnic aromatherapy experience corners are set up in community and township health stations where residential populations are

concentrated. For long-term and long-stay residential populations, the stations offer sachet-making experiences, aromatherapy education, and simple aromatic inhalation for soothing; working with the TCM departments of local health centers, aromatherapy is incorporated into "preventive treatment of disease" education and delivered to the public.

Scenario 4: Integrated cultural-tourism study-travel residential scenarios. Combining Yunnan's aromatic-medicine cultivation bases, ethnic villages, and incense museums, aromatic-medicine study-travel residential routes are created. Residential populations participate in aromatic-medicine harvesting, ethnic compound-incense making, and incense-ritual experiences, realizing an integration of "residential + culture + wellness". As a cultural-tourism product, it emphasizes cultural experience and avoids claims of medical efficacy.

Scenario 5: Home-based self-care residential scenarios enabled by digital tools. Aimed at the large mobile residential population that rents or lives independently, this scenario relies on digital mini-program tools for self-service. After completing a simple constitution-climate assessment, residential visitors receive sachet formulas adapted to the local season, home incense-use guidance, and risk and contraindication information, as well as navigation to nearby compliant aromatherapy experience sites, thereby achieving self-service aromatherapy wellness and filling the software gap for dispersed residential populations.

Main Constraints on Current Application

First, basic research on ethnic aromatic medicines is insufficient. Systematic experimental data on the active constituents, toxicology, and safe doses of many indigenous ethnic aromatic medicines are lacking, and a standardized raw-material quality-control system has not been fully established (Xishuangbanna Tropical Botanical Garden, 2025; Wang et al., 2026).

Second, service standards are blank. There is a lack of unified norms for the operating procedures, practitioner competency requirements, and contraindication alerts of Yunnan-characteristic aromatherapy in residential scenarios, which easily leads to uneven service quality and risks of exaggerated promotion.

Third, there is a large shortage of interdisciplinary talent. Few practitioners understand both Yunnan ethnic medicine and TCM aromatherapy while also being familiar with residential wellness services, and existing staff in guesthouses and residential institutions lack systematic training.

Fourth, hardware-software coordination is insufficient. Digital supporting tools for aromatherapy have not yet been developed; existing residential platforms cover only accommodation and travel and lack health-and-wellness functions; and rural residential sites with weak hardware medical resources lack the basic conditions for aromatherapy experiences (Sun, 2026).

Fifth, market cognition easily blurs boundaries. It is easy to confuse wellness-experience aromatherapy in residential scenarios with a means of treating disease, which brings compliance risks.

Discussion

Yunnan possesses multi-ethnic aromatic-medicine resources that other provinces find hard to replicate. Building a localized TCM aromatherapy system is not a simple reproduction of Central-Plains classical incense nor a copy of Western essential-oil aromatherapy; rather, it is grounded in local medicinal materials, ethnic-medical thought, and regional climate to form a distinctive complete framework of "theory—raw

materials—technology—norms—digital tools", which can provide differentiated TCM wellness supply for the residential industry and offset the current software gap in residential services. This pathway also echoes the material culture and incense-culture tradition that aromatic materials such as agarwood have long accumulated in Chinese society (Zhang, 2014), and thus possesses deep cultural legitimacy.

Residential populations are a special mobile group. Entering Yunnan—a plateau with distinct dry and wet seasons—from elsewhere, their physical state is markedly affected by changes in the regional environment, and many are in a sub-health state; because many residential villages are far from hospitals, aromatherapy, as a safe non-pharmacological adjunctive wellness method, is well suited to them (He, 2025). At the same time, boundaries must be made clear: The vast majority of aromatherapy in residential scenarios is positioned as wellness experience, emotional soothing, and preventive health care and cannot replace clinical medication. This clarification of the "health care—medical treatment" boundary is also consistent with the World Health Organization's overall direction of promoting the standardized integration of traditional medicine into health systems (World Health Organization, 2013).

The key to implementing this system lies not only in the aromatic products themselves but also in filling the digital-software gap. Embedding constitution assessment, plan recommendation, and safety education into the existing public residential mini-program can cover dispersed guesthouse and rental residential populations at low cost, breaking through the previous limitation that only institutions could provide wellness services (Sun, 2026). At the raw-material level, there is already some research foundation for the biological activity and safe doses of indigenous aromatic essential oils, but their active constituents and usage thresholds need to be further clarified to support standardized scenario applications (Cavanagh & Wilkinson, 2002).

Realistic constraints should also be recognized: Pharmacological and toxicological research on indigenous aromatic medicines is weak, service standards are lacking, and talent is insufficient. Going forward, basic research on indigenous aromatic medicines should be strengthened, while service guidelines for aromatherapy in residential scenarios should be formulated as soon as possible, practitioner training should be reinforced, and the red line of promotional compliance should be strictly observed. This study is a theoretical-policy study and has not yet conducted field pilot validation; in the future, small-scale pilots can be carried out at demonstration residential sites such as Xishuangbanna and Dali to iteratively improve the scenario plans and digital tools.

Conclusion

Drawing on Yunnan's rich ethnic aromatic medicinal plants and the living aromatherapy practices of its many ethnic groups, a Yunnan-characteristic TCM aromatherapy system can be constructed that differs both from Western aromatherapy and from other regions of China. Taking TCM holism and Yunnan ethnic-medical thought as its core and indigenous geo-authentic aromatic medicines as its raw materials, and integrating ethnic external-treatment techniques, traditional Chinese incense conditioning, and modern essential-oil technology while providing safety norms and residential digital-software tools, the system can effectively respond to the practical problems of insufficient software support and homogenized wellness products in the residential industry.

This system can be implemented across five scenarios—residential wellness institutions, distinctive guesthouses, community health stations, cultural-tourism study travel, and home-based self-care residential. To

ensure implementation, basic research and raw-material quality control for indigenous ethnic aromatic medicines should be advanced; service standards for aromatherapy in residential scenarios should be formulated to clarify the boundary between health care and medical treatment; interdisciplinary aromatherapy-wellness talent should be cultivated; and lightweight digital residential-wellness tools should be developed to achieve hardware-software coordination. In this way, the creative transformation of ethnic aromatic-medicine resources can be promoted, injecting a TCM-characteristic core into "Residential Yunnan" and supporting the high-quality development of the province's residential industry.

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