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**Heritage between India and**  
**South East Asia**



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## Scope and Focus

The International Journal of Indic Knowledge System The International Journal of Indic Knowledge System: Trilingual Bi-annual is a scholarly publication that adopts a multidisciplinary approach towards the scientific exploration of Indic Knowledge Systems across diverse domains from social science subjects, including history, philosophy, education, literature, science, arts, comparative law, and traditional medicine. The journal emphasises both historical trajectories and contemporary applications, aiming to enhance the understanding and appreciation of Indic knowledge systems.

The journal seeks to promote interdisciplinary research that bridges traditional wisdom with modern scientific and philosophical paradigms. It aims to contribute to the preservation and revitalisation of Indic traditions, encouraging innovative methodologies and facilitating global dialogues regarding their relevance and application in contemporary contexts. We invite original research articles, comprehensive reviews, opinion pieces, and case studies that provide novel insights and perspectives on Indic knowledge systems, thereby fostering inclusive and diverse academic discourse. The journal employs a rigorous double-blind peer-review process, ensuring the highest standards of academic excellence through evaluations by a minimum of two reviewers. The term “Indic-Belt,” a neologism introduced by Dr. Gautam Kumar Jha, refers to a non-political, geographically defined region east of the River Indus, characterised by a multi-cultural and multi-ethnic civilizational fraternity. This fraternity is predicated upon shared philosophies, ethics, and thought processes distinct from Western influences and indigenous to the various peoples residing within the modern sovereign states of India and neighbouring countries. However, this region remains relatively obscure to many within India, particularly in the context of the country’s aspirations to emerge as a global leader in knowledge and culture.

There exists a pressing need for intensified engagement with India’s historical knowledge interactions, which have profoundly shaped the region’s collective heritage. The Indian subcontinent has historically maintained a dynamic and reciprocal relationship with surrounding regions, characterised by the exchange of ideas, beliefs, and practices that have significantly influenced their cultural and philosophical landscapes. The dissemination of religious and philosophical thought, particularly through Buddhism and Hinduism, has notably impacted countries such as Thailand, Cambodia, Indonesia, Vietnam, Japan, and China. The propagation of these religions has facilitated the exchange of philosophical ideas, ethical principles, and cultural practices, culminating in the establishment of a shared civilizational heritage.

The journal is dedicated to fostering this intellectual interaction and dialogue. By providing a platform for the dissemination of scholarly research, innovative ideas, and diverse perspectives, the journal aspires to cultivate a vibrant intellectual community that bridges historical and contemporary contexts. We invite contributions that investigate the historical connections, contemporary applications, and future potentials of Indic knowledge systems, thereby fostering a collaborative and inclusive academic discourse that celebrates shared heritage and paves the way for a more interconnected and harmonious future.

The journal carries full-length articles (6,000-8,000 words, including abstract (200-250 words) notes and references), as well as shorter contributions (maximum 5,000 words), book reviews (1,500-2,500 words) and some creative work in different formats. Citation Style APA(7<sup>th</sup> edition). The journal is published in collaboration with the Indic Belt Society, reinforcing its dedication to excellence and ensuring a comprehensive exploration of topics related Indic knowledge system. Copyright @2025 Indic Belt Society, New Delhi.

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## Foreword

**Dr Saumyajit Ray**

It is with immense pride and enthusiasm that I present this forward for the International Journal of Indic Knowledge Systems, a pioneering initiative dedicated to the promotion and publication of scholarly research within the Indic belt. This journal stands as a testament to the rich cultural heritage shared across India and its neighbouring nations, while simultaneously exploring the myriad possibilities that lie ahead for this vibrant region.

A noteworthy aspect of the journal is its trilingual format, embracing contributions in English, Hindi, and Bahasa Indonesia. This inclusive approach reflects the diverse scholarly community engaged in research pertinent to the Indic belt, facilitating a richer exchange of ideas and perspectives that transcend linguistic barriers. By providing a platform for scholars from varied linguistic backgrounds, the journal enhances the visibility of their work in the international academic arena.

Under the able leadership of Dr. Gautam Kumar Jha, a distinguished figure in the field of Indic Studies, this journal aims to elevate the discipline and foster an environment conducive to scholarly exploration. Dr. Jha's relentless commitment to promoting Indic knowledge systems has shaped the academic landscape and inspired numerous researchers to engage with this crucial field.

The journal seeks to address a wide array of topics, including cultural studies, philosophy, history, and contemporary societal issues. By inviting multidisciplinary contributions, it aims to create a dialogue that reflects the complexities of the Indic experience. The editorial team's dedication to maintaining rigorous academic standards ensures that the published work is original and contributes meaningfully to the existing body of knowledge.

As we embark on this scholarly journey, the International Journal of Indic Knowledge Systems represents a significant opportunity for researchers to engage with and contribute to a field that has often been underrepresented in mainstream discourse. By fostering international collaboration and encouraging diverse perspectives, the journal aspires to cultivate a global community of scholars committed to advancing Indic Studies.

In conclusion, I am honoured to associate myself with this esteemed journal and look forward to witnessing the profound impact it will have on the academic landscape surrounding Indic knowledge systems. Together, we embark on a path of discovery and innovation, exploring the rich tapestry of the Indic belt's past, present, and future.

**Saumyajit Ray, PhD**

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## Preface

Welcome to the inaugural issue of *The International Journal of Indic Knowledge Systems: Trilingual Bi-annual*. The journal is dedicated to providing a comprehensive platform for exploring and sharing scholarly research on the diverse and rich traditions of Indic knowledge. This first issue highlights the profound connections and shared heritage between India and Southeast Asia, emphasising the need for increased interactions to rediscover and revitalise these ancient links. Southeast Asia shares a close bond with India, serving as a continuation of Bharat and its ancient splendour. This connection is clearly visible in the various social structures and cultural practices observed across Southeast Asia, offering a glimpse into the lasting legacy of Indic traditions. The cultural, religious, and philosophical exchanges between these regions have been vital in shaping their collective identities and societal values.

The contributions in this issue span a wide range of discourses on the assimilation and acculturation of Indic knowledge traditions, reflecting the depth and breadth of these interactions. The featured articles include:

1. **India's Rising Role in the Indo-Pacific: Implications for Global Aspirations and Regional Interests** - The paper explores India's Indo-Pacific strategy, focusing on partnerships, regional influence, and balancing opportunities with security challenges.
2. **Converging Interests through Maritime Cooperation: Andaman-Nicobar Islands as a Strategic Player in India-Indonesia Relations**– This article analyzes the strategic significance of the Andaman and Nicobar Islands in India-Indonesia maritime relations, highlighting their role as a key element in advancing mutual interests and regional security within the Indo-Pacific.
3. **Traditions of Transmissions: Mapping the Global Trans Cultural Ethos of Sepoys Folk Songs, First War of Independence 1857, Southeast Asia** – This study maps the cultural transmission and influence of sepoy folk songs from the First War of Independence on Southeast Asia's cultural landscape.
4. **Health and Wellbeing: Role of Traditional Medicine Practises in India and Southeast Asia** – This paper discusses the role, relevance, and interconnections of traditional medicine practices in India and Southeast Asia, particularly in addressing health and wellbeing during public health emergencies
5. **Perlindungan Hukum terhadap Kesehatan Tradisional sebagai Bagian dari Upaya Pelestarian Akulturasi Budaya Indonesia dan India** – This article addresses the legal protection of traditional health practices as part of efforts to preserve the cultural acculturation between Indonesia and India.

These scholarly contributions collectively reflect the dynamic discourse of assimilation and acculturation within the Indic knowledge tradition. We hope that this journal will serve as a bridge for scholars, researchers, and enthusiasts to deepen their understanding and appreciation of the shared cultural heritage, fostering a renewed sense of connectivity and collaboration between India and Southeast Asia.

We invite you to delve into these insightful works and join us in exploring the rich and multifaceted traditions that bind our regions together, celebrating the enduring legacy of Indic knowledge systems.

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## **Health and Wellbeing: Role of Traditional Medicine Practises in India and Southeast Asia**

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### **Abstract**

Traditional medicine constitutes a well-established science and practice within the domains of medicine and healthcare, enduring through generations and often perceived as an alternative to Western medicine, especially within Southeast Asian communities. Historically, both flora and fauna have been utilized as sources of medicinal compounds, and even in the present day, systems reliant on these natural resources continue to hold importance in healthcare. The understanding of health within traditional medicinal paradigms is shaped by a broad spectrum of spiritual and empirical influences. These influences include religious and philosophical systems followed by vast populations, as well as local folk beliefs, each uniquely distinct. Health crises have a profound impact on developmental activities worldwide, necessitating the mobilization of political, financial, and technical resources on a global scale. In Southeast Asia, for millions, traditional healing or medicine serves as the primary means of addressing physical, mental, and emotional distress. For those who consistently engage in traditional healing practices, illness is understood not just as a specific organic disorder but as a disruption of the physical, mental, and emotional balance within their community. This balance is shaped by the socio-cultural environment, spiritual beliefs, and

divine principles. This present paper will try to find out, how traditional medicine practices has been dealing with diseases, in India and Southeast Asia. Simultaneously, present study will also try to understand the interconnection between health care system and traditional systems of medicine practised in South-east Asia in context of health and wellness of people. Also, this study will try to comprehend the relevance of the traditional medicine system and health seeking behaviour during Public Health Emergencies in South East Asia. Proposed study will use secondary data from literatures.

## **Introduction**

Traditional medicine (TM) includes a wide array of medical systems, such as traditional Chinese medicine, Arabic Unani medicine, Indian Ayurveda, along with numerous indigenous healing practices. In circumstances where allopathic medicine serves as the predominant healthcare system, or where TM has not been formally integrated into national health policies, it is typically classified as "complementary," "alternative," or "non-conventional" medicine (Alves and Rosa, 2007: 1).

Authors Ales and Rosa (2007) emphasize that traditional medicine (TM) remains a vital component of healthcare systems, particularly in developing nations where it is extensively utilized by substantial segments of the population. Historically, TM has served as the primary healthcare framework in numerous cultures, addressing both preventive and therapeutic needs. The interconnections between public health, TM, and biodiversity conservation are increasingly acknowledged as areas of significant importance, reflecting broader global health and environmental challenges. This perspective aligns with the World Health Organization's (WHO) the objective is to advance health outcomes and preserve lives by guaranteeing the quality, effectiveness, safety, and rational application of all medications, encompassing traditional therapies.. Moreover, the WHO champions equitable and sustainable access to essential medicines, with a particular emphasis on reaching underserved and marginalized populations (Alves and Rosa, 2007: 07).

In Asia, Traditional medicine has long been widely accepted at the community level and has received formal recognition for several aeras. In 1956, Vietnam became the first nation in Asia to

formally incorporate its traditional medicine system into the national healthcare framework. China followed suit in 1958, and India did so in 1970. Historically, this system has operated on two parallel tracks, with consumers independently choosing between them. It has not constituted an integrated clinical model of care that combines the advantages of both systems to meet consumer needs. However, this situation is now beginning to evolve. Initial collaborative investigations in China into traditional febrifuges led to the recognition of the herb *Artemisia annua*, historically utilized for the treatment of hot-cold fevers, which are now identified as malaria.. This line of research eventually culminated in the detection of the *sesquiterpene lactone artemisinin*. This facilitated the emergence of a novel class of antimalarial drugs and led to the awarding of the 2015 Nobel Prize in Physiology/Medicine to Professor Tu Youyou of China's Yunnan Institute of Pharmacy and Shandong Institutes of Parasitology (Bodeker. G, 2021 :28).

Alves and Rosa (2007), drawing on earlier works by Lee (1992) and Labadie (1986), highlight that traditional medicinal systems are increasingly being formally acknowledged and respected on a global scale. The increasing legitimacy of traditional medicine, combined with its prevalent use in the rising need for affordable and alternative therapeutic solutions in both developing and industrialized countries underscores the global significance of promoting research and development in the area of traditional pharmaceuticals. Furthermore, in their examination of traditional medicine, Alves and Rosa refer to Bodeker and Kronenberg (2002), who argue that the expanding recognition of traditional medicine is significant not only for its potential to contribute to new drug discoveries but also for its embedded socioeconomic, environmental, and cultural value. Bodeker and Kronenberg emphasize that public health researchers should take a leading role in establishing research agendas that are responsive to the broader political, social, cultural, and economic dimensions in which traditional medicine is practiced, thereby enhancing its integration and effectiveness within global health systems (Alves and Rosa 2007: 7).

The *WHO International Standard Terminologies on Siddha Medicine* underscores the significance of traditional, complementary, and integrative medicine (TCIM) plays an important role in promoting health and well-being. According to the WHO Global Report on Traditional and Complementary Medicine 2019, nearly eighty eight percentage of WHO associate States have officially recognized the incorporation of traditional and complementary medicine into their healthcare frameworks within their healthcare systems. As part of its 13th General programme of work, the WHO is actively supporting nations in their efforts to achieve universal health coverage

and meet health-related SDGs. Acknowledging the increasing relevance of traditional medicine in both national and international contexts, WHO and its Member States have committed to developing mechanisms for the appropriate and evidence-based integration of complementary and traditional medicine into formal healthcare systems (Jakab, 2022).

In the context of Southeast Asia, WHO notes that traditional medicine has been historically embedded in diverse health practices throughout the region. In many remote and underserved areas, traditional healers continue to serve as primary, and sometimes the sole, healthcare providers. Consequently, most Southeast Asian countries have integrated traditional medicine into their national healthcare frameworks to address diverse requirements.

In response to the Delhi Declaration on Traditional Medicine in 2013 and the succeeding endorsement of the WHO Traditional Medicine Strategy 2014-2023, a regional action plan was developed in October 2015. This plan outlines 5 strategic focus areas: monitoring of traditional medicine structures, promoting research on system organization and supervision, strengthening the capacity of traditional medicine practitioners, establishing mechanisms for reporting adverse events, and enhancing communication strategies to support the safe and effective practice of traditional medicine.

Author Payyappallimana (2009) studied and cited work of Nambiar et al. (2007) and Janska (2005) which argued that the persistent prevalence of communicable diseases, including malaria, HIV, other parasitic infections, diarrhea, pneumonia, and TB, alongside chronic conditions such as ischemic heart disease and diabetes, constitutes a significant public health challenge, often referred to as the "double burden" of disease. These health issues continue to adversely affect populations in these countries. Additionally, the high rates of maternal and child mortality, coupled with rapid demographic variations and urbanization, signify significant public health challenges in these economies. Furthermore, the underutilization of public health services, unsuccessful health support systems for impoverished populations, increasing privatization of healthcare facilities, environmental changes, migration of medical professionals, and associated epidemics further worsen these concerns. In countries such as India, high out-of-pocket healthcare expenditures, which account for approximately 78%, coupled with inadequate health insurance and social security systems, present significant concerns. Furthermore, in the context of globalization and the World Trade Organization (WTO) regime, there is a recognized challenge concerning the increasing inaccessibility of healthcare services for economically underprivileged

residents within these societies. As Nambiar et al. have observed, a fundamental challenge for healthcare planners is the integration of health promotion and disease prevention with the treatment of acute illnesses and chronic care. This integration must occur at all stages of the health service system, with the objective of delivering quality services efficiently and equitably to the entire population (Payyappallimana, 2009: 67).

Similarly, The United Nations' Millennium Development Goals (MDGs), alongside strategies from the WHO and initiatives by the United Nations Human Rights Office (UNHCHR), emphasize the urgent need to improve healthcare access. However, this remains a significant challenge both globally and nationally due to the complex nature of 'access,' which includes physical, social, political, and economic factors. In 2005, the World Health Assembly adopted key resolutions aimed at addressing the human resource crisis, enhancing the health of the most impoverished populations, improving the health outcomes for children and women, promoting healthy aging, and combating microbial resistance and cancer through preventive and control measures are critical areas of focus (Payyappallimana, 2009: 67).

Here, authors Singh and Madhavan (2015) found in their study which revealed several important results regarding the use of non-traditional versus traditional healing practices. Firstly, traditional healing is significantly less prevalent than non-traditional healing in both urban and rural settings. Secondly, this tendency persists across all socioeconomic and demographic groups, with traditional healing being significantly less utilized. Thirdly, there is a slight increase in the use of traditional healing in rural areas among Scheduled Tribes and Minorities (STMs) compared to urban areas. Fourthly, traditional healing is more normally employed for certain diseases, such as asthma, cataracts, leprosy, polio, epilepsy, paralysis, and mental illnesses. Notably, the highest usage of traditional healing is observed for epilepsy in rural areas and for mental illness in urban areas. Fifth, the overall care expenses and the average waiting time at healthcare facilities or in getting healthcare services are significantly higher for non-traditional healing compared to traditional healing in both rural and urban settings. Finally, among patients who use both traditional and non-traditional healing methods, there is a clear preference for non-traditional healing when treating serious, long-term illnesses. In contrast, they tend to use traditional healing supplemented with non-traditional methods for short-term sicknesses. (Singh and Madhavan, 2015: 1236).

## Background of the Study

The authors refer to Huang's (1999) examination of Chinese traditional medicine, which outlines its long-standing historical roots. Chinese medical practices are documented as early as 1100 BCE through the *Wu Shi Er Bing Fang*, which catalogued 52 medicinal substances. This was followed by the *Shennong Bencao Jing* around 100 BCE, listing 365 herbal remedies, and later by the *Tang Materia Medica* in 659 CE, which expanded the compendium to 850 medicinal substances. Dev (2001) explores the ancient beginnings of Indian traditional medicine, tracing its origins back more than 5000 years. He cites the *Charaka Samhita* and *Sushruta Samhita*, which document 341 and 395 herbal remedies, respectively, dating to approximately 1000 BCE. Meanwhile, the ancient Western world also experienced notable advancements by Roman and Greek medical practitioners. For example, around 100 CE, Greek physician Dioscorides, meticulously recorded the classification, preservation, and use of traditional medicines throughout the known world of his time.

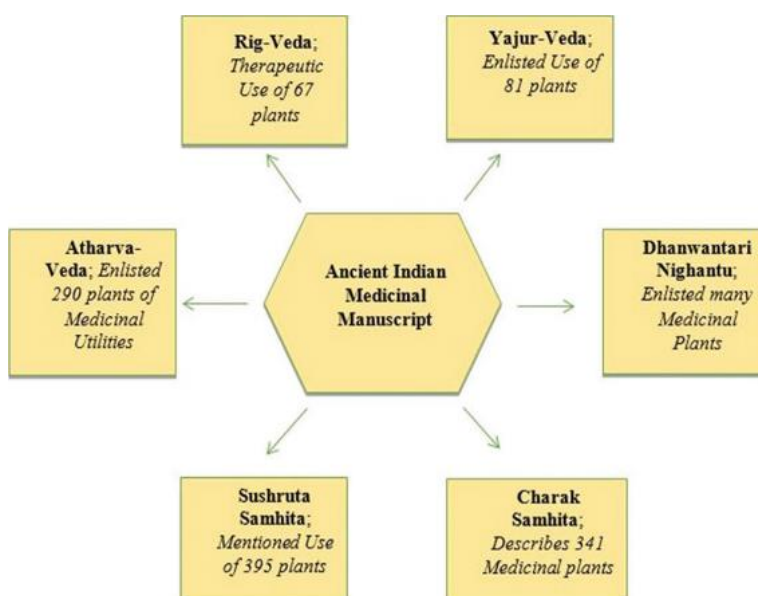
Kassaye K. D. et al., (2006) say in their study that, traditional treatment has maintained its acceptance in most of the world particularly in developing region and its use is quickly scattering in the industrialized regions. While giving an example, they gave an example of China, and it reveals that traditional herbal remedies represent 30-50 per cent of the total medicinal consumption. In nations such as Mali, Nigeria, Zambia and Ghana, herbal medicines serve as the initial treatment for 60% of children suffering from high-grade fever due to malaria, typically administered at home. According to the WHO, traditional birth attendants act significantly in the majority of childbirths across several African countries (Kassaye K. D. et al., 2006: 127).

Adhikari & Paul (2018) cited Ringler et al. (2016) study, which highlights in their research that natural products, often promoted as herbal or dietary supplements, make up about half of the top fifty pharmaceutical products available in European pharmacies. In addition, modern pharmacopoeia still heavily relies on nature, with over a quarter of today's medications being sourced from or inspired by natural plants (Adhikari & Paul, 2018). The authors also reference the WHO's (2000) definition of traditional medicine, which contains the practices, knowledge, and skills in the ideas which are rooted in beliefs and practices among indigenous to various cultures. These regular practices, whether or not they have been scientifically validated, are applied in the preservation of health and in the same prevention, treatment, enhancement, or diagnosis of both physical and mental health conditions. Adhikari and Paul (2018) cited work of Wah et al. (2014)

and finds observe that traditional medical systems are practiced across the globe, shaped by diverse belief systems and socio-cultural factors. Among these, Ayurveda, a branch of traditional Indian medicine, is recognized as one of the most ancient and philosophically rich healing practices (ibid, 2018: 421).

Here, the curative knowledge and healing idea embedded within Indian historical or traditional medicine knowledge has given rise to a range of regionally significant systems, each characterized by distinct or overlapping theoretical frameworks and practices. Following India's independence, the establishment of the Planning Commission in 1951 marked a step toward structured health planning. Subsequently, the *Department of Indian Systems of Medicine and Homoeopathy* was established in 1995 to focus specifically on these traditional medical practices. In 2003, it underwent a name change to AYUSH, which stands for "Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy", and it became an independent unit under the MH&FW, Government of India.

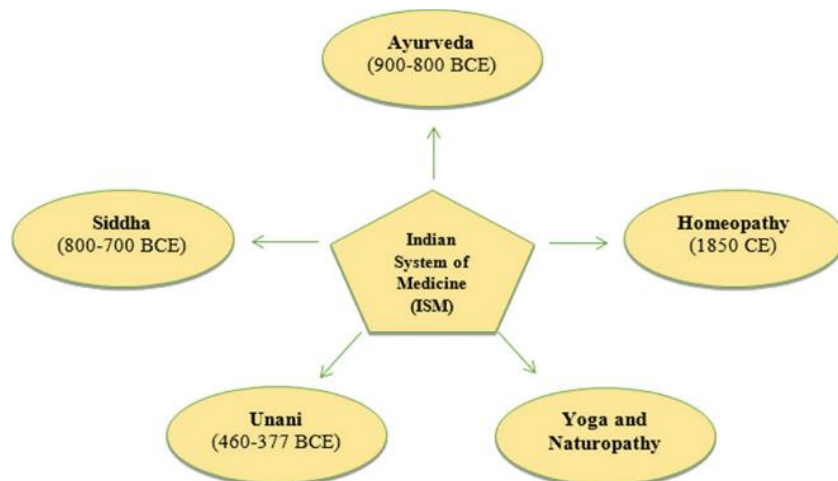
Even though modern pharmaceuticals dominate the market and allopathic medicine enjoys widespread public trust, traditional Indian medical systems still encounter institutional and systemic obstacles. It is crucial to integrate and organize these indigenous practices into a cohesive framework and progressive framework aimed at preserving and promoting India's rich medical heritage. To this end, Adhikari and Paul (2018) advocate for sustained phytochemical and biochemical research, alongside efforts to rejuvenate and disseminate traditional Indian medical knowledge for the broader benefit of society (Adhikari and Paul, 2018: 425).



### FIG 1: Enlisted plants of the ancient Indian medicinal manuscript

Source: Adhikari and Paul, 2018: 425

The referred article, including "Charaka Samhita" in the year 990 BCE, "Sushruta Samhita" in the year 660 BCE, and "Dhanwantari Nighantu" in the year 1800 CE, extensively detail the use of tree or plants and complex herbal combinations. Figure 1 offers additional insights into these ancient Indian medical texts.



### FIG 2: Systems of Indian Medicinal Practice

Source: Adhikari and Paul 2018: 425

Kumar et al., (2007) define traditional medicine of India as encompassing both indigenous medical practices and those introduced from other regions that have been culturally assimilated over time, as illustrated in Figure 2. India is distinguished by its officially recognized array of traditional medical systems, which include Naturopathy, Siddha, Yoga, Ayurveda, Homoeopathy and Unani. Although in 18<sup>th</sup> century Homoeopathy was introduced to India, it has been thoroughly integrated into Indian cultural and therapeutic frameworks. Over time, it has evolved and developed in parallel with other indigenous systems, ultimately becoming an enriched component of India's traditional medical heritage (Adhikari & Paul, 2018: 422).

In the year 2013 while discussing discussion on CAM, author Andrew emphasizes the potential benefits of these approaches in both treating and managing ill-health, as well as in promoting and maintaining overall health and healing. CAM practitioners clearly articulate the potential they perceive, as demonstrated by their promotion of specific modalities and related treatments. The author elaborates on their therapeutic approach, which involves viewing the individual as an

integrated entity within their life context. This method includes addressing and mitigating symptoms associated with specific conditions, uncovering the fundamental causes of health issues, and enhancing a strong sense of health and well-being. Furthermore, it aims to empower individuals to regain or improve their autonomy over their health and to identify effective coping strategies. A significant and expanding body of evidence supports these viewpoints. To try to offset increasing polypharmacy (individuals using excess drugs at same time) gradually found in the situation of older persons with multiple co-morbidities, estimated at 40% of USA seniors citizens, for instance, on the possible of mind-body interventions, to assist in stress decline with consequent cooperative effects on blood pressure levels and risk of heart attacks. In the same situation, it is also good evidence of the usefulness and effectiveness of acupuncture to treat low neck pain and low back pain, chronic knee, and a potential role in treating *gastro-oesophageal* disease (Andrew, 2013: 04).

A comparative analysis of “Traditional Indian Medicine (TIM) and Traditional Korean Medicine (TKM)” reveals that, despite their distinct origins, these two medical systems share numerous similarities. Both systems prioritize the individual over the disease and emphasize therapeutic practices aimed at disease prevention rather than treatment. Their primary objective is to maintain good health and boost the quality of life for individuals. TIM and TKM have successfully coexisted with conventional medical practices on both local and global scales, despite the persistent challenges presented by the latter. The notable parallels between TIM and TKM can likely be ascribed to the similar traditional and complementary medicine (T&C) educational frameworks in both countries (Kang et al., 2017 :112).

Authors Upchurh and Rainisch (2015), while talking on CAM and use as health self-management of the socio-behavioral wellness model, also consider CAM as one aspect of healthy self-care. Self-management of health refers to activities individuals engage in to sustain their health and wellness, to prevent illness and disease, or to manage illness. Segregating CAM use for wellness and health versus treatment is essential because factors that contribute to each type of use are probably different (Upchurh and Rainisch, 2015: 02).

Kassaye K. D. et al., (2006) the research indicates the absence of training institutes dedicated to traditional medicine. It is widely recognized that trained healers are adept at rapidly acquiring and integrating new knowledge into their practices. Furthermore, the training of sufficient modern health specialists can improve the understanding of traditional medical systems. The knowledge

acquired by professionals in both medical systems may foster shared respect, empathetic, fruitful collaboration, and the delivery of effective health services (Kassaye K. D. et al., 2006: 132).

The existence of numerous potentially valued medicinal plants is gradually threatened by environmental degradation, deforestation, agricultural expansion, overgrazing, and rapid population growth. This tendency poses a significant risk to the ethnobotanical and other natural resources of the country, particularly in the highland areas. The primary factors causative to this issue include overpopulation, lacking environmental policies, and the lack of effective implementation of existing regulations. (Kassaye K. D. et al., 2006: 132).

### **Objective of the Study:**

1. How traditional medicine practices has been dealing with diseases, in India and Southeast Asia.
2. The present study will also try to understand the interconnection between the health care system and traditional systems of medicine practised in Southeast Asia in the context of the health and wellness of people.

### **Methodology**

The proposed study will use secondary data/ information from the literature. This study also used thematic analysis of qualitative information and developed the core argument thematically. Different sources like research journals and organizations' reports have been taken into consideration as secondary data.

### **Discussion and Findings**

South Asian medical systems have historically developed within distinct political and institutional frameworks. In contrast to South Asia, Chinese medicine benefited from the centralized and stable bureaucratic structures of imperial China, where successive dynasties actively supported the codification and expansion of medical texts—positioning traditional Chinese medicine as a state-driven initiative. In the 20th century, this trajectory continued under the Communist regime, particularly during the *Great Leap Forward* and subsequent socialist healthcare reforms, reflecting a continued pattern of strong state involvement in medicine. Conversely, South Asian medical traditions such as Sowa Rigpa, Siddha, Ayurveda, Unani, and local-specific medicinal plant

systems evolved under the patronage of various monarchs and dynasties. Their encounters with colonial powers subjected them to varying degrees of marginalization, suppression, and neglect, with state policies after independence remaining inconsistent and often ambivalent. However, with the global rise in acceptance of yoga and Asian traditional medicines, countries like India undergoing neoliberal economic reforms and a resurgence of cultural nationalism in the 1990s began to renew institutional interest and policy support for traditional medicine systems (Sujatha, 2020: 9).

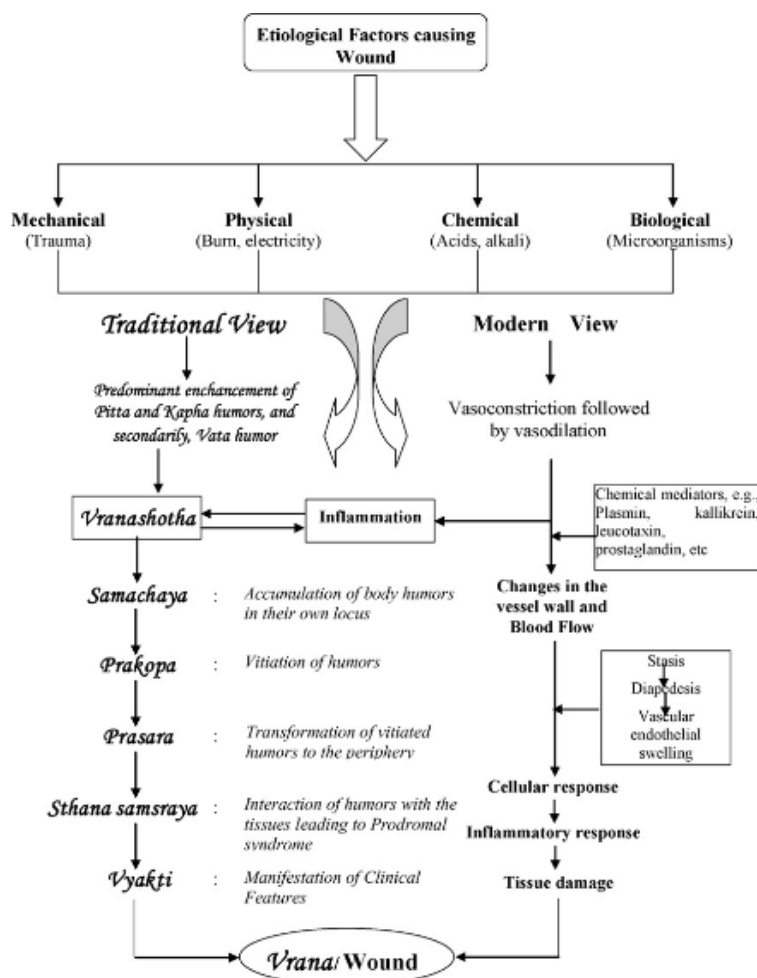
While talking on Need of Traditional Medicines here author Ghatak, S (2021) expressed that, the rise of non-communicable and lifestyle diseases has emerged as a significant threat to human survival globally, with India and the Association of Southeast Asian Nations (ASEAN) countries being no exceptions. In 2019, India reported that non-communicable diseases accounted for 64% of its total mortality, with cardiovascular disease contributing 27%, respiratory disease 12%, stroke 7%, and diabetes 5%. The ASEAN countries encountered comparable issues, as non-communicable diseases were more prevalent than communicable diseases during the same year. Additionally, the incidence of mortality attributable to noncommunicable diseases has markedly increased in nearly all ASEAN countries, with the exception of Singapore, as well as in India, during the period from 1990 to 2019 (Ghatak, S, 2021: 02).

### **Ayurveda:**

According to Prasad (2001), the word *Ayurveda* comes from the Sanskrit terms “*ayur*” (*life*) and “*veda*” (science or knowledge), which translates literally to "The Science of Life." It embodies a structured philosophy focused on balanced and harmonious living, with its conceptual origins found in ancient Indian scriptures like the *Rigveda* and *Atharvaveda*. Mukherjee further notes that while the precise origins of Ayurveda are obscured in antiquity, its theoretical foundations and practices were significantly refined between 2500 and 500 BCE. The Ayurvedic tradition emphasizes the utilization of natural resources, shaped through continuous observation, empirical practice, and experiential learning over generations. Central to Ayurvedic treatment is a two-fold principle: the prevention of disease and the cultivation of patient awareness regarding the underlying causes of illness. At its core, Ayurveda aims to guide individuals in navigating both a joyful and distressing life experience, as reflected in its holistic vision of health and well-being (Adhikari & Paul, 2018: 422).

When we discuss about the Empirical Foundations and Medicinal resources in Ayurveda author Kumar et al. (2007), referencing the work of Biswas and Mukherjee (2003), highlight that the Indian traditional medical system is grounded in empirical knowledge accumulated through centuries of observation and experiential learning. Classical Ayurvedic texts document over 1,200 distinct diseases, with their management involving a diverse range of therapeutic agents. Specifically, more than 1,000 medicinal plants (comprising 89.93% of the total), 58 types of raw materials, metals, rocks or ores (5.24%), and 54 animal or materials from sea substances (4.86%) are utilized in various research and formulations (Kumar et al., 2007: 104). This comprehensive pharmacopeia reflects the extensive biodiversity and rich traditional knowledge systems embedded in Ayurveda.

The author Kumar et al. (2007) also said that Ayurvedic Understanding and Classification of Wounds healing, a critical domain in clinical Ayurveda, is extensively discussed under the term *Vranaropaka*. The earliest conceptualization of wounds, termed *Vrana*, is attributed to Maharshi Agnivesha in the *Agnivesha Samhita* (later incorporated into the *Charaka Samhita*), with further elaboration provided by Maharshi Sushruta in the *Sushruta Samhita*. These texts describe *Vrana* as a disruption in the integrity of a body surface that, upon healing, leaves a permanent scar a definition comparable to modern understandings of wounds. Inflammation, or *Vranashotha*, is recognized in Ayurvedic literature as a primary phase in wound pathology. The categorization of wounds includes both endogenous causes stemming from imbalances in the bodily functional entities *Pitta* (enzymatic and hormonal activity), *Picchita* (contusions), *Kapha* (body fluids) and *Vata* (nerve impulses) as well as exogenous causes, such as physical trauma. These trauma-induced wounds are further classified into types such as *Kshata* (lacerations), *Viddha* (puncture wounds), *Chinna* (incised wounds), *Bhinna* (perforated wounds), and *Ghrishtha* (abrasions) (Kumar et al., 2007: 105).



Source: Kumar et al., 2007: 105

**Fig 3: Representation of etiopathogenesis of the wound in modern medicine and Ayurvedic.**

Here author Kumar et al., (2007) trying to find out the periods of wound curing outlined in conventional Ayurvedic manuscripts exhibit significant parallels with those recognized in modern medical science, as illustrated in Figure 3. According to the *Sushruta Samhita*, traditional wound management is structured into sixty therapeutic steps, beginning with the application of aseptic dressings and culminating in the complete restoration of normal anatomical structure and physiological function. These interventions were designed not only to promote effective and timely healing but also to preserve the functional integrity and aesthetic appearance of the affected area. Classical Ayurvedic references including the *Dhanwantari Nighantu* (circa 1800 CE), *Sushruta Samhita* (circa year 1000 BCE), *Astanga Hridaya* (circa year 600 CE), *Bhavaprakash Nighantu* (circa year 1500 CE), *Charaka Samhita* (circa year 5000 BCE), and *Ayurveda Siksha* (20th century CE)-suggest that approximately 70 per cent of Ayurvedic formulations used in wound healing are

derived from plant-based substances, with 20 per cent of mineral origin and the remaining 10 per cent sourced from animal products (Kumar et al., 2007: 104).

Biswas and Mukherjee (2003), as referenced in Kumar et al. (2007), further underscore the traditional application of these Ayurvedic formulations in addressing a diverse array of wound-related conditions. These conditions incorporate *Vrana* (wounds or ulcers), *Vidradhi* (abscesses), *Bhagandara* (fistula-in-ano), *Pramehapidaka* (diabetic carbuncles), *Upadamsha* (syphilitic ulcers), *Vranajakrimi* (maggot-infested wounds), *Dustavrana* (infected wounds), *Nadivrana* (sinus tracts), *Vranashotha* (wound inflammation), *Vranavisha* (cellulitis), *Ugravrana* (purulent ulcers), *Netravrana* (styes or eyelid infections), and *Visarpa* (erysipelas). Furthermore, systematic research have been conducted to substantiate the injury-healing efficacy of several of these traditional remedies (Kumar et al., 2007: 104).

According to the Indonesian Country Study on Biodiversity in 1993, the estimated range of different flowering plant species in Indonesia is between 25,000 - 30,000. Historically, herbal medicines have been utilized by almost 40 million Indonesians for both disease prevention and treatment. The Indonesian populace employs about 6,000 plant species for medicinal purposes. It is noteworthy that the data regarding the quantity of medicinal plants establishes variability. PT Eisei in the year 1995 revealed in a publication, which was "Dictionary of Indonesian Medicinal Herbs", which encompasses and includes over 2,500 plant species with potential for medicinal development. Additionally, the author referenced the work of Zuhud et al. (2001), who discover 1,845 species with potential medicinal plant in the forests (Elfahmi, 2014: 03).

While discussing on Jamu as a way of traditional and conventional curative and Rational 'phytotherapy' with jamu and phytomedicine author Elfahmi et al. (2014) analyses and found that WHO also suggested Jamu, a traditional form of medicine deeply rooted in historical experiences and cultural traditions, is in a state of perpetual evolution and development. Like old practice medicine, it encounters challenges concerning its appropriate and rational application. These challenges include ensuring the eligibility and licensing of practitioners, the appropriate utilization of high-quality products, effective communication between traditional medicine practitioners and patients, and the distribution of scientific & logical information and guidance to the public (WHO, 2002). The WHO backing and supports the use and growth of traditional medicine as a means to

provide accessible and affordable healthcare for all individuals (WHO, 2005). Here author also indicate that, despite the certification of the pharmacological effects of certain jamu components, there remains a very significant glitch in the literature regarding the efficacy of jamu medicine, particularly jamu gen-dong. To promote the proper utilization of these products, the Indonesian government, through the National Agency of Drug and Food Control (NADFC), has classified medicinal plants into three distinct categories. This classification is based on their preparation methods and the evidence supporting their efficacy: jamu, standardized herbal medicines (Elfahmi, 2014: 06).

### **Siddha**

WHO here mentioned that Traditional medicine has been historically utilized for the promotion of health, as well as for the prevention and treatment of various diseases. As reported in the second Global Survey conducted by the WHO, Siddha medicine is acknowledged as a widely use form of traditional and complementary medicine by many members from states. In this context, the development of WHO's global standard vocabularies on Siddha remedy represents a essential initiative and crucial step toward ensuring the safety, efficacy, and global recognition of Siddha-based healthcare services.

The WHO document further notes that the development of these standard terminologies occurred between 2019 and 2022, supported by extensive technical collaboration. Contributions were made by a diverse group of international experts and institutions across WHO regions, including professionals specializing in Siddha medicine, other traditional medical systems, medical linguistics, and the Tamil language. This collective effort aimed to enhance the consistency and clarity of Siddha medical terminology, thereby facilitating its integration into global health discourse and practice.

Here, author Sebastia (2019) outlines that the Siddha corpus, comprising elements such as magic, asceticism, alchemy, medicine and astrology, along with related fields like botany, toxicology and physiology, is traditionally attributed to the *cittarkal*-spiritual adepts. While Tamil tradition identifies eighteen such figures, a survey of historical texts and authored manuscripts suggests that the number may exceed ninety (Sébastien, 2018; Venkatraman, 1990). Drawing upon Jolly (1994),

Sébastia highlights a key distinction between the Siddha and Ayurvedic traditions in terms of their origins and modes of knowledge transmission. Whereas Ayurveda traces its divine and genealogical foundation to the Vedic pantheon, beginning with Brahma and continuing through Prajāpati, the Aśvins, Indra, and various Ṛṣis, with figures like Ātreya, Suśruta, and Caraka serving as the primary textual authorities, Siddha medicine developed independently, rooted in a Tamil heterodox framework. This tradition is marked by tantric influences, emphasizing devotion to the Śiva-Śakti principle (the union of masculine and feminine forces), and is characterized by anti-Brahmanical and anti-ritualistic orientations. These ideological and devotional undercurrents continue to inform the Siddha milieu, as evidenced in its practice beyond India, including in Singapore, where Siddha medicine is embraced by practitioners across various groups of castes and religious backgrounds (Sebastia, 2019: 4).

Further, Sebastia observes that numerous clinics in India, especially those near the Kerala border, display dual signage for Siddha and Ayurveda, indicating a degree of terminological and institutional overlap. This may be attributed to the global prominence of Ayurveda, which often overshadows the lesser-known Siddha system. Nonetheless, historical and ethnographic accounts such as that of Frederick C. Colley (1978) suggest that a pluralistic approach to traditional medicine is common in the Indian diaspora, particularly in Malaysia. Colley notes that Indian practitioners in Malaysia often integrate multiple AYUSH systems—including Homeopathy, Ayurveda, Unani, and Siddha—into their medical practice. Each system is perceived to offer distinct benefits: Ayurveda is valued for its plant-based tonics and nutritional therapies, Unani for its unique remedies and appeal to Muslim patients, Siddha for its potent mineral-based formulations, and Homeopathy for its effectiveness in managing chronic illnesses over extended periods (Sebastia, 2019: 5).

## **Unani**

Unani medicine is widely recognized as a significant traditional healthcare system practiced across various parts of the world. In this context, the establishment of standardized terminology specific to Unani medicine is considered essential for the development of associated standards, guidelines, classifications, and regulatory frameworks. A globally accepted vocabulary facilitates the integration of Unani medicine into formal health systems and enables international comparison,

evaluation, and exchange of information. The standardized terminologies are intended to support not only Unani practitioners but also policymakers, healthcare service providers, academician, researchers, and the common public in adopting unified concepts, definitions, and communication practices within healthcare delivery, documentation, and policy development (WHO, 2023).

Although Unani medicine has a longstanding history in promoting health and preventing and treating disease, efforts to standardize its educational, clinical, and research frameworks remain underdeveloped at the global level. According to the second global survey WHO, Unani treatment is acknowledged as a prominent traditional and complementary medicine system by several Member States. In response, the development of WHO's International Standard Terminologies on Unani Medicine has emerged as a critical initiative for ensuring the safe, effective, and coherent delivery of Unani-based healthcare services. Despite growing demands for standardization in training, education, research, and healthcare-related communication within the field of "traditional, complementary, and integrative medicine" (TCIM), there has been limited international progress in these areas. Recognizing this gap, the WHO has issued benchmarking resources for the training and clinical practice of Unani medicine, highlighting the urgent need for standardized terminologies to facilitate their implementation and to strengthen the development of other technical materials.

The creation and finalization of the WHO international standard terminologies for Unani medicine occurred between 2019 and 2022. This initiative involved significant technical collaboration with a network of global experts and institutions. Contributors were drawn from various WHO regions and included professionals with expertise in Unani medicine, other traditional medical systems, medical linguistics, and relevant linguistic traditions, including Arabic, Persian, and Urdu. The outcome is a structured set of definitions aimed at reducing inconsistencies and promoting the accurate use of core concepts fundamental to Unani medical theory and practice.

According to Sheehan and Hussain (2002), who cite Shah (1996), Unani medicine is a traditional healthcare system that is currently practiced in South Asian nations such as India, Pakistan, and Bangladesh. This system has its roots in the medical practices of ancient Greece, the Arab world, and Persia. Unani medicine or treatment is based on the humoral theory, which suggests that health and illness are determined by the balance or imbalance of four bodily : yellow bile (*safra*), blood

(*khun*), phlegm (*bulghum*), humors (*akhlaat*) and black bile (*sauda*). These humors are linked to four fundamental qualities (*quwaat*): heat (*garmi*), cold (*sardi*), moisture (*rutubaat*), and dryness (*yabis*), which together inform the system's diagnostic and treatment methods (Sheehan & Hussain, 2002: 123).

In contemporary South Asia, Unani medicine remains a significant healthcare practice, serving both cities and rural communities. It coexists alongside homeopathy, biomedicine and other traditional therapeutic systems, including Ayurveda and Siddha, as well as various folk and tribal healing practices. Sheehan and Hussain (2002) referenced the work of Manfred Ullmann (1978), which observed that Unani medicine, originally of Greek origin but subsequently transmitted and expanded through Arabic and Persian influences, has been continuously practiced in India and remains integrated within the broader healthcare system. The foundational text of Unani medicine remains the *Canon of Avicenna*, supported by various commentaries and elaborations, reflecting the enduring scholarly and clinical relevance of this classical medical tradition (Sheehan & Hussain, 2002: 123).

The cultural and social importance of Unani medicine in South Asia, along with significant political endorsement from Muslim leaders and other prominent figures in earlier historical eras, significantly contributed to its revival-particularly in regions of India with historical Muslim influence, as well as in countries such as Pakistan and Bangladesh, which have mostly Muslim populations (Metcalf, 1985; Jaggi, 1977). From the late of year 1960s onward, there has been a notable resurgence of indigenous or original medical systems in India, including Siddha, Unani and Ayurveda. In response, the Indian government established dedicated central and state-level bureaucratic institutions to support the regulation and research of these systems. For the first time, successive Five-Year Plans integrated traditional medicine into formal health policy planning, emphasizing their role in primary health care and increasing budgetary allocations (GOI 1992; 1995b; 1997). Earlier national plans had either ignored or minimized the significance of traditional medicine. More recent health policy decisions in India have promoted: (1) the inclusion of Indian medical systems in the MBBS (biomedical) curriculum (GOI 2002; Napier 2002); (2) the promotion of medical tourism incorporating both biomedical and traditional medicine institutions (GOI 2002); and (3) the development of traditional medical/ health education, research infrastructure, drug development, and continuing education for physicians (GOI 1997) (Sheehan & Hussain, 2002: 132).

The Department of AYUSH, MOH & FW, Government of India (2013), noted that the Unani system of medicine is distinguished by its highly effective and safe healthcare practices. A defining feature of Unani medicine is its holistic approach, which considers a broad and integrated spectrum of factors including biological, sociological, geographical, and psychological elements and classifies them systematically through the concept of Temperament. This framework enables practitioners to determine the appropriate type and quantity of each factor tailored to an individual's specific needs (ibid: 43). Furthermore, in its discussion of therapeutic strategies, the document explains that treatment is initiated when preventive measures are insufficient and disease manifests. The therapeutic approach primarily relies on Heterotherapy, wherein disease understood as the manifestation of an abnormal temperament is addressed through the administration of drug and non-drug interventions characterized by opposing temperaments. Given that environmental influences, dietary habits, and psychological states also possess or impact Temperament, Unani medicine extensively employs non-pharmacological factors alongside medicinal treatments, guided by their correlative relationships. Additionally, the Unani system has identified certain drug actions that derive from the essence of substances rather than their qualitative attributes (ibid: 39).

### **Yoga and Naturopathy**

Although health systems like Ayurveda and Chinese medicine primitively emerged as substitutes to reductionist biomedical models, their evolution particularly through processes of globalization and survival has led to their increasing pharmaceuticalization. In contrast, European-origin medical treatments such as naturopathy and homeopathy, which historically critiqued the positivist origins of biomedicine, have encountered a distinct set of challenges during their adaptation to South Asian contexts. In her analysis, Sujatha (2020) explores the transnational trajectory of naturopathic thought, tracing its roots in the United States, where it developed from Christian ethical resistance to vivisection, and how these principles intersected with Gandhian bodily politics during India's colonial period. The chapter concludes by examining the subsequent transformation of naturopathy in Kerala, South India, as an example of how medical systems are continuously reconfigured through assimilation into local socio-political frameworks (Sujatha, 2020: 25).

Naturopathy today is recognized as a form of primary healthcare that integrates traditional therapeutic approaches with contemporary scientific advancements. It adopts a holistic perspective

on health and wellness, placing particular emphasis on immunity enhancement, disease prevention, natural healing, and nutritional well-being. Therapeutic interventions in naturopathy may include dietary regulation, nutritional assessment, hydrotherapy, homeopathy, Ayurveda, the use of limited pharmaceuticals, and, in some cases, minor surgical procedures (Sujatha, 2020: 25).

Talreja and Tiwari (2021) cited that the fundamental objective of naturopathic medicine is not only to treat illness but also to promote full holistic health by focusing on addressing both psychological and physical well-being. A key strength of naturopathy lies in its individualized approach, wherein treatment is tailored to suit the specific symptoms, conditions, and constitution of each patient. This personalized methodology acknowledges that disease manifestations and therapeutic needs can vary significantly from one person to another. Naturopathic care emphasizes the integration of physical, emotional, and psychological dimensions, thereby supporting a comprehensive model of well-being. Rooted in the belief that the human body possesses an inherent capacity for self-healing, naturopathy employs a wide range of interventions—from herbal and natural remedies to medically guided treatments—to assist and accelerate this internal healing process. In contrast to conventional biomedical approaches, which primarily concentrate on symptom management and disease eradication, naturopathy adopts a systems-oriented perspective that seeks to restore balance and overall vitality (Talreja and Tiwari, 2021: 2821).

In line with its holistic philosophy, naturopathy places strong emphasis on immune system enhancement as a means of illness prevention. Strengthening the body's natural defense mechanisms is regarded as central to maintaining long-term health and resilience (Talreja & Tiwari, 2021: 2821). In their analysis of naturopathy's role in public health, Talreja and Tiwari (2021) draw on findings from Kohli et al. (2020) and Pradeep et al. (2014), who propose five foundational principles of naturopathic medicine and its mechanisms of healing, offering further insight into its relevance and application within contemporary healthcare systems. According to Talreja and Tiwari (2021), naturopathy is grounded in five core principles that guide its philosophy and practice:

#### **a. The Healing Power of Nature**

This foundational principle asserts that all living organisms possess an inherent ability to heal themselves. In the context of human health, this refers to the regenerative capacity of cells and tissues, which initiate repair and recovery following injury and disease. The responsibility of the

physician or healthcare provider, therefore, is to support and facilitate the body's natural healing mechanisms, rather than override them.

#### **b. The Health Practitioner as Educator**

This principle underscores the critical role of health literacy in maintaining well-being. Healthcare providers are seen not merely as clinicians, but also as educators who empower individuals by enhancing their awareness of personal health conditions. It is through informed decision-making and lifestyle choices that individuals ultimately take responsibility for their long-term health.

#### **c. Emphasis on Prevention and Wellness**

Naturopathy prioritizes disease prevention and health promotion over reactive treatment. It advocates for early intervention and lifestyle modifications aimed at preventing illness before it manifests or progresses. By fostering a state of holistic wellness, this approach reduces dependence on curative measures and promotes sustainable health outcomes.

#### **d. Addressing the Root Cause of Illness**

Effective healing, according to this principle, requires identifying and eliminating the underlying causes of disease rather than merely managing symptoms. Treating symptoms in isolation may provide temporary relief but fails to offer lasting solutions. Thus, etiological investigation is central to naturopathic diagnosis and therapy.

#### **e. Treating the Whole Person**

Naturopathic medicine views the human body as an integrated system, where imbalances in one area may affect overall health. This principle promotes a complete and customized approach to treatment, considering the mental, physical, emotional and even social aspects of the patient. It acknowledges that holistic well-being is essential to effective healing (Talreja & Tiwari, 2021: 2823).

### **Yoga**

Yoga has increasingly been acknowledged as a significant practice for promoting health at individual, community, and national levels, contributing to the enhancement of both physical

health and mental well-being. Yoga plays a crucial role in the anticipation and management of NCDs and constitutes one of the eight Flagship Priorities outlined by the WHO for the Southeast Asia Region. Chronic lung diseases, cancer, diabetes and cardiovascular diseases, the four major NCDs, are responsible for over eighty per cent of premature mortality associated with NCDs globally. Notably, approximately eighty-five per cent of these deaths occur in LMIC countries, which consist of low- and middle-income countries, merging those within the Southeast Asia Region. To address this burden, it is recommended that schools, workplaces, community organizations, and civil society institutions integrate yoga into routine activities. This approach aligns with the global commitment to reduce physical inactivity by 15 per cent by the year 2030, as outlined in the Sustainable Development Goals (SDGs).

Importantly, research indicates that yoga confers immediate psychological benefits, including reductions in stress and anxiety, as well as enhancements in emotional and social well-being. Unlike traditional forms of physical exercise that may lead to fatigue, yoga has been demonstrated to reduce heart rate and activate the parasympathetic nervous system, thereby making it accessible to individuals with health conditions. During the COVID-19 pandemic, yoga played a crucial role in enhancing global public health by promoting the well-being of millions across various populations and cultures (Poonam Khetrapal Singh, 2022: WHO).

Traditional medicinal practices can significantly contribute to addressing this issue. The Indian traditional medicinal systems boast a rich history of efficacy, having delineated methods for the protection and management of lifestyle disorders. Here, the author tried to focus more on these traditional therapies not only encourage individuals to take responsibility for their health but also aid in regulating the incidence of lifestyle diseases by maintaining blood glucose levels and promoting cardiovascular health, among other benefits. The exercise of yoga has been identified as having substantial psychological benefits. It not only fosters increased kindness and optimistic emotions but also mitigates negative emotions such as aggression, depression, and anxiety. This approach offers an effective strategy for wellness, utilizing natural, low-tech, safe, and relatively cost-effective alternatives. Traditional medicinal systems, particularly yoga and Ayurveda, have gained widespread popularity globally (Ghatak, S, 2021: 02).

## Homeopathy

Homeopathy, a medical practice with a history exceeding two hundred years, is distinguished by the oral delivery of substances that have been significantly diluted. The foundational principles are predicated on the concepts of "like cures like" the notion that elements capable of eliciting symptoms in a sound health or healthy individual can, in a diluted form, be employed to treat analogous symptoms in an sick or ill person and "ultra-dilution," which asserts that the therapeutic efficiency of a substance is enhanced with dilution, provided it is accompanied by a specific shaking process known as succussion. Advocates of homeopathy suggest that it operates by activating the body's innate self-healing mechanisms (McKee et al., 2010: 5).

The WHO, in its progress report (2014-2019), acknowledges homeopathy as a structure of alternative medicine formally developed in the year 1796 by Samuel Hahnemann. Treatment of homeopathy medicine is predicated on the principle of "like cures like," positing that medicines which induce symptoms in healthy individuals can be employed to alleviate those same indication and symptoms in individuals who are ill. In the Indian context, Kaur et al. (2019) reference Manchanda et al. (2013) to demonstrate the integration of homeopathy within the broader AYUSH framework, which encompasses which includes different modern and traditional medication methods which includes homeopathy, yoga and naturopathy, unani etc.. Despite homeopathy's formal inclusion within the AYUSH systems, its integration into non-AYUSH or mainstream healthcare infrastructure, such as the Central Government Health Scheme (CGHS), remains limited. Currently, only approximately 13% of CGHS wellness centers offer homeopathy services. In contrast, conventional allopathic medicine continues to predominate in terms of institutional presence and patient volume.

Nevertheless, within the AYUSH framework, homeopathy remains one of the most widely accepted and utilized systems. Despite its origins as a Western medical practice introduced to India in the early nineteenth century, it has been successfully localized and widely adopted. According to usage trends, homeopathy has even outpaced other long-established systems such as Unani, Siddha, and Naturopathy in terms of popularity and patient preference in India (Kaur et al., 2019: 81).

The continued relevance of homeopathy in India is unsurprising, given its alignment with the cultural and philosophical understanding of health prevalent among the Indian population, who

often view illness as encompassing more than just physical symptoms. Although there is currently only one homeopathic wellness centre for every 19 allopathic centres, the annual patient volume in homeopathy units is approximately one-fifth of that seen in allopathic facilities. Nevertheless, Thompson et al., (2016) indicate a strong public demand for homeopathic services within the CGHS settings.

This disparity in utilization may not solely reflect patient preference, but rather limited access to homeopathic services, which could be resulting in patients being diverted to allopathic care by necessity rather than choice. Kaur et al. (2019) suggest that if a greater number of co-located homeopathic wellness centres were established, the utilization patterns could shift significantly in favour of homeopathy, particularly in the management of conditions where it has shown therapeutic promise. These include allergic conditions, dermatological and paediatric disorders, as well as musculoskeletal, respiratory, gynaecological, and genitourinary ailments (Kaur et al., 2019: 81).

The preceding discussion reveals that a substantial number of qualified homeopathic practitioners are actively engaged in public health and wellness centres, as well as in various national health programmes across India. Their involvement plays an important role in supporting the country's pursuit of universal health coverage, while simultaneously offering employment opportunities for trained graduates aspiring to enter the public healthcare sector. Furthermore, the institutional promotion of homeopathy should be strategically expanded, particularly in the context of disease conditions frequently encountered in homeopathic clinics that also align with national health priorities. Such promotion could be effectively advanced through targeted health programmes and public health advisories. However, it is important to acknowledge that in certain scholarly and clinical circles, homeopathy is often excluded from the domain of Indian traditional medicine, and its therapeutic efficacy remains contentious, with critics citing a persistent lack of conclusive scientific validation.

## **Conclusion**

Scholarly engagement with South Asian medical systems, particularly their global circulation and reception, has been well represented within the fields of medical anthropology, history of

medicine, and more recently, the sociology of health. However, these contributions remain largely absent from mainstream globalization theory, which tends to frame global processes predominantly through the lens of capital accumulation and technological flows originating from the West. Within this paradigm—often influenced by world-systems theory—regions such as South Asia are typically positioned as labour-exporting peripheries, while the capital-intensive economies of the Global North are viewed as the centre. This analytical framework tends to overlook the cultural and epistemological contributions of non-Western societies, particularly in the domain of healthcare, and fails to account for the disjunction between economic and cultural global flows that characterize much of the contemporary health and wellness landscape.

The preceding analysis indicates that as South Asian medical systems enter global circulation, they are often grouped with other non-biomedical therapeutic modalities, such as homeopathy, chiropractic, and osteopathy under the broad classification of CAM. However, the recognition of CAM at both national and international levels continues to face substantial resistance from scientific and biomedical communities, leading to ongoing tensions and debates regarding its legitimacy and institutional integration. These transnational flows of medical knowledge and practice, therefore, are not seamless but are instead marked by contestation and friction.

Moreover, while the concepts of health and wellness have gained widespread popularity in both academic and public discourse, their theoretical development remains limited. Nonetheless, as existing literature demonstrates, the multidimensional nature of wellness has been articulated and operationalized in sociological and psychological research, even though it has yet to be widely established as a robust conceptual framework for assessing the broader benefits of CAM systems. Scholars in the social sciences have long argued that individual experiences of health and illness are shaped by cultural and societal interpretations, wherein individuals may be labeled as “ill” according to biomedical standards, yet continue to perceive themselves as “well” within their own social context.

In this sense, wellness extends beyond the mere absence or prevention of disease, encompassing a broader understanding of holistic well-being. It includes the capacity to function physically in response to illness, maintain psychological and spiritual balance, adapt to social roles and relationships, and experience security, economic stability, personal freedom, opportunity, and emotional fulfilment. Such an expansive view of wellness underscores the relevance of CAM approaches, which often integrate these multiple dimensions into their therapeutic philosophies.

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## **Converging Interests through Maritime Cooperation: Andaman-Nicobar Islands as a Strategic Player in India-Indonesia Relations**

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### **Abstract**

A similar mindset is being shared by India and Indonesia regarding the sphere of maritime, with a desire to become credible maritime players in the region of Indo-Pacific. In this scenario, the Andaman and Nicobar Islands have evolved as a crucial feature for India and Indonesia's strategic partnership in the 21<sup>st</sup> century. The islands have emerged as an 'eastern fish hook' in the quest between these two nations to control the most crucial trade routes that will help them appear as a superpower. Amidst the aggressive policy of China in the Indo-Pacific region, this 'fish hook' is a new challenge that has emerged for countering it. It is worth the need of the hour to give a glimpse of the strategic importance of the islands becoming an 'eastern fish hook'. With 572 islands, the archipelago's northernmost point is just 22 nautical miles from Myanmar, while its southernmost point is about 90 nautical miles from Indonesia. As a result, the Andaman and Nicobar Islands can become India's strategic catch in countering China's 'Strings of Pearl' strategy because of their closeness to the 'Strait of Malacca' chokehold. The global oil trade in the marine region, which travels via the Indian Ocean Region (IOR), accounts for around 80 per cent, covering the nearby six-degree channel and the Strait of Malacca. If India develops its major naval base in the vicinity of this strait, there can be a colossal strategic and prudent advantage that it can achieve in the entire IOR. In light of this, the purpose of this article is to comprehend the strategic significance of the Andaman and Nicobar Islands in advancing India and Indonesia's shared interests in the Indo-Pacific area. The expansion of the maritime viewpoint in both nations' strategic

thinking will also be highlighted in the paper. Both nations' engrossment in their common mindset of 'matters maritime', which has the potential to transform their image in the maritime world order, will be analysed.

## **Introduction**

Cooperation facilitates countries' accumulation of resources and works in collaboration to deal with the prevalent threats and obstacles while leveraging them to grow together in the maritime space. India and Indonesia are such crucial neighbors in diplomatic ties who are well-oriented to collectively work in their common interests (Behera 2021: 191). Converging interests between both nations have been evolving for a variety of reasons. First, with the term 'Indo-Pacific' gaining momentum, both India and Indonesia need to bolster their appropriate geo-strategies to stand out as a player of vital significance in the region. Second, in the South China Sea and the Indian Ocean, the recent surge in China's movements has led to a situation of scepticism among both nations, resulting in closer ties like never before. Third, both the leaders of India and Indonesia, after assuming powers in 2014, have revitalized their visions of diplomatic relations. While, the "Act East Policy", (AEB) has been propagated by Prime Minister Narendra Modi to get revitalised, it has created momentum in the geopolitical approach of India towards Southeast Asia and beyond. At the same time, Prime Minister Joko Widodo actualized the resurgence of "Global Maritime Fulcrum", for Indonesia's vision of geo-political maritime supremacy. Collaboration of these visions of India and Indonesia can be mutually reinforcing. Fourth, since both nations are immediate maritime neighbors, maritime safety and security can substantiate collaboratively. (Behera 2021: 191; Mougdil 2021: 1). With the significance of these visions, the evolving engagement over Andaman and Nicobar Island as a strategic player calls for a nuanced delineation. The first section will delineate the Indo-Pacific region's congenial utility followed by the PRC's geo-strategic expansion in the second section. The third section analyses India's and Indonesia's strategic possibilities arising in the Indo-Pacific Region. Further, it explains how a judicious maturation of maritime cooperation between the two nations in the region could expedite an arena of maritime security. This will be explained in the fourth section. The fifth section outlines the strategic significance of the Andaman and Nicobar Islands, analysing the growing significance of marine collaboration in the conclusion.

### **The Significance of the Indo-Pacific Region**

As a geopolitical region that ranges between the Indian Ocean and the Pacific Ocean, the Indo-Pacific region emanates as one of the crucial coliseums of inter-state competition and contestation, along with cooperation (Sarkar, Chaudhary, Ghosh 2022: 2). In reference to geo-spatiality, the region of the Indo-Pacific can be understood in terms of an associated space between the oceans of Indian and Pacific. When viewed from the spheres of strategic connotation, the Indo-Pacific region has been perceived as a continuity between the two oceans through the one of the world's busiest trade link, the Strait of Malacca runs through (Das 2019: 1).

The term "Indo-Pacific" was coined by some of the major players in the region, which include the United States, Japan, India, Australia, the United Kingdom, Indonesia, and ASEAN. The region has recently seen significant strategic changes in the areas that border the Indian and Pacific Oceans. Various island states in the Pacific rim (also known as littoral states) also become prominent players in the region (Sarkar, Chaudhary, Ghosh 2022: 2; Pascal 2021: 3). Because of China's increasing expansion of its military and economic sphere, these shifts have become evident (US Department of Defence 2019: 1). The region has become a policy symbol of regional commitments that have emerged with actions to formulate 'Indo-Pacific' as an ideal region for the countries emanating from their values (Haruko 2020: 1).

Comprehending the region on a more functional note, Udayan Das (2019) in his article, "What is the Indo-Pacific?", has explained that the growing consequences of globalization, trade, and changing equations among multiple actors around the world, have led to disintegrating older peripheries and has unlocked new avenues culminating towards the unified integrations and interrelationship between the two oceans (Das 2019: 1).

The region of the Indo-Pacific has gained currency in the spheres of political, economic, and strategic terms in recent times for two reasons. First, the changing presence of China throughout the Asia Pacific region and beyond. Other global powers have been prompted to alter the balance of power in the area by China's surge to prominence. Rising claims of China over the East and South China Sea have led to a tussle between various nations over the region's exclusive economic zones and islands. Moreover, through the Strait of Malacca, China's oil and LNG exports, accounting for more than 70% are shipped through. Almost 60 per cent of the total trade routes occur through this route (Rajput 2022:1). Thus, this dependency has become immensely important for China. China's increasing importance in this area is due to the fact that, should an unfavourable

circumstance arise, the US and India might strategically use this area by collaborating with their neighbours to block one of China's busiest trade routes.

Second, the US influence in the region has relatively declined, and there is an ardent desire for a resurgence (Das 2019:1; Sarkar, Chaudhary, Ghosh 2022: 2). To counter China's strategic progress, the US has been using India to gain influence in the Indo-Pacific area in recent years. However, cautious steps have been pitched by India to circumscribe all the powerful nations for an inclusive vision in the region.

### **China's Growing Importance in the Indo-Pacific Region**

The Indo-Pacific area has grown in importance for China's "strategic calculus" in terms of politics, security, and the economy (Scott 2019: 95). China aims to exert sovereignty over the South and East China Seas, as the territory extends from the Pacific to the Indian Ocean, encompassing the intervening waters of the South China Sea. Through this control, the nation seeks to penetrate into the Western Pacific and the Indian Ocean giving an effective consequence with two-seas control followed by the presence of two oceans and its subsequent impact (Scott 2019: 95).

China announced the Belt and Road Initiative (BRI) which aims to fabricate connectivity and collaboration between Asia with Africa and Europe through the land and maritime grid (ebrd). A sea route connecting China's coastal regions with southeast and south Asia, the South Pacific, the Middle East, and Eastern Africa, all the way to Europe, is part of the Belt and Road Initiative (BRI). The Silk Road Economic Belt is a transcontinental route that connects China with Southeast Asia, South Asia, Central Asia, Russia, and Europe by land (ebrd). The BRI project is aimed to get constructed in twenty-seven years with its major priorities in policy coordination, unimpeded trade, infrastructure connectivity, financial unification, and connecting people (ebrd; Rajput: 2022). With the completion of this project, China will obtain greater power in the Indian Ocean culminating in a strategic upper hand over India (Rajput 2022).

At the moment Shanghai Port, Hingkong Port, and Tianjin Port are China's major ports which are all situated in the other eastern peripheral of China. Despite the significance of these routes, China does not directly benefit from them because they are not part of the commercial route through the Indian Ocean. China's largest external energy supplier is the Middle East, from which energy imports travel through the Strait of Malacca, over the Indian Ocean, and up into the South China Sea and China (Scott 2019: 96; Rajput 2022). The Strait of Malacca falls in the territorial waters of Singapore, Malaysia, and Indonesia. India and the United States have strong strategic alliances

with these territories, making this the area where China is most at risk. As already mentioned, a significant amount of China's trade happens through the Strait of Malacca. Because of this dependency, the region of the Indo-Pacific has become extremely important for China. In any adverse situation, utilizing their strategic connections with Indonesia, Malaysia, Singapore, India, and the US can stifle Chinese trade, exposing China. Because of these trade vulnerabilities China initiated the BRI project to have its jurisdiction and dominance over the passage of trade and in due course to gain supremacy over India and the US (Rajput 2022).

China started initiating its partnership with some unstable, and economically weak governments like Sri Lanka, Pakistan, Djibouti, and Myanmar. China has identified these countries as potential targets for acquiring jurisdiction in the South China Sea and the Indian Ocean. In the rhetoric development scenario, China offers loans in billions for a very short period of time, and when they fail to repay their loans, China acquires its jurisdiction over their ports. For example, for ten to fifteen years, China provided loans to Sri Lanka for the construction of the Hambantota Port, which is situated in the country's south and near the east-west sea route. Phase I and Phase II of the port construction was completed, however, by 2016, Sri Lanka Ports Authority (SLPA), which owned the Hambantota Port, has suffered losses (Gupta 2022).

Until a "suitable" study concluded that this was economically "feasible," it was clear that this costly undertaking was not financially practical, as had been shown in preliminary experiments (Gupta 2022). An intricate plan was developed to allow China to obtain ownership of this port for 99 years under the guise of an investment into a Public Private Partnership to manage and run the Port, under the pretense of recurring losses (Gupta 2022). Similarly, China acquired important trade routes of few other nations and with the BRI, China is definitely acquiring superiority over India. Addressing these rising threats and possibilities, this section discusses how India and Indonesia are utilising the Indo-Pacific as a theatre of possibility.

### **Indo-Pacific Region: A Stage of Opportunities for India and Indonesia**

Strategic competition in the Indian Ocean did not seem to exist after the Cold War ended. In this hollow space of strategic unity between nations, India evolved as a prominent player ensuring and securing the Indian Ocean for its judicious interest (Baruah 2020: 2). However, China's emergence as a substitute security supplier forced India to take centre stage in the area. As a result, following Prime Minister Narendra Modi's arrival, India has made changing its foreign policy effort towards

the area a top priority. In the Indo-Pacific, India has become a crucial player. In order to actualize this vision India has advocated the concept of SAGAR (Security and Growth for All the Region) and Indo-Pacific Oceans Initiative (IPOI) (Banerjee 2017: 1; Sarkar, Chaudhary, Ghosh 2022: 2). These initiatives in the Indian foreign policy has evolved due to various reasons. Firstly, a Free and Open Indo-Pacific has been actively championed by India. The United States, Australia, and every ASEAN member have firmly expressed a shared opinion towards India's use of the country to gain a larger role in the region (Sangi and Zomuanthanga 2022; Bedi and Mahavir 2023) . India's perspective of the Indo-Pacific region is centred on, “Inclusive, openness, and ASEAN centrality and Unity” (PIB 2018; Saha 2022).

Second, New Delhi has made use of its alliance with like-minded countries as the region's beacon of peace and stability. Half of the Indian trade transpires within this region and around 95 percent of India's trade occurs in the Indian Ocean and ensures its energy sources (Ministry of Shipping 2014-2015: p.4). In the Indian Ocean Region (IOR), efforts to secure choke points, guarantee freedom of movement, resolve disputes amicably, and confront non-traditional security concerns have compelled India to collaborate with other nations (isababa 2022). Third, India's geopolitical goals to establish its own foothold in the area. New Delhi's partnership with the powers of the West has helped India to address the capability gaps. These partnerships have largely shaped the new security environment established by India along with the Indo-Pacific approach, island countries, and littoral states (Baruah 2020). The maritime security environment in the region and India is at risk due to China's expanding cooperation with island nations including Mauritius, Maldives, Seychelles, and Sri Lanka. This has fuelled Sino-Indian competition in the marine area. Due to this alarming situation, the islands for the geographic locations which were long forgotten during the geopolitics of the cold war time have been reinitiated by the incumbent Government of India (Baruah 2020). The appearance of this situation has led to the maritime security of India's partnerships which has become an aspect that is otherwise dominated by China's threat in the continental borders.

The largest country in South-East Asia, Indonesia has developed its own concept of Indo-Pacific and advanced its cooperation in the region which has been constructed on the Global Maritime Falcum Vision (Febrica 2021: 239). In order to defuse tensions between the judicious rivalry between nations, the prospects of Indo-Pacific cooperation have been promoted by Indonesia. Together with major countries including the US, Australia, Japan, India, and China, Indonesia

supports the idea of an open, free, cooperative, and pluralistic Indo-Pacific. In this regard, Indonesia is strengthening the legitimacy of its Indo-Pacific Global Maritime Fulcrum goal (Febrica 2023). For Indonesia, “the largest archipelagic state in the world, amid its archipelagic waters, are found some of the most strategic sea-lanes in the world: connecting the Indian and Pacific Oceans. Serving as highways for the movement of global trade, as well as of people and the associated ideas and cultural expressions they bring forth” (Natalegawa, 2013).

Natalegawa has highlighted Indonesia’s strategic geographical location in the Indo-Pacific region as a future prospect that has a significant interest. The evolving sharp lack of trust and the attendant cycle of tension arising in the Korean peninsula, the conflicting maritime disputes in the South-China Sea, and major power rivalry between nations have been recognized as a challenge in the Indo-Pacific for which a major treaty of friendship and cooperation is the need of the hour (Natalegawa 2013). The views of Indonesia toward the Indo-Pacific are connected to wider international views on economic and political neutrality and a market mechanism-based approach (Verico 2021).

Promoted by the Jokowi administration to improve the connectivity of the maritime zone, the Indo-Pacific cooperation of Indonesia is based on the Global Maritime Fulcrum which has been utilized to address the problems posed by the IUU (Illegal Unreported and Unregulated Fishing) and settlement of disputes. Additionally, ASEAN is positioned as the "driving seat" of Indo-Pacific cooperation under Indonesia's Indo-Pacific idea (Febrica 2021). Indonesia did so to prevent the organisations in the regional sphere from being sidelined by the big power rivalry between the US and China, and at the same time to ensure that every country, including China itself, is included (Febrica 2021: 250).

### **India and Indonesia Maritime Trade Relation**

India is always keen on improving its multilateral link with ASEAN and for this India considered Indonesia an important strategic partner. As the dominant powers both the countries can be partners with security, trust and confidence in the region (Trivedi 2010). Specially, a stronger India-Indonesia strategic partnership in the marine area might help in stabilizing the Indo-Pacific region.

Understanding the relation between these two countries is crucial to comprehend the concerns of both nations' maritime security. It is worth noting that since the mid-1990s, Indonesia has provided

India with substantial support in achieving its objectives of enhancing security and improving political relations with the region (Brewster 2011; Sengupta 2025). In keeping with its long-standing stance, Indonesia has contributed significantly to fostering the growth of India's institutional ties with ASEAN. Since 2000, the relation between Indonesia and India has undergone significant changes, with a corresponding increase in the number of meetings and visits by high-level leaders. Much focus has been placed on the growth of an economic relation. India is a good market for Indonesian agricultural products and funding. However, the development of economic ties has been somewhat sluggish, and genuine Indian investment in Indonesia has been minuscule thus far. Since 2005, a bilateral free trade agreement has been inactive due to disagreements about how Indonesian palm oil and other important agricultural exports can access Indian markets. Yet, the 2009 ratification of the India-ASEAN Free Trade Agreement may have given this developing economic partnership new life. The then President of Indonesia, Yudhoyono's 2011 Republic Day visit to India as the prime guest indicates a revived interest in the relationship (Mukhopadhaya, 2016). By 2015, it was intended for bilateral trade and significant Indian investments in Indonesia were revealed.

Significant changes in the bilateral security environment, such as terrorism, defence cooperation, and agreements, have occurred since the turn of the twenty-first century (Brewster 2011). The Prime Minister of India Manmohan Singh and Yudhoyono, then President of Indonesia, signed a 'New Strategic Partnership' in 2005 (Brewster 2011; Mukhopadhaya, 2016). This partnership strongly emphasised security cooperation and political, military establishment. However maritime security continued to be the main priority.

More cooperation between India and Indonesia is necessary for several compelling reasons, notably in the maritime sector. They have much to gain from keeping the local maritime commons in good condition because they are maritime neighbours and rely primarily on maritime trade for economic prosperity. These nations should emphasised on ensuring maritime security for two main reasons. First, to maintain economic growth and meet the socioeconomic expectations of their population, both nations need open access to the global commons. Second, to use the oceans for economic activity—which is expensive for both parties—is in danger due to serious security concerns in this region.

There are a number of reasons why India and Indonesia should increase their maritime security cooperation, but the most compelling one is probably the increased awareness of vulnerabilities and the limitations in state capacities to respond to attacks in a timely and efficient manner.

Moreover, India and Indonesia are physically situated on the main shipping routes that cross the Indo-Pacific area. Most energy supplies going to East and Southeast Asia are transported over vital sea lines near the Indian peninsula (Rahman, 2013, p. 3). The expansion of these communication routes into the South China Sea and the Western Pacific Ocean is made possible by the navigable straits inside the Indonesian archipelago. For the energy-starved economies of East and Southeast Asia, the susceptibility of these maritime lanes to numerous security risks is a key cause for concern (Cordner, 2011, p. 73). Therefore, India and Indonesia must be able to preserve good maritime orders and the free flow of business along these shipping lanes.

Regarding marine risks, India and Indonesia also have similar perspectives (Indian Government: Ministry of External Affairs, 2013). Unresolved maritime conflicts in the South China Sea and China's overt assertion of its rights therein would rank highly on the list of concerns for Indonesia, even though it does not explicitly include its perceived threats from state actors (Gindarsah & Priamarizki, 2015).

India and Indonesia are both familiar with China's aggressive actions. China's naval operations and military infrastructure are expanding, dramatically expanding its influence in the South China Sea. Furthermore, Indonesia is concerned about Beijing's "nine-dash line"<sup>1</sup> being close to the Natuna Islands and about recent Chinese provocations in and near the country's Exclusive Economic Zone (Zou 2023). Similarly, India is experiencing considerable concerns due to China's increasing strategic footprint in the Indian Ocean and its developing partnership with the Pakistani Navy. In order to effectively combat these shared risks, India and Indonesia should maximise their relationship. (Pant & Bommakanti, 2019, p. 837).

The ability of each of these nations to address dangers that they consider important in the maritime realm is a connected and essential element. With the "Global Maritime Fulcrum" doctrine (Sekretariat Kabinet Republik Indonesia, 2014) and its amplifying sea policy document

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<sup>1</sup> The nine-dash line, which has also been referred to as the ten-dash line and the eleven-dash line (by the ROC), is a group of line segments that appeared on different maps alongside the claims made in the South China Sea by the People's Republic of China (PRC, also known as "mainland China") and the Republic of China (ROC, also known as "Taiwan")

(Coordinating Ministry for Maritime Affairs of the Republic of Indonesia, 2017), the Indonesian government under Jokowi has set an ambitious national maritime agenda. These clearly state the ends, but they are somewhat mute on achieving them.

A lack of necessary competence also affects India's maritime security system. The Indian Navy, which oversees the nation's maritime security, struggles to carry out its declared mission in the area due to a lack of suitable platforms (Gopal, 2020). Despite India's military-industrial complex's relative superiority, it has been plagued by development problems, making expensive imports the primary method of fleet growth. The concurrent need to concentrate on low-intensity maritime activities, like as law enforcement in its littoral, is another factor that partially restricts India's goal to be a regional maritime power (Gopal, 2018). Therefore, it is clear that both nations need to increase their capacities. Possibly the easiest way to address these deficiencies is cooperation.

In the Indo-Pacific area, which is one of the centre of sea lines of communication (SLOCs) and nine of the world's top ten busiest seaports, India and Indonesia are two of the most significant maritime powers. Furthermore, the region serves as the transit point for almost 60% of global maritime traffic. Both nations stand to gain from collaboration and cooperation even if neither has reached its full maritime potential. A greater India-Indonesia strategic relationship in the maritime sphere might stabilize the region.

Given their geographical positions, India and Indonesia can be seen as the Indo-Pacific's gatekeepers. With the Indian Ocean to the west and the Pacific Ocean to the east, Indonesia acts as the strategic hub of the Indo-Pacific. In a similar vein, India's Andaman and Nicobar Islands are located close to the western entrance of the crucial Strait of Malacca, one of the important water routes in the world, and are situated at the meeting point of South Asia and Southeast Asia. It's interesting to note that Indonesia is only 90 nautical miles away from the southernmost point of the islands.

Numerous firsts of India-Indonesia strategic cooperation occurred in 2018. By transforming their relation into a comprehensive strategic partnership and launching a new initiative exercise called the Samudera Shakti, both nations chose to intensify their defence cooperation in the area of maritime security. This recently developed exercise considerably enhances the CORPAT's focus on maritime law enforcement and gives the nations' maritime cooperation a warfighting component.

The combined effort between Indonesia and India to build a sea port in Sabang to improve regional marine connectivity adds to these significant bilateral advancements. Sabang is strategically situated as it is placed on the tip of Indonesia's Sumatra Island and between India's Andaman and Nicobar Islands and also at the mouth of the Malacca Strait,. By intensifying such cooperative projects, both nations will be able to increase their marine presence and significantly contribute to regional security.

### **Andaman and Nicobar: As an Anchor of Tactical Significance in the Region?**

India has worked hard to developed a solid maritime security partnership with Indonesia. India started putting confidence-boosting measures in place for maritime security even before the Cold War ended, including holding joint naval drills with Indonesia and other regional allies. In 1989, off Surabaya, and in the Andaman Sea, north of Sumatra and west of the Malay Peninsula, India and Indonesia started conducting bilateral naval drills. A few years later, India organised the annual naval gathering with the Indonesian Navy and other regional forces in the Andaman Islands (Brewster 2011).

In an attempt to ease Indonesia's worries about their outposts, India also extended an invitation to top Indonesian navy officers to see Indian military facilities in the Andaman and Nicobar Islands. The separatist issue in Indonesia's Aceh Province was an imporant factor in the early years of this decade's development of the Indian-Indonesian security partnership. About 150 kilometres from India's Nicobar Islands, Aceh is located on the western tip of Sumatra (Brewster 2011).

Large, ethnically and religiously diverse states like India and Indonesia have long shared an interest in preventing separatism within one another's borders. In actuality, they have supported one another politically and diplomatically on territorial integrity concerns ever since their independence.

In Aceh, the Islamic insurgency gained momentum when East Timor seceded in 1999. It became the main topic of Prime Minister Vajpayee's January 2001 visit to Jakarta, where he stressed India's backing for Indonesia's territorial integrity and sovereignty (Brewster 2011).

In the past, Aceh Province's possible breakaway from Indonesia posed an existential risk. But since the 2005 peace agreement<sup>2</sup>, which gave Indonesia a large deal of autonomy, this threat has

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<sup>2</sup> Over 30 years of violent confrontation between the Indonesian government and the Free Aceh Movement (GAM) came to an end in 2005 when the Aceh peace treaty was signed in Helsinki, Finland.

significantly decreased. As serious as those issues are, Aceh's significance to India lies more in the fact that Aceh controls the western entry to the Malacca Strait in addition to being a case of secession and a potential hotbed of Islamic terrorism.

Some fear that an independent and fundamentalist Aceh may obstruct international usage of the canal, or that China will purchase port infrastructure in an autonomous or independent province (Brewster 2011). The abduction of commercial ships off Sumatra was thought to have been a political act and a source of finance for Acehnese insurgents, at least prior to 2005. India's contribution to mediating the Aceh conflict was quite small. In 2003, the international joint security committee monitoring mission included Indian weapons inspectors. Following the tsunami in December 2004, the Indian Navy played a vital role in the rescue operations in Aceh (Brewster 2011). Indian delegates did not, however, take part in the international monitoring mission for Aceh, which was constituted following the 2005 peace agreement.

However, the Aceh conflict has made it possible for the Indian Navy to deepen its naval cooperation with Indonesia. The Andaman Sea provides extremist groups in the area with a means of communication and transportation. Megawati Sukarnoputri, the President of Indonesia, voiced concern over Aceh rebels receiving support from India in April 2002. The Inter-Services Intelligence agency of Pakistan was allegedly linked to Aceh militants, and secluded islands in the Nicobar group were being used to smuggle weapons into Aceh, according to the Indians, who in turn pressured Indonesia to respond cooperatively. As a result, an agreement was made, and the Indian and Indonesian navies started doing 'coordinated' naval patrols at the northern approach to the Malacca Strait and in the Andaman Sea twice a year (Brewster 2011). The naval exercises have increased since 2002. Since 2002, Indian and Indonesian ships and aircraft have participated in these patrols, which are coordinated out of India's joint operations centre in the Andaman Islands. Although insignificant in terms of practicality, such collaborative military missions have enormous symbolic significance.

Since the 2005 peace agreement, the Aceh Province's security problems and related piracy in the Malacca Strait have considerably diminished, but the Indonesian military remains concerned about the region (Brewster 2011). In February 2009, Indonesian Army Chief of Staff General Agustadi Sasongko Purnomo suggested that direct lines be established between the Indonesian Military Command in Aceh and the Indian Military Command in Andaman to enable direct contact between army troops operating in the area (Brewster 2011). In order to prevent Sri Lankan Tamil Tiger

insurgents from taking sanctuary on Indonesian territory, joint patrols were also increased in March 2009.

Given the ongoing geopolitical situation, the Islands of Andaman and Nicobar are evolving as a critical figure in the strategic partnership of India with Indonesia and the Andaman and Nicobar Islands now becomes the most important place for the Indian government. The solution is the Double Fish Hook Strategy, used by India to increase its military presence in the Indian Ocean. The first hook begins at the Andaman and Nicobar Islands and travels to Diego Garcia, a US military facility, Sabang port in Indonesia, and Coco Islands in Australia. These organisations all have agreements with India, including the port project agreements with Indonesia, the Mutual Logistic Support Agreement (MLSA) with Australia, and the Logistics Exchange Memorandum of Agreement with the United States, allowing both nations to utilise one another's facilities. The second hook connects Mauritius to Oman at the Duqm Port and then continues to French territory in the Reunion Islands. India has made military pacts with Oman, France, and Mauritius, as it has done in the past.

The Andaman Nicobar island have emerged as an 'eastern fish hook' in the quest between India and Indonesia to control the most crucial trade routes that will help them appear as a superpower. This has also brought new issues in the Indo-Pacific region amidst China's aggressive policy across the region. Before embarking on what can be achieved, a glimpse of the judicious importance of the Andaman and Nicobar Islands becoming an 'eastern fish hook' is noteworthy. Hence, the islands can become India's strategic catch in countering China's 'Strings of Pearl' strategy because of its closeness to the 'Strait of Malacca' chokehold. Approximately 80% of the global marine oil trade travels via the Indian Ocean Region (IOR), which includes the Strait of Malacca and the nearby six-degree channel. India may gain a huge strategic and practical edge over the rest of the Indian Ocean region if it establishes its main navy station near this passage.

The bilateral agreement to construct marine connectivity between Aceh and the Andaman and Nicobar islands is a new development in regard to Indo-Indonesia relation (Septiari, 2019). It is a significant strategic investment in bilateral interaction for both nations because the port on Sabang island, which is the Indonesian node in this proposed maritime link, is being built in collaboration with India (Chaudhury, 2019). Unquestionably, improved trade and people-to-people exchange will result from increased maritime connectivity, and both of these outcomes will need increased security cooperation between maritime agencies in both countries.

## Conclusion

A close connection with Indonesia is likely to become more and more important to India as its aspirations for Southeast Asia grow. Given its location and leadership in Southeast Asia Indonesia is an important partner India's efforts to influence the Asia-Pacific region. Indonesia has tried to improve India's relations with ASEAN, but it has also been maintaining its own strong hold in Southeast Asia. Additionally, Indonesia may view India as a useful check on the emergence of Chinese influence in the area and as a replacement for Indonesia's external security dependency on the United States.

More cooperation between India and Indonesia is necessary for several compelling reasons, notably in the maritime sector. They have a lot to gain from keeping the local maritime commons in good condition because they are maritime neighbours and both rely largely on maritime trade for economic prosperity. One of the main pillars of the developmental goals achieved by the current administration of these countries has been the ability of these states to use the oceans for economic and social development. Due to individual capacity gaps, both countries face formidable marine concerns that are unlikely to be resolved by either nation acting alone. In order to create a cooperative maritime security, it could be beneficial for India and Indonesia to begin with simple goals and progressively increase the frequency and complexity of interactions.

Although the push in the India-Indonesia strategic alliance has recently grown significantly, there is still a great deal of room for furthering bilateral relation of Indo-Pacific maritime security. Despite the presence of bilateral frameworks, both nations must work together consistently to improve and operationalize them. In addition, other aspects of marine cooperation, such as domain awareness, interoperability, information sharing, and maritime law enforcement, need to be investigated. These will give both nations the advantage as they work to solve the region's new traditional and non-traditional security issues. A stronger and more proactive India-Indonesia strategic collaboration in the maritime sphere will be extremely advantageous and contribute to the Indo-Pacific region's security. In this regard Andaman-Nicobar Island is definitely emerging as a significant Strategic player in the bilateral Relation.

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## **Perlindungan Hukum Terhadap Kesehatan Tradisional sebagai bagian dari Upaya Pelestarian Akulturasi Budaya Indonesia Dan India**

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### **Abstrak**

Akulturasi budaya yang terjadi antara Inodnesia dan India salah satunya melahirkan praktik Kesehatan tradisional yang berdasarkan kepercayaan akan kemampuan alam dalam meningkatkan kualitas Kesehatan manusia. Mengakui keberadaan kesehatan tradisional merupakan langkah penting dalam menjamin hak setiap orang atas layanan kesehatan Namun, keberadaan regulasi di Indonesia yang mengatur persoalan kesehatan tradisional dapat dikatakan belum memberikan kepastian hukum karena masih banyak permasalahan yang terkait dengan mekaniseme perlindungan hukum bagi masyarakat dan praktisi kesehatan tradisional. Penelitian ini bertujuan untuk mengkaji isu-isu hukum terkait perizinan, pengawasan dan pembinaan, serta tanggung jawab hukum dan perlindungan masyarakat dalam pelayanan kesehatan tradisional di Indonesia agar nantinya dapat melahirkan regulasi yang baru yang lebih memberikan kepastian dan kemanfaatan hukum. Penelitian ini didasarkan pada penggunaan metode yuridis normatif (doctrinal research) dalam bentuk literatur review untuk mengidentifikasi permasalahan dan memberikan rekomendasi dan solusi. Hasil penelitian memperlihatkan bahwa (1) ketidakjelasan dalam mekanisme perijinan penyelenggaraan pelayanan Kesehatan tradisional berpotensi melahirkan kriminalisasi terhadap para penyehat dan penyedia layanan kesehatan empiris (2) sistem pengawasan yang lemah dan ketiadaan standarisasi pelayanan berpotensi menimbulkan kerentanan terjadinya pelanggaran hukum (3) ketidakjelasan mekanisme pertanggungjawaban akibat kesalahan yang dilakukan penyehat

tradisional, mengakibatkan (4) lemahnya perlindungan hukum terhadap Masyarakat pengguna layanan Kesehatan tradisional. Ke depannya diharapkan Pemerintah Indonesia dapat merevisi berbagai regulasi terkait penyelenggaraan Kesehatan tradisional agar budaya yang merupakan akulturasi dari budaya India ini, dapat terus dilestarikan tanpa mengabaikan perlindungan dan pertanggungjawaban hukum dari semua pihak yang terlibat.

**Kata Kunci:** *Akulturasi Budaya, Kesehatan Tradisional, Perlindungan Hukum*

#### ***Abstract***

*The cultural acculturation between Indonesia and India has led to traditional health practices based on the belief in nature's capacity to improve human health quality. Acknowledgment of traditional medicine is essential for upholding the human right to health. Nonetheless, the current legislation fail to provide legal certainty due to several unresolved questions concerning the legal protection mechanisms for the community and traditional health practitioners. This study seeks to investigate and analyze legal issues including licensing, oversight, and coaching, along with legal obligations and community safeguarding in Indonesia's traditional health services, ultimately aiming to formulate new legislation that enhance legal clarity and advantages. This study use the normative juridical methode to examine pertinent laws, identify problems, and provide suggestions and remedies. The study findings indicate that the ambiguity in the licensing framework for traditional health services may result in the imprisonment of healers and empirical health service practitioners. The inadequacies of the poor supervisory system and the lack of service standards may engender vulnerabilities to legal infractions. The ambiguity in the responsibility framework for errors committed by traditional healers leads to insufficient legal protection for the population using traditional health services. It is anticipated that the Indonesian government will amend various regulations concerning the practice of*

*traditional medicine, thereby ensuring the preservation of this cultural heritage, which is an amalgamation of Indian culture, while maintaining legal protection and accountability for all stakeholders involved.*

**Keyword:** *Cultural Assimilation, Indigenous Medicine, Legal Safeguarding*

## A. PENDAHULUAN

World Health Organization (WHO) mengartikan definisi pelayanan kesehatan tradisional sebagai *“It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”*(WHO, n.d.). Konsep tersebut memperlihatkan bahwa Kesehatan tradisional memiliki keterkaitan erat dengan budaya Masyarakat lokal, yang didasarkan kepada keyakinan tertentu dalam mencegah dan mengatasi suatu penyakit. Hampir di seluruh dunia, Masyarakat-masyarakat lokal (*indigeneous*) memiliki tradisi pengobatan sendiri. Dan berdasarkan Laporan Global WHO tentang Kedokteran Tradisional dan Komplementar 2019, melalui penetapan Program Kerja Umum ke-13 WHO (GPW13) 2019-2023 (WHO, n.d.), WHO menghendaki agar setiap orang peduli terhadap tujuan ke 3 pembangunan berkelanjutan (*SDG’s* 3) yakni kesehatan dan kehidupan yang layak, melalui pencapaian atas Penanggulangan Kesehatan Universal (*Universal Health Coverage*), termasuk upaya penanggulangan kesehatan mental (kecemasan, ketidakpastian) untuk lebih memberikan dorongan terwujudnya populasi kependudukan yang lebih sehat yang.

Dalam upaya mencapai tujuan Universal Health Coverage (UHC), WHO menekankan pentingnya memberikan ruang yang lebih luas bagi pemanfaatan obat tradisional dan komplementer (*T&CM*) dalam sistem pelayanan kesehatan yang terstruktur secara menyeluruh. Sejumlah ketentuan internasional mengenai hak asasi manusia juga menegaskan pentingnya hak atas kesehatan sebagai elemen integral dalam pemenuhan hak ekonomi, sosial, dan budaya. Hak kesehatan ini dirancang untuk memastikan setiap individu memiliki kesempatan yang setara untuk mencapai tingkat kesehatan yang optimal (Mpinga et al., 2013). Salah satu upaya yang menjadi titik tolak tercapainya sasaran *SDG’s* 3 melalui pemenuhan hak atas kesehatan adalah adanya

keterlibatan negara dalam menjalankan kewajibannya terhadap upaya perlindungan, penghormatan dan pemenuhan hak atas kesehatan tersebut melalui regulasi yang jelas. Hal ini harus didukung dengan upaya Peningkatan kondisi sosial, politik, dan ekonomi yang inklusif dan adil adalah prasyarat penting untuk mewujudkan hak atas kesehatan dan mencapai target-target SDG'3. Hal ini termasuk penguatan sistem jaminan sosial yang komprehensif, peningkatan akses ke pendidikan dan informasi kesehatan berkualitas, serta penciptaan lapangan kerja yang layak dan berkelanjutan. Penguatan sistem layanan kesehatan yang efektif, efisien, dan terjangkau bagi semua lapisan masyarakat juga krusial untuk menjamin hak atas kesehatan dalam upaya mewujudkan tujuan SDG's 3.

Permasalahan dalam meningkatkan derajat kesehatan dengan memberikan layanan kesehatan yang memadai seringkali berhadapan dengan berbagai persoalan terkait sistem penanggulangan dan pencegahan penyakit-penyakit kronis yang berhubungan dengan perubahan gaya hidup masyarakat. Sistem pengobatan modern kerap menghadapi kendala berupa meningkatnya biaya pelayanan kesehatan, serta adanya pengurangan alokasi anggaran kesehatan dari negara karena pertimbangan politik. Dalam kondisi tersebut, pendayagunaan dan penguatan sistem *Traditional and Complementary Medicine* (T&CM) menjadi salah satu alternatif strategis bagi pemerintah dalam upaya meningkatkan serta memperbaiki derajat kesehatan masyarakat. Namun Kondisi ini akan memberikan tantangan tersendiri kepada pelayanan T&CM sebagai bentuk alternatif dalam upaya peningkatan dan pencapaian Pembangunan Kesehatan global. Penerapan pengetahuan ilmiah dan tradisonal dalam suatu pelayanan T&CM sebagai aspek pendorong keberhasilan perawatan Kesehatan primer, telah diadopsi di dalam Deklarasi Astana 2018 , dimana di dalam salah satu cakupan T&CM adalah adanya perluasan akses terhadap obat tradisional.

Eksistensi obat tradisional sebagai bagian terpenting dari penyelenggaraan pelayanan Kesehatan, harus didukung dengan pengetahuan dan ketersediaan sumber obat tradisional. Dalam Masyarakat Indonesia, hampir 80% sumber obat-obaatan tradisional tersebut berasal dari tanaman/tumbuhan dan sisanya bersumber pada unsur hewani (Universitas Padjajaran, 2022). Kondisi tersebut diperkuat oleh kenyataan bahwa Indonesia termasuk negara dengan keanekaragaman hayati terbesar di dunia, hanya kalah dari Brasil. Hasil studi mengungkapkan bahwa jumlah spesies tumbuhan di Indonesia mencapai sekitar 30.000, kurang lebih 6.000 spesies memiliki khasiat sebagai obat, dan sekitar 1.000 di antaranya telah teridentifikasi serta dimanfaatkan dalam pencegahan maupun pengobatan penyakit(Susilo Yulianto, 2017). Dengan

kesadaran akan potensi besar sumber daya alam yang dimiliki, serta didukung oleh budaya masyarakat yang masih cenderung memilih pengobatan tradisional berbasis herbal, Indonesia telah mengeluarkan berbagai regulasi yang mengatur pemanfaatan dan penggunaan bahan herbal sebagai alternatif pengobatan. Saat ini, Indonesia termasuk salah satu dari 25 negara yang telah memiliki dan menerapkan kebijakan terkait obat berbahan alam (Kemenkes RI, 2020).

Indonesia serta negara-negara ASEAN lainnya merupakan wilayah yang kaya akan sumber tanaman obat dan didukung oleh Masyarakat yang juga memiliki keyakinan kuat akan khasiat pengobatan tradisional melalui tanaman dan unsur alam lainnya yang membuat ASEAN menjadi rekan kolaborasi yang baik bagi negara-negara lain yang juga memiliki karakteristik yang sama, salah satunya adalah India. Tak dapat dipungkiri bahwa India melalui budayanya memberikan landasan pengembangan yang kuat bagi sebagian besar masyarakat ASEAN. Tidaklah mengherankan apabila hubungan politik, ekonomi dan budaya antara negara-negara ASEAN dengan India begitu kuat. Salah satu kebijakan yang ditempuh terkait dengan pengembangan kerja sama di bidang pelayanan Kesehatan tradisional terlihat di dalam KTT ke 20 ASEAN-India yang diselenggarakan pada bulan September 2023 di Jakarta. Dalam Konferensi Tingkat Tinggi (KTT) tersebut, India dan ASEAN mencapai kesepakatan untuk memperkuat kerja sama di sektor ketahanan pangan, ekonomi digital, serta kemaritiman. Salah satu kesepakatan kerja sama dalam forum multilateral yang digagas oleh India dan ASEAN adalah adanya program *global south* yang menekankan perlunya konsep pengembangan obat-obatan tradisional bersamaan dengan konsep ketahanan pangan dan perubahan iklim (Kementerian Koordinator Bidang Perekonomian RI, 2023).

Kerja sama pengembangan kesehatan tradisional antara Indonesia dan India sangat dipengaruhi oleh kebijakan strategis yang dijalankan oleh pemerintah India di era kepemimpinan Narendra Modi. Langkah strategis yang diambil termasuk mendirikan WHO Global Centre for Traditional Medicine di Jamnagar, Gujarat, di kawasan pantai barat India. Pusat pelayanan kesehatan tradisional global ini telah resmi ditetapkan oleh WHO pada 25 Maret 2022. Pusat Layanan Kesehatan Tradisional ini ditujukan untuk memberikan sandaran dan pijakan global terhadap pemberdayaan Kesehatan tradisional sebagai bagian dari Upaya WHO untuk mengoptimalkan kontribusi obat tradisional dalam sistem Kesehatan global dan Pembangunan berkelanjutan. Upaya tersebut dilakukan dengan mengedepankan prinsip-prinsip penghormatan terhadap warisan, sumber daya dan hak-hak Masyarakat lokal (*indigenous people*). Menurut Direktur Jendral WHO bahwa pemanfaatan potensi kedokteran tradisional akan mampu mengubah

konsep penyelenggaraan Kesehatan di masa depan yang didasarkan pada bukti, inovasi dan keberlanjutan. Perdana Menteri dan Pemerintah India mendukung pembentukan Pusat Global WHO untuk Kedokteran dan pelayanan Kesehatan Tradisional di Jamnagar, Gujarat, India, sebagai kebaikan global dan dalam semangat Vasudhaiva Kudumbakam: dunia adalah satu keluarga (as one family) (WHO, n.d.).

Kesamaan budaya dan nilai sosial antara Indonesia dan India telah ada sejak abad ke-14, seiring dengan awal mula hubungan perdagangan antara India dan wilayah yang dikenal saat itu sebagai Nusantara. Interaksi perdagangan antara abad ke-4 hingga abad ke-15 menjadi jalur masuknya pengaruh budaya India ke wilayah Nusantara. Hubungan historis ini memberikan dampak yang signifikan terhadap sistem sosial masyarakat Nusantara dan jejaknya masih dapat dirasakan hingga saat ini. Perpaduan budaya kedua bangsa kemudian melahirkan apa yang dikenal sebagai akulturasi budaya. Akulturasi tersebut terjadi karena letak strategis kepulauan Indonesia yang berfungsi sebagai penghubung jalur perdagangan internasional antara India dan Cina.

Akulturasi budaya India dengan Indonesia tidak hanya meninggalkan jejak pada seni rupa, ukir, dan pahat, tetapi juga memengaruhi sistem pengetahuan masyarakat, termasuk dalam bidang kesehatan dan pengobatan. Relief pada Candi Borobudur dan penggunaan aksara Pallawa yang berkembang menjadi huruf Kawi menunjukkan adanya perpindahan ide, pengetahuan, dan praktik dari India ke Nusantara. Melalui proses akulturasi ini, prinsip-prinsip pengobatan tradisional yang dibawa India, seperti penggunaan ramuan herbal dan pemahaman holistik terhadap kesehatan, turut diadopsi, dimodifikasi, dan diwariskan secara turun-temurun di masyarakat Indonesia. Dengan demikian, akulturasi ini menjadi fondasi penting bagi pembentukan praktik pengobatan tradisional Nusantara yang kaya akan kearifan lokal dan pengetahuan empiris. Dalam aspek politik, masuknya ajaran Hindu-Buddha membawa perubahan sistem pemerintahan dari kepemimpinan berbasis kepala suku menjadi sistem monarki di bawah kekuasaan raja. Hal ini terbukti dengan berdirinya berbagai kerajaan besar pada masa tersebut, seperti Kutai, Tarumanegara, Sriwijaya, dan Majapahit. Melalui hubungan perdagangan, terjadi pertukaran nilai dan praktik budaya yang semakin memperkuat proses akulturasi, termasuk dalam pengetahuan mengenai pengobatan tradisional (Jha, 2022).

Sebagai bagian dari budaya bangsa, pengobatan tradisional diwariskan dari generasi ke generasi di Indonesia, sehingga keberadaannya perlu dilestarikan. Pasal 28I ayat (3) UUD 1945 Amandemen IV mengatur perlindungan budaya tradisional, menekankan bahwa identitas budaya

dan hak masyarakat adat harus dihormati sesuai perkembangan zaman dan peradaban. Hal ini terkait erat dengan ketentuan dalam Pasal 28H ayat (1), yang menegaskan bahwa hak untuk memperoleh pelayanan kesehatan adalah bagian integral dari hak asasi manusia yang harus dijamin dan dilindungi oleh negara. Oleh karena itu, pengobatan tradisional membutuhkan pengaturan hukum yang jelas agar eksistensinya dapat terus terjaga. Meskipun Indonesia telah membentuk regulasi mengenai penyelenggaraan pelayanan kesehatan tradisional, regulasi tersebut masih menghadapi berbagai persoalan hukum yang berpotensi menimbulkan sengketa maupun gugatan, terutama akibat belum adanya kepastian hukum yang memadai dalam pengaturannya.

Luasnya cakupan pelayanan kesehatan tradisional serta peraturan yang tidak sistematis melahirkan banyak kendala dalam implementasinya. Penulisan ini didasarkan pada penelitian ilmiah yang akan membahas pada persoalan fungsi dan tanggung jawab negara terkait perijinan, pengawasan dan pembinaan terhadap pengobatan tradisional (BATRA) agar mampu mewujudkan pelayanan yang bermutu, aman, dan bermanfaat dan profesional.

## **B. METODE**

Penulisan artikel ini didasarkan pada penelitian dengan metode yuridis normatif atau *doctrinal research*, yakni dengan menganalisis data sekunder melalui pendekatan perundang-undangan, konseptual, serta perbandingan regulasi. Hasil analisis tersebut kemudian diinterpretasikan untuk memperoleh kesimpulan yang dirumuskan melalui penalaran induktif.

## **C. HASIL DAN PEMBAHASAN**

### **1. Latar Belakang Akulturasi Budaya India Di Bidang Kesehatan Tradisional Indonesia**

Pada mulanya, masyarakat Indonesia mengenal pengobatan tradisional melalui pandangan mistis serta keyakinan terhadap kekuatan supranatural yang bersumber dari animisme. Seiring berjalannya waktu, praktik pengobatan tradisional di Indonesia turut dipengaruhi oleh berbagai kebudayaan asing, sehingga mengalami proses akulturasi dengan tradisi dari India, Cina, Timur Tengah (Arab), hingga Eropa. Akulturasi merupakan sebuah proses dinamis di mana berbagai unsur budaya yang berbeda bersatu dan saling menggabungkan, menciptakan budaya baru yang tetap mempertahankan identitas asli dari budaya yang berpartisipasi. Di Indonesia, akulturasi budaya India telah terjadi dalam berbagai bidang, termasuk agama, seni, bahasa, arsitektur, dan sistem pemerintahan. Namun, satu aspek yang sering terabaikan dan tidak menjadi atensi

sepenuhnya bagi Masyarakat dan pemerintah adalah akulturasi dalam bidang kesehatan tradisional, yang juga telah dipengaruhi oleh budaya India.

Akulturasi budaya antara Indonesia dan India telah memberikan pengaruh yang signifikan pada perkembangan pengobatan tradisional di Indonesia. Salah satu buktinya adalah pengaruh pengobatan Ayurveda dari India yang terintegrasi dalam sistem pengobatan tradisional Indonesia (Mathpati, Albert, & Porter, 2020). India dikenal dengan keragaman dan kekayaan budayanya, termasuk dalam kesehatan tradisional. Salah satu sistem pengetahuan tradisional yang paling menonjol dari India adalah Ayurveda, yang menawarkan wawasan untuk umur panjang dan hidup sehat. Dalam bahasa Sanskerta, Ayurveda terbentuk dari kata 'ayu' yang bermakna kehidupan dan 'veda' yang bermakna pengetahuan. Secara harfiah, Ayurveda diartikan sebagai “ilmu tentang kehidupan.” Sistem ini tidak hanya menekankan aspek penyembuhan dan pengobatan, tetapi juga mengadopsi pendekatan holistik yang mencakup seluruh aspek kehidupan (Mathpati et al., 2020).

Berbagai aspek pengobatan tradisional di Indonesia mengintegrasikan prinsip-prinsip Ayurveda, antara lain minuman herbal tradisional Indonesia yang dikenal dengan istilah “jamu”. Bahan-bahan seperti kunyit, jahe, temulawak, dan asam jawa yang umum digunakan dalam jamu juga merupakan bahan penting dalam pengobatan Ayurveda. Selain itu, konsep keseimbangan tiga dosha (*Vata, Pitta, Kapha*) dalam Ayurveda juga tercermin dalam pemilihan bahan dan ramuan jamu untuk mengatasi berbagai keluhan kesehatan. Penggunaan tanaman-tanaman tersebut tidak sebatas untuk menyembuhkan penyakit, namun untuk menjaga keseimbangan tubuh dan mencegah penyakit (Davidson, 2025). Kemudian, Teknik pijat tradisional Jawa dan Bali, juga menunjukkan pengaruh Ayurveda. Gerakan-gerakan pijat ini bertujuan untuk menyeimbangkan energi tubuh dan melancarkan aliran darah, mirip dengan konsep pijat Ayurveda (*Abhyanga*). Penggunaan minyak herbal dalam pijat tradisional juga merupakan praktik umum dalam Ayurveda, yang bertujuan untuk memurnikan dan meremajakan tubuh serta pikiran (Worth, 2023).

Penggunaan bahan alami juga menjadi ciri khas pelayanan kesehatan tradisional. Kekayaan alam Indonesia yang melimpah dimanfaatkan dalam bentuk tanaman obat, rempah-rempah, dan bahan alami lainnya. Ramuan tradisional diracik berdasarkan pengetahuan turun-temurun dan terbukti efektif dalam mengatasi berbagai masalah kesehatan. Setiap individu dianggap unik dengan kebutuhan kesehatan yang berbeda-beda, sehingga pelayanan kesehatan tradisional menyesuaikan pengobatan dengan kondisi dan karakteristik masing-masing pasien, menjadikannya lebih efektif dan minim efek samping. Selain itu, pelayanan kesehatan tradisional

seringkali lebih mudah diakses dan terjangkau oleh masyarakat, terutama di daerah pedesaan, sehingga menjadi alternatif penting bagi mereka yang kesulitan mengakses fasilitas kesehatan modern.

Ayurveda mendefinisikan dirinya sebagai disiplin yang mencakup aspek-aspek yang bermanfaat dan tidak bermanfaat dalam kehidupan, baik kehidupan yang bahagia maupun tidak bahagia, serta apa yang bermanfaat dan tidak bermanfaat untuk memelihara kehidupan dan rentang hidup yang utuh. Dengan demikian, Ayurveda berfungsi sebagai panduan untuk hidup sehat dan seimbang, dipandu oleh tiga keinginan utama: *praneshana* (keinginan untuk menjalani hidup yang panjang dan sehat), *dhaneshana* (keinginan untuk menikmati keamanan moneter dan materi), dan *paralokeshana* (keinginan untuk mendapatkan kebahagiaan di kehidupan akhirat) (Worth, 2023).

Akulturasinya Ayurveda dalam pengobatan tradisional Indonesia tidak hanya memperkaya ilmu dan praktik kesehatan di Indonesia, tetapi juga memperkuat hubungan budaya antara Indonesia dan India. Melalui adopsi dan adaptasi elemen-elemen Ayurveda, pengobatan tradisional Indonesia mendapatkan dimensi tambahan yang holistik dan alami, memberikan masyarakat alternatif pengobatan yang lebih sehat dan seimbang.

Pengaruh budaya India dalam bidang kesehatan tradisional di Indonesia telah melahirkan akulturasi yang signifikan dan berdampak pada pola kehidupan masyarakat hingga saat ini. Konsep pelayanan kesehatan tradisional dari India telah menyatu dengan kearifan lokal Indonesia. Seiring dengan perkembangan waktu, upaya dalam penyediaan pelayanan kesehatan tradisional di Indonesia semakin meningkat. Secara umum, pengobatan tradisional memiliki biaya yang relatif lebih murah dibandingkan pengobatan komplementer maupun integratif. Tingginya biaya layanan kesehatan mendorong masyarakat untuk beralih memanfaatkan pengobatan tradisional (Heriani, 2019). Mengacu pada kondisi tersebut, pemerintah Indonesia wajib memberikan upaya optimal dalam melindungi pelayanan kesehatan tradisional sebagai bagian dari akulturasi budaya.

## **2. Pengaturan Hukum Pelayanan Kesehatan Tradisional di Indonesia**

Bagi seluruh warga Indonesia, hak konstitusional mencakup akses terhadap pelayanan kesehatan yang layak dan aman. Pasal 28H ayat (1) UUD 1945 memuat jaminan tersebut, sedangkan kewajiban negara dalam penyediaan fasilitas pelayanan kesehatan diatur dalam Pasal 34 ayat (3) UUD 1945 Amandemen IV yang menyebutkan bahwa “*Negara bertanggung jawab atas penyediaan fasilitas pelayanan umum yang layak*”. Kedua ketentuan tersebut menjadi dasar

yuridis dalam pengaturan pemenuhan hak kesehatan melalui berbagai peraturan pelaksana UUD 1945. Dalam konteks kesehatan tradisional, hal ini juga terkait dengan Pasal 28I ayat (3).

Pengaturan terkait pelayanan kesehatan tradisional mulai memperoleh pengakuan dalam sistem kesehatan nasional melalui Undang – Undnag No. 36 Tahun 2009 Tentang Kesehatan, yang kemudian dipertahankan dalam Undang-Undang No. 17 Tahun 2023. Pasal 5 ayat (3) UU No. 36 Tahun 2009 mengatur hak setiap individu untuk secara mandiri dan bertanggung jawab memilih jenis pelayanan kesehatan yang dibutuhkan, ketentuan tersebut kemudian diperbarui dalam Pasal 4 ayat (1) huruf f UU No. 17 Tahun 2023. Pengakuan normatif ini membawa implikasi yuridis berupa kewajiban negara untuk membangun sistem hukum yang tidak hanya melindungi kepentingan masyarakat, tetapi juga memberikan jaminan perlindungan bagi para tenaga kesehatan tradisional (JDIH BPK RI, 2009).

Pemberlakuan UU Kesehatan memberikan jaminan hukum untuk eksistensi pengobatan tradisional. Bertolak belakang dengan UU No. 36 Tahun 2009 yang secara eksplisit memuat definisi, regulasi terbaru ini tidak lagi memberikan definisi mengenai pelayanan kesehatan tradisional. Namun, Pasal 160 hingga Pasal 164 mengatur bahwa pelayanan kesehatan tradisional diklasifikasikan dalam dua jenis, yakni pelayanan yang berbasis keterampilan dan pelayanan yang berbasis ramuan, keduanya harus berlandaskan pengetahuan, keahlian, maupun kearifan lokal (*local wisdom*). Pelayanan tradisional, sebagaimana layanan modern, mencakup promotif, preventif, kuratif, rehabilitatif, dan paliatif, yang diselenggarakan di fasilitas kesehatan sesuai aturan. Pemerintah pusat dan daerah memiliki kewajiban mengawasi sekaligus membina penyelenggaraan layanan ini untuk menjamin keamanan, manfaat bagi masyarakat, serta perlindungan hukum bagi para penyehat tradisional.

UU No. 17 Tahun 2023 merupakan undang-undang yang lahir dengan sistem *omnibuslaw* dengan menghapuskan 10 (sepuluh) undang-undang terkait penyelenggaraan pelayanan Kesehatan sebelumnya dan menyatukannya di dalam Undang-Undnag Kesehatan yang baru. Berdasarkan ketentuan peralihan dalam Pasal 453, seluruh peraturan perundang-undangan yang merupakan turunan dari undang-undang yang dicabut tetap berlaku selama tidak bertentangan dengan substansi Undang-Undang Nomor 17 Tahun 2023. Salah satu peraturan yang masih dipertahankan adalah ketentuan yang mengatur penyelenggaraan pelayanan kesehatan tradisional.

Pelayanan kesehatan tradisional tidak disebutkan secara definitif dalam UU No. 17 Tahun 2023. Ketentuan ini berbeda dengan UU No. 36 Tahun 2009 secara tegas mendefinisikan

pelayanan kesehatan tradisional sebagai “*pengobatan dan/atau perawatan dengan cara dan obat yang mengacu pada pengalaman dan keterampilan turun-temurun secara empiris yang dapat dipertanggungjawabkan serta diterapkan sesuai dengan norma yang berlaku di masyarakat*” (Pasal 1 angka 16 UU No. 36 Tahun 2009). Konsep definisi sebagaimana tercantum dalam UU No. 36 Tahun 2009 tidak lagi ditemukan dalam UU No. 17 Tahun 2023. Regulasi terbaru tersebut hanya memuat ketentuan mengenai pelayanan kesehatan tradisional dalam lima pasal, yaitu Pasal 160 hingga Pasal 164, tanpa memberikan penjelasan konseptual maupun definisional mengenai apa yang dimaksud dengan pelayanan kesehatan tradisional. Sehingga, istilah yang ditetapkan dalam Pasal 1 angka 16 UU No. 36 Tahun 2009 dapat digunakan sebagai rujukan, sedangkan implementasinya tetap mengacu pada berbagai peraturan terkait lainnya. Hal ini perlu dilakukan mengingat UU Nomor 17 Tahun 2023 yang dibentuk secara metode *omnibus law* seharusnya mampu menjadi peraturan pokok (atau yang biasa disebut sebagai Undang-Undang payung (*umbrella act*)) sehingga norma-norma dasar sudah seharusnya tercantum di dalam UU Kesehatan 2023 ini dan bukan berada pada tataran peraturan pelaksana.

Pentingnya rumusan definitif tentang pelayanan Kesehatan tradisional adalah untuk memberikan batasan cakupan terhadap bentuk, jenis, maupun standarisasi pelayanan Kesehatan tradisional itu sendiri agar tidak menimbulkan pemaknaan yang beragam di luar interpretasi grammatical undang-undang. Seperti yang dinyatakan oleh Bruggink (Bruggink, 1999) terkait arti penting suatu definisi adalah untuk menetapkan batas-batas sebuah pengertian dengan sangat cermat, sehingga jelas bagi setiap orang. Dengan demikian, definisi yang tepat akan memastikan keseragaman pemahaman dan pelaksanaan pelayanan kesehatan tradisional.

Amanat UU Kesehatan 2023 terkait pengaturan pelaksana pelayanan Kesehatan tradisional harus dilakukan melalui Peraturan Pemerintah, namun selama Peraturan Pemerintah yang dimaksud belum terbentuk, maka berdasarkan Ketentuan Peralihan Pasal 453 maka peraturan pelaksana dari UU Kesehatan 2009 masih berlaku sepanjang tidak bertentangan dengan substansi UU Kesehatan 2023. Ini berarti, peraturan pelaksana terkait pelayanan Kesehatan tradisional masih mengacu kepada peraturan-peraturan sebelumnya yakni:

- (1) PP Republik Indonesia Nomor 103 Tahun 2014 tentang Pelayanan Kesehatan Tradisional
- (2) Permenkes Nomor 61 Tahun 2016 Tentang Penyelenggaraan Pelayanan Kesehatan Tradisional Empiris

- (3) Permenkes Nomor 37 Tahun 2017 Tentang Penyelenggaraan Pelayanan Kesehatan Tradisional Integrasi
- (4) Permenkes Nomor 15 Tahun 2018 Tentang Penyelenggaraan Pelayanan Kesehatan Tradisional Komplementer
- (5) Permenkes Kesehatan Nomor 17 Tahun 2021 Tentang Izin Dan Penyelenggaraan Praktik Tenaga Kesehatan Tradisional Interkontinental

Peraturan Pemerintah Nomor 103 Tahun 2014 mengelompokkan Kesehatan tradisional menjadi 3 (tiga) katagori yakni :

- (1) Pelayanan Kesehatan tradisional empiris;
- (2) Pelayanan Kesehatan tradisional komplementer; dan
- (3) Pelayanan Kesehatan tradisional integrase

Ketiga bentuk pelayanan Kesehatan tradisional tersebut ditujukan dalam konsep keseluruhan upaya promotif, preventif, kuratif, rehabilitative dan/atau paliatif. Dalam pelaksanaannya, ketentuan ini justru melahirkan banyak ketidakpastian hukum sebagai akibat ketidakjelasan norma yang diberlakukan dan ambiguitas norma yang ada. Ketidakjelasan norma tampak pada aspek kewenangan dan perizinan, serta menyangkut perlindungan dan penegakan hukum, baik bagi tenaga kesehatan tradisional maupun bagi masyarakat.

Pada UU Kesehatan tenaga penyehat tradisional dikategorikan sebagai bagian dari tenaga kesehatan. Individu yang bekerja sebagai tenaga kesehatan adalah mereka yang mengabdikan diri di bidang kesehatan, memiliki sikap profesional, serta menguasai pengetahuan dan keterampilan melalui pendidikan tinggi. Untuk jenis tenaga kesehatan tertentu, penguasaan kewenangan khusus juga diwajibkan dalam rangka pelaksanaan upaya kesehatan, sebagaimana diatur dalam Pasal 1 angka 7 jo Pasal 199 ayat (1) huruf k dan ayat (12) UU No. 17 Tahun 2023. Rumusan tersebut memperlihatkan bahwa profesi tenaga kesehatan memiliki landasan keilmuan khusus (*body of knowledge*) serta mensyaratkan adanya otorisasi tertentu dalam menjalankan praktiknya.

Konsep ini tentunya membutuhkan suatu pernyataan negara (pemerintah) melalui legalitas perijinan sebagai bentuk pengakuan hukum atas kewenangan profesi yang dimiliki. Namun ketidakjelasan kedudukan dan status penyehat atau pengobat tradisional melahirkan persoalan hukum yang berkorelasi dengan pertanggungjawaban pengobat/penyehat dan perlindungan hukum kepada Masyarakat selaku penerima jasa BATRA tersebut.

Penyelenggaraan Upaya-upaya Kesehatan membutuhkan kewenangan khusus yang berbeda satu sama lain. Dalam pelayanan Kesehatan modern, kewenangan Upaya kuratif pada prinsipnya hanya dimiliki oleh tenaga medis, dan tidak oleh tenaga Kesehatan lainnya. Hal ini tentunya sesuai dengan keilmuan kedokteran yang berlandaskan pada prinsip “*cure and care*”. Berbeda halnya dengan tenaga Kesehatan lain yang memiliki kewenangan melakukan Upaya promotive, preventif, rehabilitative dan paliatif karena dilandasi oleh bidang keilmuan yang berbasis “*caring*”. Oleh karena itu, penyelenggaraan pelayanan Kesehatan tradisional dalam semua ranah/wilayah Upaya Kesehatan, perlu memiliki dasar pengaturan yang jelas terkait kewenangan profesi (*clinical priveleges*) dan kewenangan hukum (*legal entity*) para penyehat dan tenaga kesehatan ( untuk selanjutnya disebut dengan *nakestrad*) agar masyarakat sebagai pengguna pelayanan Kesehatan tradisional juga mendapat perlindungan hukum yang jelas (*legal certain and legal protection*) (Pasal 2 huruf e PP N0. 103 Tahun 2014) .

Pelayanan Kesehatan Tradisional (*yakestrad*) diatur oleh Undang-Undang Kesehatan 2009 kemudian diperkuat melalui PP N0. 103 Tahun 2014. Peraturan ini tidak sekadar menetapkan perlindungan hukum, tetapi juga berfungsi sebagai kerangka sistematis untuk mengintegrasikan praktik kesehatan tradisional dan komplementer (*T&CM*) dengan layanan kesehatan konvensional. Pendekatan ini memastikan bahwa pelayanan kesehatan tradisional dapat diberikan di fasilitas yang telah diakui pemerintah, sekaligus menjamin konsistensi standar pelayanan. Dalam konteks ini, pemerintah pusat maupun pemda kabupaten/kota memegang peran penting dalam melakukan pengawasan dan pengendalian, membina profesionalisme tenaga kesehatan tradisional, serta menegakkan hukum apabila terjadi pelanggaran. Pendekatan ini menjadi instrumen krusial untuk meningkatkan kualitas layanan sekaligus menjaga keberlanjutan praktik kesehatan tradisional dalam sistem kesehatan nasional.

Negara, melalui pemerintah, memiliki tanggung jawab penuh untuk memberikan jaminan perlindungan hukum kepada masyarakat sebagai pengguna pelayanan kesehatan tradisional (*Yankestrad*) dan bahan obat tradisional (*BATRA*), sekaligus melindungi tenaga kesehatan dan penyehat BATRA. Hal ini bertujuan agar mereka dapat menjalankan profesinya dengan aman, sesuai standar keamanan, keselamatan, serta memberikan manfaat yang optimal dari Yankestrad dan BATRA.

### **3. Perijinan Pelayanan Kesehatan Tradisional (Yankestrad)**

Masalah utama dalam penyelenggaraan pelayanan Kesehatan adalah terkait perijinan yang diberikan oleh pemerintah, yang berfungsi sebagai sarana pengawasan terhadap ketaatan peraturan perundang-undangan. Pada dasarnya, perizinan dipahami sebagai instrumen pemerintah untuk mengendalikan aktivitas individu maupun kelompok secara preventif, dengan tujuan menjaga ketertiban dan keselamatan umum, kelestarian lingkungan, serta kehidupan bermasyarakat. Perizinan berfungsi sebagai sarana pencegahan agar tidak terjadi tindakan yang dapat merugikan pihak lain maupun merusak lingkungan. Perijinan juga merupakan suatu Keputusan pemerintah yang berdimensi satu, dalam arti pemohon ijin harus mentaati isi persyaratan yang ditetapkan di dalam penerbitan suatu ijin kegiatan. UU No. 6 Tahun 2023 Tentang Cipta Kerja menjelaskan perizinan berusaha merupakan bentuk keamanan hukum yang diberikan kepada pelaku usaha untuk memulai dan melaksanakan kegiatan usaha mereka (Ayu, 2022). Hal ini menyiratkan bahwa penyelenggaran BATRA pun harus mendasarkan pada perijinan berusaha yang sesuai dengan ketetapan pemerintah. Namun karena UU Cipta Kerja secara implisit mengarahkan konsep perijinan berusaha berbasis resiko pada suatu konsep pengembangan dan pertumbuhan ekonomi mikro, menengah dan makro; menjadikan konsep perijinan berbasis resiko yang diatur di dalam UU Cipta Kerja tidak dapat diterapkan pada perijinan pelayanan Kesehatan karena BATRA dan kestrad memiliki sifat yang spesifik yang berbeda dengan kegiatan lain seperti yang dimaksud oleh UU Cipta Kerja tersebut (Bahir, 2021). Oleh karena itu dibutuhkan suatu Oleh karena itu, dibutuhkan suatu pendekatan yang lebih spesifik dan berbeda dalam mengatur perijinan pelayanan Kesehatan, yang mempertimbangkan aspek-aspek yang terkait dengan kesehatan masyarakat dan tidak dapat diterapkan konsep perijinan berbasis resiko yang diatur di dalam UU Cipta Kerja.

Perijinan pelayanan Kesehatan sejatinya dapat dikategorikan sebagai suatu perijinan berbasis resiko karena tindakan dan aktivitas yang dijalankan oleh para pelaku usaha, termasuk tenaga medis, tenaga kesehatan, dan penyehat tradisional adalah kegiatan yang berhubungan langsung dan memiliki resiko terhadap unsur Kesehatan dan keselamatan Masyarakat, yang akan terkait dengan kesejahteraan Masyarakat itu sendiri. Namun, sebagaimana telah dijelaskan sebelumnya, Undang-Undang Cipta Kerja tidak mengatur kategori resiko yang berkaitan dengan kegiatan pelayanan kesehatan. Oleh sebab itu, konsep perizinan dalam pelayanan kesehatan sebaiknya merujuk kembali pada ketentuan yang terdapat dalam Undang-Undang Kesehatan 2023 beserta peraturan pelaksanaannya.

UU Kesehatan 2023, seperti telah disinggung di atas, tidak memberikan pengaturan yang signifikan seperti hanya UU Kesehatan 2009 terkait Pelayanan Kesehatan Tradisional (*Yankestrad*). Dan berdasarkan ketentuan Peralihan UU Kesehatan 2023, maka seluruh peraturan pelaksana dari UU Kesehatan 2009 masih dianggap tetap berlaku sepanjang tidak bertentangan dengan UU Kesehatan 2023. Dengan demikian, berbagai Peraturan turunan dari UU Kesehatan 2009 terkait pelayanan Kesehatan tradisional masih tetap berlaku hingga adanya ketentuan pengganti sesuai Amanah di dalam UU Kesehatan 2023.

PP No. 103 Tahun 2014 mengklasifikasikan Pelayanan Kesehatan Tradisional (*Yankestrad*) ke dalam tiga jenis utama. Pertama, *Yankestrad* empiris, yaitu bentuk layanan yang keefektifan dan keamanannya telah terbukti melalui pengalaman praktis. Kedua, *yankestrad* komplementer, yang memanfaatkan ilmu biokultur dan biomedis dengan bukti ilmiah mengenai manfaat dan keamanannya. Ketiga, *yankestrad* integratif, yang merupakan kombinasi antara layanan kesehatan konvensional, seperti kedokteran dan keperawatan, dengan pendekatan *yankestrad* komplementer. Untuk jenis integratif, praktik pelayanan kesehatan harus dilaksanakan pada fasilitas pelayanan kesehatan dan dilaksanakan secara kolaboratif antara tenaga kesehatan modern dan tenaga kesehatan tradisional, sehingga tercipta sinergi yang efektif antara kedua pihak.

Pelayanan Kesehatan Tradisional (Kestrad) merupakan bagian integral dari warisan budaya Indonesia yang kaya dan beragam, khususnya bentuk pelayanan kesehatan tradisional komplementer dan empiris, yang masing-masing mengandung nilai budaya unik serta memiliki arti penting bagi masyarakat. Kestrad komplementer, yang bersandar pada ilmu biokultur dan biomedis, serta Kestrad empiris, yang berdasarkan pada pengalaman empiris dan keamanan terbukti, telah menjadi produk dari kolaborasi antara budaya asli Indonesia dengan budaya asing, khususnya India. India, yang diakui oleh WHO sebagai pusat pengembangan dan pengobatan tradisional, memberikan kontribusi yang signifikan dalam pengembangan Kestrad di Indonesia.

Upaya untuk mempertahankan dan melindungi Kestrad sebagai aset budaya tak terpisahkan dari Indonesia memerlukan strategi yang komprehensif. Salah satunya adalah pengembangan dan penggunaan Kestrad yang didasarkan pada budaya lokal Indonesia dan juga budaya asing yang relevan. Langkah-langkah pengawasan yang lebih ketat dan pendidikan yang lebih lanjut juga diperlukan untuk memastikan keamanan dan efektivitas penggunaan Kestrad oleh masyarakat. Selain itu, pemanfaatan teknologi modern dapat memperluas akses masyarakat terhadap Kestrad. Dengan demikian, Kestrad tidak hanya dapat dilestarikan dan dilindungi sebagai

bagian dari warisan budaya Indonesia, tetapi juga dapat berperan dalam mempertahankan keanekaragaman budaya tradisional Indonesia (Agu, 2023).

#### 4. Pengawasan dan Pembinaan

Kesehatan tradisional dapat menyebabkan beberapa risiko yang signifikan akibat beberapa faktor. Pertama, kualitas yang buruk sering menjadi masalah karena kurangnya standar yang ketat, yang mengakibatkan pemalsuan, kesalahan identifikasi bahan, kontaminasi, dan jumlah bahan aktif yang tidak konsisten. Kedua, penggunaan yang salah, termasuk pemakaian jangka panjang atau dosis yang tidak tepat, dapat menimbulkan konsekuensi kesehatan serius seperti kerusakan hati dan pendarahan berlebihan. Ketiga, kurangnya informasi memadai membuat banyak konsumen mengobati diri sendiri tanpa bimbingan profesional, sehingga mereka tidak menyadari potensi efek samping atau interaksi dengan obat konvensional (Lin, Anantharaman, & Teerawattananon, 2021). Risiko ini menunjukkan pentingnya pengawasan, edukasi konsumen, dan komunikasi antara pasien dan tenaga kesehatan agar penggunaan obat tradisional tetap aman dan efektif (Otham & Farooqui, 2015). Asas *responsibilitas* menekankan bahwa negara memiliki kewajiban untuk menjaga kesehatan masyarakat demi kesejahteraan rakyat. Pemerintah wajib menjamin tersedianya fasilitas dan sumber daya kesehatan yang memadai, menyediakan edukasi serta informasi kesehatan, dan melindungi masyarakat dari layanan yang tidak sesuai dengan standar (Yuliantari, 2023).

Pelayanan kesehatan tradisional berada di bawah pembinaan dan pengawasan pemerintah untuk memastikan bahwa praktiknya memberikan manfaat, aman, dan sesuai dengan norma agama yang berlaku. Tugas pembinaan dan pengawasan ini dilaksanakan oleh Menteri yang bertanggung jawab terhadap masyarakat maupun penyelenggara pelayanan kesehatan tradisional. Dalam melaksanakan fungsi tersebut, Menteri berwenang melakukan pembinaan dan pengawasan terhadap seluruh pihak penyelenggara, serta dapat mendelegasikan kewenangan tersebut kepada gubernur, bupati, atau walikota (Republik Indonesia, 2014).

Menurut Pasal 77 ayat (2) Peraturan Pemerintah Nomor 103 Tahun 2014, pembinaan pelayanan kesehatan tradisional dilakukan melalui beberapa langkah, antara lain:

- a) komunikasi, penyebaran informasi, edukasi, serta pemberdayaan masyarakat;
- b) optimalisasi peran tenaga kesehatan tradisional; dan
- c) pengaturan pembiayaan.

Sementara itu, pengawasan terhadap penyelenggaraan *Yankestrad* dilakukan oleh tenaga pengawas sebagaimana dijelaskan dalam Pasal 80 PP No. 103 Tahun 2014. Fungsi pengawasan mencakup, antara lain:

- a) Melaksanakan pemeriksaan di seluruh lokasi yang dicurigai sebagai tempat berlangsungnya kegiatan pelayanan kesehatan tradisional; dan
- b) Melakukan evaluasi serta pemeriksaan terhadap aspek legalitas dari penyelenggaraan pelayanan tersebut.

Langkah-langkah tersebut dirancang untuk menjamin bahwa pelayanan kesehatan tradisional dijalankan dengan standar tinggi, aman, memberikan manfaat, dan sesuai dengan norma yang berlaku. Pembinaan ini bertujuan untuk memastikan bahwa praktik pengobatan tradisional dijalankan secara aman, efektif, dan sesuai standar yang berlaku, sekaligus memberikan manfaat yang nyata bagi masyarakat.

Sinkronisasi sektoral perlu dilakukan dan menjadi sangat penting dalam sistem pengawasan dan pembinaan kesehatan tradisional di Indonesia dikarenakan kompleksitas masalah yang terlibat dalam praktik kesehatan tradisional, antara lain terkait dengan keamanan produk dan praktik pengobatan yang berada di bawah instansi berbeda. Sinkronisasi sektoral dibutuhkan untuk meningkatkan efektivitas pengawasan dan pembinaan melalui pertukaran informasi dan sumber daya antar sektor, sehingga langkah-langkah yang diambil dapat lebih komprehensif dan efisien. Selain itu, sinkronisasi sektoral dapat meningkatkan kepercayaan masyarakat terhadap praktik kesehatan tradisional melalui peningkatan transparansi dan akuntabilitas.

Sinkronisasi antar sektor dapat mencakup keterlibatan Kemenkes dan BPOM dalam penetapan standar keamanan produk obat tradisional, sekaligus melakukan pengawasan terhadap peredaran dan penggunaannya. Kemudian, Kementerian Kesehatan bekerja sama dengan asosiasi profesi dalam menyusun standar kompetensi dan etika praktik pengobatan tradisional, serta melakukan pembinaan terhadap para praktisi. Di samping Sinkronisasi sektoral, perlu dilakukan kerja sama antara Kementerian Kesehatan dengan akademisi dan peneliti yang bertujuan untuk melakukan penelitian tentang khasiat dan keamanan pengobatan tradisional serta mengembangkan inovasi dalam bidang ini. Terakhir, koordinasi lintas kementerian antara Kemenkes dan Kemendikbud bertujuan untuk memasukkan pengetahuan mengenai kesehatan tradisional ke dalam kurikulum pendidikan. Kerja sama lintas sektor ini menjadi faktor penting dalam

keberhasilan pengawasan dan pembinaan pelayanan kesehatan tradisional di Indonesia, sehingga praktik tersebut dapat memberikan manfaat optimal bagi masyarakat sekaligus tetap menjamin keamanan dan keberlanjutan pelaksanaannya.

### **5. Tanggung Jawab Hukum dan Perlindungan Hukum Masyarakat**

Pelayanan Kesehatan Tradisional jenis empiris didasarkan pada praktik pengobatan tradisional yang keamanannya dan manfaatnya telah teruji melalui pengalaman. Praktik pengobatan ini melibatkan penggunaan bahan atau ramuan yang berasal dari tumbuhan, hewan, mineral, sediaan galenik, atau gabungan berbagai bahan, yang telah lama dipercayai dan diteruskan secara turun-temurun. Pelaku pengobatan tradisional ini disebut sebagai *penyehat tradisional*, bukan tenaga kesehatan, karena istilah tenaga kesehatan diperuntukkan bagi profesi dengan kualifikasi khusus (Angmo et al., 2022). Penyehat BATRA belum dapat dikategorikan sebagai profesi, karena tidak memenuhi unsur-unsur yang menjadi syarat suatu profesi, seperti latar belakang pendidikan formal, standar kompetensi, maupun regulasi profesi yang jelas.

Penggunaan istilah ini seharusnya telah memberikan Batasan yang jelas terkait kebolehan pengobatan yang dilakukan oleh seorang penyehat BATRA. Istilah profesi merujuk pada pekerjaan yang memiliki karakteristik tertentu, salah satunya adalah adanya *body of knowledge* atau landasan keilmuan yang jelas dan diperoleh melalui suatu Pendidikan tinggi khusus untuk itu yang akan membedakannya dengan bidang keilmuan lain, memiliki standard kualifikasi keilmuan yang dikeluarkan oleh suatu organisasi profesi, yang selanjutnya memikul beban kewajiban dan tanggung jawab secara moral atas kehormatan dan nama baik profesi yang bersangkutan, tidak saja melalui pengaturan kode etik profesi sebagai suatu *self regulation*, tetapi juga melalui penetapan standarisasi terkait sikap dan perilaku peyandang profesi dalam menjalankan pekerjaannya. Maka dari itu untuk dapat dikatakan sebagai suatu profesi, maka dibutuhkan suatu sistem yang jelas dalam konsep penyembuh/penyehat tradisional melalui Pendidikan formal dan tidak semata-mata sebagai suatu pengetahuan yang diperoleh secara turun temurun, kemudian diperlukan adanya organisasi profesi yang akan menjadi landasan tuntunan moral dan etik para penyehat tradisional.

Para penyehat tradisional, dari aspek legalitas negara, diwajibkan memiliki Surat Terdaftar Penyehat Tradisional (SIPTT) sebagai bukti tertulis yang diberikan negara (pemerintah) dalam kapasitasnya menjalankan pelayanan /pengobatan tradisional (yang selanjutnya akan disebut

dengan istilah BATRA). Untuk mendapatkan SIPTT, maka kepada setiap penyehat tradisional, diberikan persyaratan tertentu yang bersifat *imperative*. Persyaratan tersebut yakni:

1. Wajib mengikuti program magang terlebih dahulu di tempat penyehat senior, selama minimal 5 tahun
2. Mendapatkan surat keterangan dari tempat magang sebagai pernyataan bahwa yang bersangkutan dianggap telah mampu melakukan BATRA empiris
3. Adanya Lembaga khusus yang memberikan Pendidikan non formal kepada para penyehat BATRA, yang nantinya akan memberikan sertifikat khusus terkait dengan “kewenangan” penyehat BATRA

Persyaratan tersebut di atas bersifat *imperative*, yang berarti harus terpenuhi secara keseluruhan sebagai syarat dikeluarkannya SIPTT. Namun apabila dicermati, persyaratan tersebut justru menjadi suatu ketentuan yang sulit dilaksanakan mengingat beberapa faktor yang mempengaruhinya. Faktor pertama adalah proses magang. Dalam proses magang dibutuhkan suatu Lembaga pengawas yang bertugas mengawasi BATRA itu sendiri dan mempunyai kewenangan menetapkan standar BATRA sesuai wilayah empiris yang melingkupinya.

Pengawasan pada dasarnya adalah sebuah proses yang dilakukan secara terencana untuk menetapkan standar kinerja, mengevaluasi apakah terdapat penyimpangan, dan memastikan organisasi dikelola secara efektif serta efisien demi tercapainya tujuan (Launde, Pioh, & Waworundeng, 2020). Dengan demikian maka dibutuhkan suatu lembaga atau badan yang mampu pemerintah dalam pengawasan BATRA. Lembaga tersebut diberikan kewenangan dan fungsi sehingga diharapkan mampu melaksanakan pengawasan yang baik diantaranya:

1. Menyediakan kepastian dan rasa aman bagi masyarakat melalui proses pemeriksaan yang dilakukan secara tepat
2. Memberikan konsultasi dan memberikan Pendidikan non formal kepada para penyehat BATRA
3. Memberikan nilai tambah terhadap pemerintah dan penyehat BATRA sehingga tercapainya perlindungan hukum dan tanggung jawab hukum
4. Meningkatkan kinerja atas kegiatan operasional instansi terkait.

Dengan demikian, pelayanan kesehatan tradisional dapat dijalankan secara aman dan memberikan manfaat nyata bagi masyarakat, sekaligus memastikan adanya perlindungan hukum bagi tenaga penyehat tradisional. Apabila terjadi malpraktik atau penyalahgunaan dalam

pengobatan tradisional, masyarakat yang dirugikan tetap memiliki hak untuk memperoleh keadilan dan ganti rugi yang layak.

#### **D. PENUTUP**

Hingga saat ini, pelayanan kesehatan tradisional di Indonesia belum dapat dioptimalkan sebagai sumber pendapatan negara. Hal ini disebabkan oleh adanya kelemahan regulasi yang menimbulkan ketidakpastian dan minimnya perlindungan hukum bagi masyarakat maupun tenaga kesehatan (nakes) tradisional dan penyehat tradisional. Terdapat tiga masalah utama yang mencerminkan kelemahan hukum dalam pelayanan kesehatan tradisional di Indonesia, yaitu:

1. Kompetensi tenaga penyehat. Hal ini terjadi karena ketidakjelasan persyaratan ijin dan penerapan mekanisme standarisasi melalui kurangnya Pendidikan formal
2. Lemahnya lembaga pengawas dan sistem akreditasi. Ketidak efektifan lembaga pengawas yang independen mempersulit pengawasan praktik pengobatan tradisional dengan ketat, sehingga meningkatkan risiko malpraktik dan penyalahgunaan BATRA. Selain itu, ketiadaan sistem akreditasi yang jelas menyulitkan masyarakat dalam memilih layanan yang berkualitas dan aman.
3. Pertanggungjawaban hukum. Kekurangan perlindungan hukum bagi masyarakat yang menjadi korban malpraktik atau penyalahgunaan pengobatan tradisional memperumit proses pencarian keadilan dan ganti rugi. Di samping itu, pengobat atau penyehat yang berkompeten juga rentan tanpa perlindungan hukum yang memadai jika dituduh melakukan malpraktik tanpa bukti yang kuat.

Kelemahan-kelemahan di atas mengakibatkan adanya peningkatan terhadap risiko Kesehatan, penurunan kepercayaan masyarakat terhadap pengobatan tradisional, dan hambatan dalam pengembangan sistem kesehatan nasional dan yang paling krusial adalah tidak adanya perlindungan hukum bagi Masyarakat dan penyehat tradisional itu sendiri.

Maka dari itu, perlu adanya kolaborasi dalam pembentukan lembaga yang mengeluarkan standar kompetensi dan mekanisme penyelesaian sengketa sangat vital untuk masa depan pengobatan tradisional dan komplementer (T&CM) di Indonesia. Pertama, dalam pembentukan lembaga standar kompetensi, lembaga ini akan bertugas mengembangkan standar kompetensi yang mencakup pengetahuan, keterampilan, dan etika bagi praktisi T&CM. Kolaborasi melibatkan berbagai pihak terkait seperti Kementerian Kesehatan, asosiasi profesi T&CM, akademisi, praktisi,

dan lembaga riset untuk memastikan standar yang relevan dan dapat diterima oleh semua pihak. Adanya standar kompetensi yang jelas akan meningkatkan kualitas pelayanan T&CM dan meningkatkan kepercayaan publik. Kedua, mekanisme penyelesaian sengketa akan menyediakan forum netral untuk menyelesaikan konflik yang mungkin timbul antara praktisi, pasien, atau pihak terkait lainnya.

Kolaborasi dengan berbagai pihak seperti Kementerian Kesehatan, asosiasi profesi T&CM, lembaga konsumen, dan ahli hukum sangat penting dalam pengembangan mekanisme ini. Dengan adanya mekanisme penyelesaian sengketa yang efektif, hak-hak pasien dan praktisi akan dilindungi dengan lebih baik. Indonesia masih perlu banyak belajar dalam mengoptimalkan pelayanan Kesehatan tradisional dari India dengan sistem Ayurveda, yang terbukti telah berhasil menjadikan pelayanan Kesehatan tradisional sebagai salah satu asset yang memberikan income cukup signifikan kepada negara India.

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## Perundang-Undangan

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# Mapping the global trans cultural ethos of Sepoys folk songs of 1857, South East Asia

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## Abstract

The 1857 Rebellion, remembered as the “First War of Independence”, marked the first large-scale resistance led by *sepoys*, alongside the mass scale local populations across the Indian subcontinent. Though the rebellion was confined to Indian soil, its impact extended to Southeast Asia, inspiring anti-colonial movements in Singapore, Burma, Malaya, the Philippines, and even Japan. It demonstrated that British rule could be challenged and defeated. The resistance initially began with the 34th Bengal Infantry Regiment, where *sepoys* rebelled due to various socio-religious and economic reasons, including new army regulations, forced labour migrations, and fixed taxes, all of which clashed with their religious beliefs. The *sepoys*, part of the British army, were ordered to cross the Indus River, leaving behind their caste practices, which fuelled distrust toward the British motives. Additionally, many soldiers who had been deployed abroad became active participants in the rebellion. Even while stationed in Southeast Asia, *sepoys* resisted British rule in subtle ways. These acts of defiance were often captured in the folk songs and oral traditions of regions like Burma, Rangoon, and the Philippines, creating a cultural connection across borders. The songs, in languages like Awadhi, Bundeli, Punjabi, and Urdu, mixed with the local cultures and even influenced Japanese literature. This paper explores these cross-cultural interactions, focusing on folk songs and legends that reflect the rebellion's influence beyond India. Songs like "*Bharat ke Veer*" became popular across borders, symbolizing the shared struggle against colonial rule. The references to the 1857 rebellion gained cultural and literary significance throughout Southeast Asia, fostering a common anti-colonial sentiment. By examining these folk traditions and songs, the paper highlights how the rebellion's impact

extended beyond India, shaping cultural and political resistance across the Asiatic continent, and forming lasting ties between India and Southeast Asia in their shared fight against imperialism.

*Keywords: Folklore, 1857, South East Asia, First War of Independence, Bharat, Rangoon*

## **Introduction**

Historic movements throughout history are not merely sporadic; rather, they are the result of ongoing civilizational struggles with socioeconomic ramifications that culminate in the creation of history. In the history of anti-colonial movements around the world, the Indian independence movement of 1857 is extremely significant. Numerous titles have been used to refer to this massive rebellion against British authority in India, which has been researched and re-studied in relation to its "nature," which suggests the historiographical school. At its height, the East India Company faced widespread opposition, which even caused its vibrations to spread to England, where the Queen eventually took control and established her authority.

The Indian struggle for independence has long been a part of Indian history, with 1857 frequently cited as the beginning of the movement that resulted from British colonial exploitation of India through war and conquest, along with other socioeconomic instability, famine, draughts, and tribal insurgencies that led to India's First War for Independence. All things considered, it is the first time that Indians, from princely state rulers to poor peasants, have united to combat the same enemy, the British (Savarkar 1966). Due to the abundance of materials on the subject, 1857 frequently dominates the main points of historical disputes and discussions for years. The Sepoy Mutiny, the War of Independence, violence against British women, or the emergence of popular participation—peasants, the Hindu-Muslim plot, etc.—are some of the events that are frequently depicted as defining 1857. There was more to the events of 1857 than the notorious "Cow-Pig" smeared cartridges, the Indian Sepoys' rebellion against the British, the Army's reforms, the issue of perpetual revenue fixations, the war of successions that affected Indian princesses, the peasant uprising, or the Hindu-Muslim Unity that had been promoted to counter the popular cause of the rebellion by the Indian gentry.

In the 20th century, when there was a lot of emphasis on delivering "histories from below," an effort was made to excavate and create the oppressed or the popular character of the 1857 to overflowing with the Emerging school of Subaltern Historiography. These answers, which frequently place the Indian side of the uprising in context, have frequently gone unrecorded and forgotten, as have their involvement, outcomes, and even role. It is necessary to draw attention to these Indian reactions, which are unfinished projects that exist on the periphery of many continents, nations, spaces, etc., in order to add fresh viewpoints and illumination to the conversation. The voices of Sepoys and women from diverse communities, such as the Dalit, other depressed, and tribal classes, have frequently been used in these voices. These voices are now being re-documented into mainstream history writing based on oral narratives, folklore, and collective memory.

This whole perspective of unearthing the Rebellion, from the marginal aspect, gave rise to a new genre of cultural representations and Identity creations; which was taken by the people of the local community. Very often the War of Independence and its character came into question, relating the major participation by the local communities which comprised of these 'insurgent- sepoys'- the band of dacoits and sepoys who formed these armies. Another relative question, to dig into the Global responses, of 1857 and how the South Eastern regions, look up to the resistance. This new inquiry and unconventional modes of doing history led to a whole new genre of Diaspora Literature, songs of Migrations and often songs of 1857, scripted in the marginal memory. Contributions of Indian people from diverse backgrounds started emerging and as a result, Local community histories and Oral histories started replacing the old Imperialistic English spaces of archives.

### **Making of the 'Insurgent Sepoy- Rebel Army'**

The bloody war of 1857, which was led by the rebel soldiers actually were at the backbone of the insurgency. This rebel army, often pertains to requesting the military organisation, standing army (Streets, H. 2017) further taking the foremost question of the organisation of the military. Indian princes, who were ruling the states, never had any standing army to fight the enemy. As Indian's never fought with the international armies, the whole fight was amongst themselves only, to which British's under the policy of annexations instituted the standing armies in the same states. These

armies, comprised of English generals, leading the training the fellow uncivilized Indian's. These trainings' were often curbed under the Whiteman's burden's where they were often seen training the Indians in military might. Looking at the military aspect Gary Rand's, and his military diary who himself was an E..I.C posted officer during 1857, becomes quite important. Essential aspects like the tussle between the British East India Company Forces and with the structured and well-tested military hierarchical system was a major issue. Backed by good intelligence, home and logistical backup on one hand, and on the other hand, the mere soldiers of the Bengal 34<sup>th</sup> Native Cavalry was an incompetent match in altogether. The rebels' forces, which later joined these Bengal Army, were comprising of the local gentry, populace and allied forces. Often termed and written down as 'insurgent – rebel sepoys' in the British led archives, majorly lacked an organised forms of strategy. These rebel armies led by the princely states rulers, for the particular areas were mostly fighting isolated battles at multiple locations with no means to either communicate or coordinate with each other. Moreover, the fight by the British East India Forces was based upon as the response of the sacking of the Delhi' by these rebel sepoys, which led to a showdown of some Twenty-one days at Hindu Rao, Delhi ridge. These rebels, even without the appropriate equipment's, and lack of funds, as well, without no prior training and weaponry handicaps majorly relied on guerrilla tactics with a view to maximise damage on the enemy forces. These rebels which hailed majorly from the northern zone of India, comprising majorly from Uttar Pradesh, Haryana, Bihar, Rajasthan etc. from various castes and class but majorly landed peasants, or tillers. even saw a fight for the same at their respective places and states. The guerrilla operations continued for another one year even though the bulk of the Rebellion was crushed by July 1858, finally claiming Delhi back to Company.

One of the major reason which often gets attributed for the rebellion is the army reform laws which were introduced admits 1850's which stated also foreign travels and stripping of ranks which would have had affected the salary of the sepoys. These foreign travels were actually introduced to accumulate the British expansion policies in creating more colonies at the expense of Indian colonies alike. There was a wide resistance which saw the culmination into 1857, as according to the Indian superstitions, foreign travels actually ended up losing the caste and class. As these armies, employed eighty-six percent (Chandra, Bipin. 2012) of upper class Hindu gentry. Which often led to widespread issues and clashes amongst the army. To some of the sepoys went out, who couldn't resist, as these salaries were something which were

running their households and even sponsoring foreign visits to Burma, Indonesia and more popularly Rangoon. These men in the battalions led by, were mostly from Nepal, or Gorkha some Bihar and mostly from Awadh too. These men, who migrated out to fight for the British to help in colonising the other South East Asian and other lands, were also the same men, who tried to fight or space the Independence war in the memory of the global responses as many sepoys who came back, often narrated the how they were informed, as 1857, Rebellion became a world news, which was one of the first instance to disturb and dislodge the Imperialistic forces in the continent.

### **Global Responses of 1857**

The British account of 1857, was guided by their own political and imperial motivation,<sup>18</sup> because they did not want it to impact other colonies in a negative way. Moreover, the aim was to project the racial superiority of the British as well as the fact that the British were attempting to educate and uplift the Indian society from its primitive and orthodox values.<sup>19</sup> British writings depicting the superiority of the Britishers, were then circulated across the continents—these writings exaggerated the heroism of their citizens against the revolt in India.<sup>20</sup> Books such as *The Defence of Lucknow* by Lord Alfred Tennyson and *In the Round Tower at Jhansi 1857* by Christina Rossetti magnified the valour of Britishers who fought the rebels. It is interesting to note that, sometime in Oct 1857, news about the gallant act of Ms. Ulrica Wheeler, daughter of Maj Gen Hugh Wheeler, Chief Commander at Kanpur, started appearing in British press<sup>21</sup>. It was stated that Ms. Wheeler had very bravely fought the rebels till the last and in the end she jumped into the well to death. Ms. Wheeler, thus, became a legendary figure exemplifying the bravery and purity of British women who would rather die than be violated at the hands of the gentry rebelling. However, after a span of eight years, it became apparent that the earlier known account of her bravery and death was false as according to historian Sir George Trevelyan, Ms. Wheeler has been rescued by Ali Khan and was alive and living under a Muslim identity<sup>22</sup>. The British literature also exaggerated the violence by the Indians with a view to sensationalise the same, and thereafter arouse hatred amongst the British populace and eventually justify their own retribution against the Indians. The most glaring example of this misrepresentation was the manner in which the Kanpur massacre was reported, wherein in August 1857, around 200 women and children, who had been earlier taken hostage by the revolt, were massacred by the butchers and their bodies were hacked to pieces and thrown into a well. <sup>23</sup> The literature also deliberately chose to overlook the facts

about their own brutality against the Indians. In fact, Malleson went a step further and claimed that there was no excessive retaliation on the part of the British. He even attempted a justification of the killing of rebels by blowing them from the barrels of the guns on the ground that it was so authorised by courts martial and necessary to act as deterrent. Interestingly, some British authors also blamed Russia for inciting the mutiny by claiming that the Russian agents had bribed Indian contractors to supply beef fat instead of mutton fat, which was used in the manufacture of the paper cartridges. <sup>24</sup> The event of 1857 left a deep and lasting mark on the British psyche which led to increased fear and racism among the British.<sup>25</sup> Just to illustrate the level to which the minds of the British were impacted, a British officer, Capt Costello— who was part of the team that executed a rebel Alum Bheg in Sialkot— chose to bring the skull of the deceased, as a trophy, on his return to Britain. The skull later became the main historical artefact, based on which research was done by Prof Kim A Wagner culminating in the book *The Skull of Alum Bheg*. The significance the Rebellion to the British academia can also be gauged from what Lord Cromer wrote in his memoirs “I wish the younger generation of English would read, mark, learn and inwardly digest the history of the Indian War of Independence.

### **Indian – and South – East Asian Responses to 1857**

In the first few years following the rebellion of 1857, none of the Indians dared to write about the rebels’ cause as they were badly terrorised having seen the brutal and mass killings of their fellow countrymen. To add to it, many Urdu poets and reporters, who favoured the rebels’ cause had been either punished or killed by the British, thereby dissuading the Indians further from writing about their response. As such, the perspective of the rebels could not be recorded in the manner the Britishers did, as in the second half of the nineteenth century, very few Indians were literate. Moreover, the availability of printing resources in Hindi/ native languages during that period was very limited. The situation got compounded further, as numerous Hindi authors and scholars, out of fear and survival, praised the British and gave incorrect versions of 1857. Notwithstanding the above, amongst the people and regions which had fought against the British, the memories remained alive in the form of folksongs, ballads, poems, etc. which inspired Indians in the next decades to formally record the same. The first such writing giving out the Indian perspective was by V D Savarkar, who wrote *The First War of Independence* in 1908 in Marathi language. Savarkar

termed 1857 as a national struggle and highlighted how Hindus and Muslims had rallied together to fight their common enemy. Other Indian historians such as R C Majumdar, S N Sen etc. who became the community historians also wrote about the event from a nationalist perspective. Post-Independence, many more Indian historians and scholars wrote books in Hindi as well as other vernacular languages. They termed the rebellion as a milestone event which marked the beginnings of India's struggle for Independence. European Responses The events of 1857 were reported upon extensively in the European press. The Resistance was portrayed in the French, Italian, Czech, Hungarian, Spanish, Portuguese and the German media in a divergent manner. The underlining characteristic of the coverage was that, each nation in Europe viewed the news from India highlighting whatever was in sync with their history and ideology. The nations that were imperialist in their approach, viewed 1857 as a warning sign, whereas other European nations, such as Hungary, Czech and Bulgaria, that were still struggling for nationhood viewed this event differently.

Its important to note that, 1857 the people of China and India were engaged in fighting the Second Opium War (1856-1860) and the Indian Rebellion respectively, against a common aggressor i.e. the British. Moreover, there was no direct connect between the people of these two regions as regards the struggle was concerned. Notwithstanding this, the actions by the rebels in India in 1857 forced the British to take a back foot whereby they diverted their forces midway to India as against their intended destination in China, thereby helping the cause of China. Keeping in view the above fact, it was but natural that the Chinese had sympathy as well as admiration for the people of India against the British Empire. From the limited writings available, it emerges that the people of China were deeply concerned about the Indian rebels and that they wanted the revolt to succeed. However, these sentiments by the Chinese people could not get propagated in a wider academic space because at that point of time China did not have its own vernacular newspapers. Irish Response. In the second half of the nineteenth century, Ireland was fighting for independence from the British rule and their fight for nationhood had also failed in 1848. In 1857, Ireland received the news about the 'breaking of the rebellion' through newspapers, telegraphs and also personal letters. The happenings about the Indian Rebellion were received by the Irish people with much hope and anticipation, that the rebels would be able to overthrow the British rule in India. The Indian

Rebellion provided an inspiration to many Irish nationalists to continue their fight for their Independence from the British. On 04 July 1857, a news item in the Irish newspaper— Nation stated that “The revolt in India had exposed the weakness of the British rule. The Nation in fact compared the Indian Rebellion of 1857 with the Irish Movement and highlighted that the actions by the armed and disciplined men of Bengal Native Infantry had lessons for the freedom fighters of any other country, including Ireland”. The Kilkenny Journal highlighted the valiant struggle of the rebels and stated that this event was an inspiration to other colonies

### **1857, in Folk songs Awadhi songs**

While representing the Indian women contributions, very carefully space was crafted for the elitist queens, which served the nationalist vested interests. (Narayan, 1998) Such distorted cultural representations led to exclusion of these lesser/ ‘other’ women who existed in the peripheries/ margins belonging dominantly to the peasant class, since peasants do not write their histories – which led to their interactions with the rebellion went undocumented, which later led to erasure of them in the pages of history (Pati 2010, xvii). The rebellion was always being ‘mapped’ around certain dominant regions – leaving the peripheries. Historical school of thought which stressed on ‘Popular character’ (Guha 1983) of the rebellion, further led to tapping of the rebellion 1857, in the folklore –suggesting 1857 still existing in the peripheries which led to works focused on the diversities and the specificities of the rebellion (Joshi 2007), further also a stress on the demographic background of the peasants (Bayly 1983). Thus a popular discourse of labelling the lesser peasant communities as dacoits and further classifying them into criminal tribes (Mayaram 2014) thus even led to their exclusions from even the census archives.

The couplets taken from a popular song, which became popular in Eastern UP, Gorkhpur

*“ Hum aaye hai Toofan banker, samrajay main gooron kie,  
Desh joojh raha hai saan satavan kie yudoon main”*

Translation: We have come as a storm brake, the British empire has been ruined, the country is dying where the people are sitting.

While looking for the lost archives or histories which exists in the ‘Other’ form of history writing the War, uncovered the participation of many lesser known communities which were often classified under the subcategories of – Royalty, landed aristocracy, courtesans, prostitute’s, commoners, tribal and Dalit etc. Recent works around Dalit women participating the One such community which was highly sensualized was the peasant communities of Brahmins, Rajputs and ahir’s aloke Jaats and Gurjars, which were generally classified as criminal tribes by the British subjects. Haling to the peripheries and surviving on looting and plundering they were actually the backbone of the First war of Independence Savarkar also attests them as the ones who fought with full valour, as they comprised the footing soldiers in the war. Two very prominent Icons of 21<sup>st</sup> centuries which came up as a resultant of Oral and Memory studies which are a resultant of community histories are these many new leaders and revolutionaries have recently sprung up – Men like Dhan Singh Gurjar and Umrao Singh Parmar, Tulla Rao Ram have recently emerged as the leaders resonating as the face of these dominant peasant communities. Yet these tracings and creations often go silent on the Women’s question. Women in these communities are often sidelined and often resorted to the Homely atmosphere of the house.

Famous Nepali poem, another which resonates in Eastern U.P, ‘‘ Lakhno ko Sawai’’, says

*‘‘ Gae soogurko boswa haali kartos banayo,  
Daat le Kartoos chayaapi banook bharayo,  
Chaare varan chhattis jaat sab yyakai garaayo,  
Chhatri ra brahman tesai bela jaagyaa,  
Jaati ko kura jhiki gul garn lagayaa’’*

The empire was always showcased as having a masculine character, were women as mere ‘objects’ and the Indian Male were attributed to Effeminacy (Sinha, 1987:226). Nation and Gender both social constructions, which have been analogous in many social and historical contexts. The Company and its Subjects were always portrayed as these ‘Masculine objects ‘and its subjects were embodied as the week, meek, barbarous and uncivilized often effeminate. The western stereotypes of gender categories and their models of nationalism and nation- state came into cultures and worldviews through colonialism in India (Sinha, Chatterjee, 1999).

Masculinity and femininity are two predetermined sets, governed by social norms which always alter in tandem with each other. Colonialism is a point of convergence of the Western stereotypes of gender categories, political and economic domain. The West justified colonialism as a 'Civilizing mission' by propagating its concept of modernity and progress. There are various ways of looking at asymmetric gender roles in the nation. Nation and gender intimately participate in the connotation of each other. Nations are gendered, with the asserting the Masculine character of the Nation and the Englishmen, a very modern ideal of masculinity was shaped, with characteristic features of Manly Greek physique, which counterpoised to this stereotype: languor, softness, sensuality and Effeminacy was thus propagated. Colonial ideologies of modernity led to a progress fashioning of the rigid masculine self. The discourse changed the perceptions towards age, gender and the history in the colonised county. He further argues that it produced a cultural consensus in which political and socio – economic dominance symbolized the dominance of men and masculinity over women and femininity. (Nandy, 1978). The nexus between the political dominations and the gender stereotypes is further legitimised by the Oriental's discourses. In the late nineteenth century and early twentieth century, the distinction between masculine and feminine races as a pervasive theme and appeared in connection with Bengalis, who demonstrated a noble lack of interest in proving their manhood by overt signs of martial, leather- faced masculinity. They much preferred the martial races as Sikhs and Mohammedans which exhibited aggressive spirit. The imperial constitution of politics of colonial masculinity' where the British superiority over the Indian subjects was expressed in terms of the distinction between the self-controlled and 'manly' Englishman and the over- emotional 'effeminate' Bengali (Sinha 1987, 226 ).

The Nationalist School on its Reconstruction and Revivalist project gained major momentum, in the Early Nineteenth century. It was the earliest school of thought to actually to beliefs in the Indian People's participation, and further called it as the very first war of independence. As it was the very time in the history of India, when the masses have come to avenge the common enemy. Moreover, the proponent of the school attested to the Mass participation of Indian women, in the rebellion from the Peasant communities, moreover they projected and compartmentalised them into the notions of 'Bharat Mata discourse' or the 'Ideal women discourse'. The conceptions of 'mother'- 'motherland, mother –hood, motherland- have served as the most universal and potent symbols of imagining the nation (Gupta 2001) and modify the

constructs of their ‘femininity’ around the prevailing political ideology. This very compartmentalisation of Nationalistic history only reserved the pages of history of the Elitist/ Ruling Women who fought the rebellion leaving out the marginal contributions. Such deliberate erasures lead to the wash-out of names and contributions of these women in the historical spaces. Historical deeds of women have been so fundamental and exclamatory that such examples and contributions from such predominantly rural class women are hardly been accorded and moreover left in the peripheries.

While representing the Indian women contributions, very carefully space was crafted for the elitist queens, which served the nationalist vested interests. (Narayan, 1998) Such distorted cultural representations led to exclusion of these lesser/ ‘other’ women who existed in the peripheries/ margins belonging dominantly to the peasant class, since peasants do not write their histories – which led to their interactions with the rebellion went undocumented, which later led to erasure of them in the pages of history (Pati 2010). The rebellion was always being ‘mapped’ around certain dominant regions – leaving the peripheries. Historical school of thought which stressed on ‘Popular character’ (Guha 1983) of the rebellion, further led to tapping of ‘57, in the folklore –suggesting rebellion still existing in the peripheries which led to works focused on the diversities and the specificities of the rebellion (Joshi, 2007), further also a stress on the demographic background of the peasants (Bayly 1983). Thus a popular discourse of labelling the lesser peasant communities as dacoits and further classifying them into criminal tribes (Mayaram 2014) thus even led to their exclusions from even the census archives.

The study delves into the far-reaching cultural impact of India's First War of Independence, particularly through the lens of the sepoys’ folk songs and oral traditions. The 1857 Rebellion, which is recognized as a significant resistance movement against British rule, was not only a domestic revolt but also had far-reaching consequences beyond Indian borders, influencing anti-colonial sentiments across Southeast Asia. The study examines the role of sepoys who, stationed in places like Burma, Rangoon, Malaya, and the Philippines, served as agents of cultural exchange. Their stories of defiance and resistance were embedded in the folk traditions of these regions, creating a cross-cultural ethos that transcended borders. The sepoys, hailing from various regions of India like Awadh, Bundelkhand, and Punjab, carried with them folk traditions and songs

that expressed their struggles against colonial oppression. These songs not only inspired local populations but also became woven into the cultural fabric of Southeast Asia. Oral traditions and folk songs such as "*Bharat Ke Veer*" gained traction in these foreign lands, symbolizing resistance and rebellion against imperial rule. Additionally, these cultural exchanges were further enriched as the sepoys interacted with local languages and traditions, with their stories and songs becoming part of local folklore, including in Japan and other parts of Asia. The paper also highlights how the rebellion of 1857 became a touchstone in Southeast Asian resistance movements. The sepoys' folk traditions acted as carriers of revolutionary ideas, creating a transcultural exchange that influenced literary, social, and political movements across the region. The paper uses various methodologies, including the study of folk songs, oral histories, and regional literature, to trace this transcultural flow of resistance against British colonialism.

In conclusion, the study illuminates the transcultural ethos created by the sepoys of 1857, whose resistance against British colonialism resonated far beyond the borders of India. Their folk songs and oral traditions acted as a conduit for the transmission of revolutionary ideas across Southeast Asia, blending Indian and local cultures in a shared resistance to colonial rule. The paper reveals how the sepoys' lived experiences during the rebellion not only contributed to India's struggle for independence but also became a source of inspiration for anti-colonial movements across Southeast Asia. The cultural exchanges, particularly through folk songs, demonstrate how the spirit of rebellion crossed geographic and linguistic boundaries, creating a legacy of shared resistance that transcended national borders.

The study concludes that the sepoys' influence in Southeast Asia during the 1857 rebellion was not only military but also deeply cultural. Their songs and stories were instrumental in creating a shared vocabulary of resistance that connected Indian and Southeast Asian societies in their fight against imperialism. These transcultural interactions enriched the anti-colonial movements in the region and left an enduring legacy in the cultural memory of both India and Southeast Asia. It cannot be denied that currently the typical understanding and knowledge of a scholar warrior of the Indian Military about this important historical event is limited to the domestic perspective of the 1857. This reminds the famous quote by George Orwell who said "the most effective way to destroy people is to deny and obliterate their own understanding of their history". Herein lies the profound significance of the need to know this Indian historical event in its entirety including the

international dimension of 1857 which will help to enhance the existing perspective of a scholar warrior about this event. The Rebellion of 1857 successfully ‘dented’ the prestige of the British to a large extent and also erased the idea of British invincibility. The Rebellion found a detailed mention not only in public and political debates in countries like UK, USA, Russia, France, Germany, Italy, Hungary, but also stirred popular imagination which resulted in publication of numerous novels and other fictional accounts, decades after the event. The subject also assumes importance because it inspired the people of other regions, faced with a similar situation, to fight against their colonial masters. Indian Army scholars need to get over their hesitation and study this conflict, in greater detail, as part of military history. To give it due importance, 1857 should also form part of promotion and competitive exams. The subject will also help the Indian public in better understanding about the struggle and sacrifices made by the Indians during 1857 that sowed seeds for the future nationalist struggle. By documenting these interactions, the paper underscores the importance of folk traditions as a lens through which historical events and their wider impact can be understood, contributing to a broader understanding of global resistance against colonialism.

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## **India's Strategic Role in the Indo-Pacific: Global Aspirations and Regional Interests**

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### **Abstract**

The emergence of the evolving strategic construct of the Indo-Pacific as a brand new geographical location connecting the Pacific and Indian Oceans represents a manifestation of the new geopolitical fact of the twenty-first century. USA, Japan, and Australia all agree that India's participation inside the evolving strategic construct of the Indo-Pacific location is important. Since India is now being threatened both on land and at sea, the evolving strategic assemble of the Indo-Pacific is a new front for India's global objectives and a change in India's strategic environment. As Canberra, Paris, Tokyo, and Washington, DC, hold to aid and argue for a larger function for India inside the evolving strategic assemble of the Indo-Pacific, this paper will highlight India's Indo-Pacific coverage, which consists of 3 parts. The Indo-Pacific is highlighted first as it offers an opportunity to boom its footprint in the place despite crucial constraints on its assets and capabilities. Partnerships are emphasized as a center guideline of India's Indo-Pacific targets to boom its local and international hobbies. India's alliances with more mounted powers which include Australia, France, Japan, and the US have provided a solid foundation from which to expand the country's diplomatic clout. India's interactions with island states will shape it's an impact on within the evolving strategic assemble of the Indo-Pacific location. Due to their

proximity to India, island nations like the Maldives, Sri Lanka, or even Mauritius and the Seychelles have an essential impact on India's protection. Ultimately, while the evolving strategic assemble of the Indo-Pacific may additionally present fresh possibilities for India's aims to emerge as a remarkable local and worldwide stature, the Indian Ocean will retain to get the United States of America's attention and vast investments. By analysing these 3 facets of India's Indo-Pacific policy, as well as new probabilities and solutions to tackle its increasing threats and problems, the observe sheds extra light on India's rising position within the evolving strategic assemble of the Indo-Pacific and its implications for its worldwide aspirations and local pastimes. On this context, it turns into vital to research the underlying dynamics and their wider implications.

**Keywords:** Indo-Pacific, Indian Ocean, Geo Politics, Worldwide Power, Coverage

## **Introduction**

The countries of the evolving strategic construct of the Indo-Pacific an increasing number of apprehend India as a quintessential actor in shaping the region's balance and improvement. Strategic documents and coverage frameworks of the European Union, France, Japan, the UK, and the USA continuously emphasize India's principal position in advancing a peaceful and cooperative Indo-Pacific order. For the reason that India's foreign coverage selections exert an immediate influence on the regional protection surroundings, the evolving strategic construct of the Indo-Pacific has come to be a valuable recognition of India's strategic outlook. On this context, it will become vital to research the underlying dynamics and their wider implications (Chacko, 2014)

India articulates its nearby method primarily via two frameworks: the Security and Growth for All in the Region (SAGAR) imaginative and prescient and the Indo-Pacific Oceans Initiative (IPOI). SAGAR reflects India's aspiration to make certain a safe, stable, and comfy Indian Ocean environment through improved maritime cooperation with littoral states (Reddy, 2018). This cooperation encompasses records-sharing, intelligence change, joint coastal surveillance, infrastructure improvement, and functionality enhancement. Complementing this, the IPOI underscores India's determination to keeping maritime protection, advancing sustainable

management of marine resources, promoting the blue economy, improving connectivity, facilitating catastrophe risk reduction, and constructing institutional capability. Each projects gather heightened significance in an era of maritime interdependence, in which instability in one a part of the sea can reverberate across the place and directly affect India's safety (Singh & Amit, 2024). As External Affairs Minister Subrahmanyam Jaishankar has emphasised, the present day century consists of a highly maritime character, and the trajectories fashioned inside the evolving strategic assemble of the Indo-Pacific will profoundly have an impact on worldwide futures (Mahapatra, n.d.). In alignment with this angle, India and its strategic partners are committed to maintaining marine resources, ensuring the cleanliness of oceans, and safeguarding maritime areas as open, comfy, and peaceful domains (Vashisht, 2023).

The enlargement of Indo-Pacific bilateral and multilateral initiatives, in which India is becoming more and more involved, underscores the developing convergence of world powers within the place. As the global geopolitical environment adjustments, the evolving strategic construct of the Indo-Pacific area has grown to be the point of interest. The countries of the evolving strategic assemble of the Indo-Pacific are responding and reacting to the brand-new demanding situations which are developing at the same time as continuing to deal with current dangers in light of the shifting global landscape and resurgence of first-rate energy rivalries. The document lists a few variables that have shaped and will keep to form the evolving strategic assemble of the Indo-Pacific's future barriers.

### **Evolution of the Indo-Pacific from the Asia-Pacific**

This section of the paper discusses the arguments that might have led to the previous developments in the direction of an Indo-Pacific framework. Aggression from China in China's Belt and road Initiative (BRI), which traverses dozens of countries in the evolving strategic construct of the Indo-Pacific, relies in large part at the region's marine infrastructure, the South China Sea, and North Korea's current nuclear and missile range, which embody several of those international locations and have an effect on local tranquilly, improvement, and stability. As an end result, further, there's a fresh emphasis on defensive Asian territory because of the oceans and seas from ability risks and one-sided aggressions. on this context, it turns into vital to analyze the underlying dynamics and their wider implications (Rondeau, 2023).

### **The Chinese Navy's Aggressive Technique**

China's disproportionate and unilateral claims in the area have sparked a dispute over one of the international's maximum crucial maritime trade routes. The SCS links the Indian and Pacific oceans. The vicinity's maritime industrial float and plentiful sources also make contributions to its significance. Most of the East Asian economies, inclusive of China, Japan, and South Korea, depend upon oil imported from West Asia and Africa. As changed into stated previously, crude oil makes up the bulk of the marine site visitors flowing through the SCS. One of the international's most crucial maritime commerce routes, the SCS noticed \$3.4 trillion in goods flow through its waters in 2017. China's legal machine has lengthily claimed sovereignty over the SCS, inclusive of its landmasses and oceans. China has made a unilateral claim to the entire area and its assets. China has been constructing synthetic islands for numerous years, as evidenced by satellite imagery and dual-use military structures, such as runways and infrastructure, in the disputed regions. China has been preserving principal military and naval fleet demonstrations to reveal off its developing and modernised fleet whilst obstructing using unrestricted seas and overflight (Leddy, 2021).

### **The North Korean Missile and Nuclear Programme**

North Korea's dictator Kim Jong-un has used his country's nuclear arsenal and long-range missiles as bargaining chips in his dealings with the United States rather than as a method of conventional deterrence. This country has carried out over 50% of the world's nuclear and missile assessments. Kim has been conducting those experiments since he assumed power in 2011. North Korea's repressive regime and erratic moves have led to worry on a part of its neighbours. There has been evidence from 2016 tests that North Korea had tried either a thermonuclear or hydrogen bomb. The chance of nuclear guns within the hands of a dictator creates territorial instability. The United States has taken the lead in promoting nuclear disarmament and lowering the global fingers race by using keeping in touch with the North Korean government. Allies of america of the us and other countries, including China and Russia, are calling for a freeze on further North Korean exams, whilst others, along with Japan and Australia, are traumatic that North Korea submit to a non-proliferation regime as a precondition to any negotiation (Panda, 2020).

### **The Belt and Road Programme of China**

Scholars have lengthily argued over what motivates Chinese President Xi Jinping's Belt and Road Initiative and what its bigger geopolitical ramifications are. China's purpose is to promote a sparkling approach for international monetary cooperation. Xi's Belt and Road Initiative (BRI) is a formidable \$1.3 trillion plan to improve connectivity and construct infrastructure in over 60 international locations (Rana & Ji, 2020). China touts the BRI as a means of fostering the infrastructure vital for alternate and investment. it's also the premise for how China plans to play a future role as an international leader. There are two primary components: the land-primarily the land-based Silk Road Economic Belt (SREB) and the water-based 21st-century Maritime Silk Road (MSR), hence "belt and road." The MSR prioritises the enlargement of strategic seaports with direct land-based totally routes for global transportation. The South China Sea is the starting point for a mission that extends west to the Indian Ocean, then crosses the Red Sea and the Mediterranean Sea to get to Europe. Due to the importance of the SLOCs to the BRI and the chinese language financial system, China has been gradually upgrading its army, air force, and nuclear abilities in this ties in For years, naval forces have known the strategic fee of relaxed lines of communication .As a result, BRI has endorsed China to growth its military spending and navy size. however, the other regional and additional-regional countries are concerned about the character of the forces being utilised by means of China. Ships ready to release amphibious attacks, plane vendors, and boats, which include submarines, advocate an aggressive, probably militaristic thoughts-set at the part of the Chinese instead of the only purpose of guarding their sea lanes (Gilmour, 2019). Also, China has been funding the development of multipurpose ports and airports in Pakistan, Africa, and Sri Lanka. Sri Lanka and the South China Sea islands solid doubt on China's intentions and paint the United States as a potential security danger to the place. The outcomes of those moves have reverberating effects on different countries' efforts to counter Chinese language belligerence via internal (buying, building, and strengthening military forces) or outside method. In line with a have a look at performed in 2018 with the aid of a Washington think tank, the Centre for international development, 23 out of 68 potential borrowers already had "quite excessive" hazard of debt distress in BRI threat of debt because the united states embraces internationalisation and builds up its establishments using a version that differs from the Western-led order possibly "with chinese language traits" the BRI's norms and rule-making nonetheless

stand to vary severely from the Western-led rules and guidelines (Hurley, Morris, & Portelance, 2018). The latest events in Asia illustrate how the maritime realm is perceived as a threat. The oceans' useful characteristic of linking one of a kind nations is simple. On this context, it will become vital to analyze the underlying dynamics and their wider implications.

### **India's Indo-Pacific Approach**

India's strategic function, its abilities, and its aspirations, as well as the myriad threats it faces, and the evolving strategic construct of the Indo-Pacific's perceptions, will maintain gambling a critical component within the country's standing within the global. The Indian economic system is most of the world's maximum dynamic financial system. As one's financial aspirations upward thrust, so does one's desire to tackle an extra outstanding position in nearby geopolitical surroundings and international affairs. India is happy to play an "internet security" function in the destiny as nicely. Prime Minister Modi has shown that he has a firm hold close on India's place and significance within the area encompassing the Indian Ocean (Kaushiva & Singh, 2014).

Furthermore, this area debts for almost a third of all cargo moves international. Pakistan has a large Exclusive Economic Zone (EEZ) of 2.4 million square km, and 12000 island territories on the coast of India, proving the region's (and the country's) significance (Amir, 2022). At the same time, the vicinity is vulnerable to natural calamities and acts of nature (like tsunamis and cyclones) and anthropogenic (because of human beings) issues (like oil spills) keeps endangering the seas' peace and quiet. the size and complexity of these threats to worldwide maritime peace and safety can't be the only purview United States. Modi mentioned his plans for improving India's maritime context through undertaking. His pinnacle coverage listens the Oceanic area. The concept in the back of it to advances era and defensive India's strategic, monetary, and geopolitical pursuits in Indian Ocean. India's political and institutional involvement inside a group of countries around the Indian Ocean, called the Indian Ocean Rim Association (IORA), 1997. IORA is a nearby business enterprise and has "remained committed to building and increasing understanding and mutually beneficial cooperation through a consensus-based totally evolutionary and non-intrusive approach in the fast converting environment faced with the aid of the place" (Ogutu, 2021).

The Indian Ocean Naval Symposium (IONS) is the governing business enterprise, made from 35 distinct Indian countries with ocean coastlines that have been divided into four agencies: the South

Asian, Australia, and the coasts of West Asia, East Africa, and Southeast Asia. IONS become set up in 2008 to function a platform for regional conversation among heads of all the IORA's littoral states can improve maritime safety cooperation if their fleets (or a comparable maritime corporation) work collectively greater carefully (Sawan, 2020).

The Indian navy frequently conducts naval exercises with U.S.A. to improve maritime interoperability with sixty-two international locations like SIMBEX, VARUNA, AUSINDEX, USINDEX, and Viper (Ghosh, 2016). These drills have in general been held within the Andaman Sea and the Bay of Bengal. The aforementioned mechanisms suggest that India does, in truth, have a technique and outlook for the Indian Ocean. India is moving its cognizance to the evolving strategic construct of the Indo-Pacific place as its accelerated maritime area, however it wishes to offer extra notion to the considered necessary institutional frameworks earlier than doing so. With that in thoughts, one may additionally argue that India is moving toward the evolving strategic construct of the Indo-Pacific vicinity given its gift trajectory of involvement in the place thru bilateral and worldwide establishments related to diverse facets of protection (financial, military, political, and so on) (Chinoy, 2020).

Due to internal structural challenges, the U.S.A. is in a negative function to make connections with its neighbouring states in phrases of infrastructure and ability improvement. despite this, India and many of its neighbours proportion deep historical and cultural ties. The Indian perspective on Africa becomes clean in this light. Africa is a continent that has good sized untapped human and cloth assets but inadequate infrastructure and institutional help systems critical to its development. The useful resource-rich African states were unable to achieve peace and balance due to structural difficulties which can be being addressed with the aid of a number of Asian countries. Japan's "complementary position" in assisting African states develop has been sizable. Additionally, the Asia-Africa Growth Corridor (AAGC) has been established to shut the supply-and-call for hole among rising markets like India and Africa and advanced international locations like Japan (Basak, 2025).

Australia, India, Japan, and the united states, the place's four biggest democracies, are in discussions to formalise their Quadrilateral security speak, an informal organization popularly known as the Quad. The Quad's most important purpose is to provide an order set up via hooked up rules in the local marine safety framework. The first assembly of the Quad turned into conducted

in may additionally 2007 inside the Philippines at the margins of the ASEAN nearby discussion board meeting, and the second one became held in may also 2008. The Trilateral Strategic speak among Japan, India, and U.S.A. resumed, even as the three nations also stored up their cooperative naval drills (Madan, 2022).

### **Challenges Ahead in the Indo-Pacific**

The Indo-Pacific is on the middle of the continuous turbulence in multi-polarity and rebalancing that defines cutting-edge modifications, with the nations' variations and complementarities contributing to the location's intention of inclusion and stability. Great power competition still shapes the location, however the epidemic has altered how security is mentioned. Nations had been pressured to combine fitness protection in the scope of country wide security due to access to trying out kits and clinical equipment, truthful distribution, and vaccination international relations, amongst different things (Moodie, Gerami, & D'Alessandra, 2021).

In reaction to the outbreak, the region noticed an exchange in Quad coverage questioning. The Quad Summit 2021 declared its plan to sell "practical cooperation for 21st century demanding situations," with a focal point on (i) finishing the COVID-19 pandemic by increasing the production and availability of safe and effective vaccines; (ii) promoting infrastructure; (iii) coming with the weather crisis; (iv) operating collectively on new technology, space, and cyber-protection; and (v) training the subsequent generation of skills in each of our countries. Long-time period protection problems that name for cooperation are people who the QUAD has diagnosed. They also address new safety troubles as a way to have an effect on nations in the destiny in addition to existing security necessities. India has commonplace the exchange in protection wondering because it's miles a member of QUAD and has pledged to deliver the vaccines required to forestall the pandemic as the "pharmacy of the arena" as part of its dedication (Upadhyay, 2021). Unprecedented monetary hardships have also been introduced on by the pandemic, leading many to doubt the viability of globalisation in its modern form. It has forced nations to broaden sturdy economies that could resist pandemic scenarios while last competitive. US has additionally unveiled its Indo-Pacific economic framework, that allows to support the development of trade, digital economies, sustainable infrastructure, and renewable strength—all areas essential to the introduction of destiny economies (Nawaz, Zeeshan, & Zaman, 2024). Travel regulations, border

closures, and extensive lockdowns put a lot of pressure on global supply chains, which became a problem for the global economic system. Nations have made separate coverage decisions regarding whether to preserve with regulations, lockdowns, etc. in mild of the uneven upward push and decline in incidents. as an example, lockdowns are still an end result of China's zero tolerance for COVID. In this situation, it is clear that global supply chains want to diversify and emerge as more adaptable. India is working at the supply Chain Resilience Initiative, alongside Australia and Japan, to address those issues. The initiative targets to create supply networks which can be resilient, secure, and sustainable for the future. On this context, it will become vital to analyse the underlying dynamics and their wider implications (Wadhwa, 2022).

The need to create dependable connectivity networks became extra crucial because of the pandemic spread. Because of the "work from home" and "study from home" guidelines, there was a surge within the use of the internet for both enterprise and educational functions. The rise in telemedicine consultations also delivered attention to the need for stepped forward digital connectivity (Alenoghera et al., 2023). The demand for virtual connectivity will rise as economies develop, and the need to strengthen virtual safety will observe. The need to improve physical connectivity continues to be an important element of connectivity. The area nevertheless wishes to move people and things in a green way. India's approach for the evolving strategic assemble of the Indo-Pacific has taken into account the need to shut the connectivity hole among its neighbours. India has emphasised the significance of collaboration for infrastructure development, which would permit the motion of people and goods and further improve international ties (Vashisth, 2023).

Because the pandemic starts off evolved to wane, humans are starting to pay greater attention to local geopolitical environment and new problems with a view to have an effect on the evolving strategic assemble of the Indo-Pacific in the future. AUKUS become shaped by means of Australia, the United Kingdom, and the United States in response to China's assertive moves so as to make certain maritime safety thru accelerated cooperation based on not unusual assist for peace, democracy, prosperity, and an worldwide order founded on norms. a good way to "deliver a more secure and greater relaxed vicinity," the AUKUS alliance works (Cox, Cooper, & O'Connor, 2023). The area would also need to react to Russia's growing interest. In spite of its dismissal of the evolving strategic assemble of the Indo-Pacific concept, Russia is making efforts to shift its focus to Asia, and as its relations with the 'West' deteriorate and it pushes to broaden it's a long way East vicinity, this may attract more attention. As they attempt to strike a stability between

China, their primary financial partner, and the us, their primary protection accomplice, it remains to be visible how the international locations of the area will react to Russia's overtures. on this context, it will become imperative to analyze the underlying dynamics and their wider implications.

Security within the evolving strategic construct of the Indo-Pacific area can be laid low with the continuing war in Ukraine. Concerns over the international locations' food and power safety display how the war is already having a right away effect. The costs of commodities have long passed up because of rising gas fees. Terrible and marginalised people inside the vicinity can be impacted by way of the battle's scarcity of a few food staples and cereals. due to the struggle's improved inflation and the underlying difficulties brought on by way of the pandemic, the tempo of the economy's restoration has slowed. A shift of attention far from Afghanistan has been one of the conflict's accidental effects, particularly for the location. future security implications for the region will be vital given how volatile, depending on humanitarian useful resource, and electricity-hungry the warfare-torn state continues to be. the continued disaster in Ukraine and China's and Russia's previous stances on Afghanistan display that polarisation is right here to stay. because the battle in Ukraine rages on, it can end up more acute and feature an effect on the surrounding nations (Pathak, 2021).

## **Conclusion**

Because of adjustments in the worldwide geopolitical and geoeconomic panorama at some stage in the beyond ten years, the evolving strategic construct of the Indo-Pacific location has come underneath more interest. It has become an area where cooperation and competitiveness coexist. The pandemic has highlighted a number of opportunities and problems, which includes the want for guidelines-based totally order, rebalancing alternate and supply chains, resolving worldwide institutions' flaws, and vaccination excellent. So one can create a secure regional protection architecture, like-minded countries ought to enhance their partnerships and collaborate extra successfully, given the location's unexpectedly converting dynamics. India occupies a unique vicinity within the region. It'll be a key player in the submit-pandemic nearby and international restoration because of its size, vicinity, abilities, and pursuits. India's coverage for the evolving strategic construct of the Indo-Pacific could stay concentrated on forming alliances with like-minded international locations in the vicinity. It has end up clean that because the evolving

strategic assemble of the Indo-Pacific rises to prominence, the major regional players are keen to engage with India and support its vision of a "loose, open, and inclusive" Indo-Pacific. Collectively, they might ought to create an Indo-Pacific architecture that might address new demanding situations and shield the long-time period economic and geopolitical hobbies of the member states of the vicinity. On this context, it becomes imperative to investigate the underlying dynamics and their wider implications.

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