Relevance of WHO traditional medicine strategy (2014-2023) with traditional health care policy in the perspective of national law and international law

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ABSTRACT
Traditional Medicine has recently attracted the attention of health experts. The problems in this article are the challenges faced in the use of traditional medicine, namely the lack of research data, lack of proper control mechanisms, lack of education and training, and lack of expertise. The purpose of this study is to analyze the relevance of “WHO Traditional Medicine Strategy” with traditional health care policies in the perspective of national law and international law, with normative juridical methods with legal materials in the form of secondary data, both primary legal materials such as national and international laws and regulations, secondary legal materials such as articles, related research and related news. Implementing traditional health services in Indonesia has a legal basis, national and international law, namely the “WHO Traditional Medicine Strategy”. The results showed that traditional medicine from Indonesia, namely herbal medicine, has been widely accepted in almost all countries in the world. According to WHO, countries in Africa, Asia and Latin America use herbal medicine to complement primary treatment. And Indonesia, as one of the WHO member countries, has implemented the “WHO Traditional Medicine Strategy” to implement traditional health services and integrate traditional medicine into the National Health System (SKN). Indonesia, which is rich in herbal medicines, must be able to preserve existing herbal medicines.

KEYWORDS
traditional medicine; WHO Traditional Medicine Strategy; national law; international law; National Health System (SKN).

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Introduction
Herbal medicine is consistently the most popular form of complementary medicine (Frost et al., 2021). Herbal medicine has been widely accepted in almost all countries in the world. According to WHO, countries in Africa, Asia and Latin America use herbal medicine as a complementary primary treatment. Even in Africa, as many as 80 percent of the population uses herbal medicine for primary treatment. The driving factors for the increase in the use of herbal medicines in developed countries are longer life expectancy when the prevalence of chronic diseases increases, the failure to use modern medicines for certain diseases including cancer and the wider access to information about herbal medicines around the world. WHO recommends the use of traditional medicine in the maintenance of public health, prevention and treatment of disease, especially for chronic diseases, degenerative diseases and cancer. WHO also supports efforts to improve the safety and efficacy of traditional medicines. The use of traditional medicine is generally considered safer than the use of modern medicine. This is because traditional medicine has relatively fewer side effects than modern medicine.

Traditional health services have been known to exist since time immemorial and are utilized by the community in preventive, promotive, curative and rehabilitative efforts. Until now, traditional health services continue to develop in accordance with technological advances accompanied by increased utilization by the community as a result of the spirit to return to using natural things or known as ‘back to nature’ (Directorate General of Public Health, 2011). Traditional & Complementary Medicine (T&CM) has recently attracted the attention of health experts and health decision makers (Siswanto, 2017). At the global level, the World Health Organization (WHO) has paid attention to the development of traditional medicines as evidenced by the publication of good practical guidelines and research and development guidelines in the field of traditional medicine (WHO, 1995; 2002). International cooperation organizations (APEC, OIC, ASEAN), also pay attention to traditional medicine. At the national level, the government’s attention is actually quite large, this can be seen from the preparation of the National Policy on Traditional Medicine (Kotranas) (Ministry of Health of the Republic of Indonesia, 2007).

In the international world, the development of traditional health services has also received attention from various countries. From the results of the agreement at the WHO Congress on Traditional Medicine meeting in Beijing in November 2008 it was stated that safe and useful traditional health services could be integrated into the health care system. From the WHA meeting (World Health Assembly) in 2009 stated in one of its resolutions that...
WHO encourages member countries to develop traditional health services in their countries according to local conditions (Directorate General of Public Health, 2011). An international policy that can be used as a reference or guideline in the implementation of traditional health services in WHO member countries, especially in Indonesia is the “WHO Traditional Medicine Strategy 2014-2023” policy. The purpose of this document is to integrate global healthcare systems with traditional science and practice through assessment of the safety, efficacy and quality of treatment (Muslimin et al., 2022).

Literature review

Traditional health services

Traditional health services have the following meanings:

According to law no. 36 of 2009 concerning health

Traditional health services are treatment and/or treatment with methods and drugs that refer to empirically hereditary experiences and skills that can be accounted for and applied in accordance with prevailing norms in society. The definition of traditional health services is stated in Article 1 number 16 of Law no. 36 of 2009 concerning Health. Based on these provisions, it can be explained that the definition of traditional health services contains the following requirements:
1. The existence of treatment and or care activities;
2. Using traditional methods or medicine;
3. Based on hereditary experience and skills;
4. Can be justified empirically; and
5. Its application is in accordance with the norms that apply in society

According to WHO in “WHO traditional medicine strategy (2014-2023)”

Traditional medicine defines it as a combination of knowledge, skills and practice based on certain theories, beliefs and cultural experiences, whether described or not, used in the maintenance of health and in the prevention, diagnosis, amelioration or treatment of physical and mental illness.

In accordance with article 59 of Law Number 36 of 2009 concerning Health, it is stated that:
1. Based on the method of treatment, traditional health services are divided into:
   a. traditional health services using skills; and
   b. traditional health services using herbal medicine.
2. The traditional health services as referred to in paragraph (1) are fostered and supervised by the Government so that their benefits and safety can be accounted for and do not conflict with religious norms.

Types of Traditional Herbal Medicine Health Services, including: Jamu, Gurah, Homeopathy, Aromatherapy, SPA Therapy, and Other Methods Using Herbs (Suharmiati, at al. 2017). While those included in traditional health services Skills include: acupuncture, chiropractic, massage, shiatsu, fractures, birth attendants, battra circumcision, reflexology, acupressure, cupping, apitherapy, skin/hair beauty, internal energy, paranormal, reiki, qigong, kebatinan, and methods others who use skills.

Articles 60 and 61 of Law Number 36 Year 2009 concerning Health states that people who provide traditional health services must follow the established rules, and the community is given the widest opportunity to develop, improve, and utilize traditional health services that benefits and safety can be accountable (Bagiastra & Sudantra, 2018). People who perform traditional health services are called dukuns or hattras called also shaman or battra. Traditional Medicin according to Permenkes No. 61 of 2016 is every person who conducts empirical yankestrad whose knowledge and skills are obtained through hereditary experience or non-formal education.

Traditional health services have been known for their existence since time immemorial, both in Indonesia and internationally and are utilized by the community in preventive, promotive, curative and rehabilitative efforts. Until now, traditional health services continue to develop in accordance with technological advances accompanied by increased utilization by the community as a result of the enthusiasm to return to using things that are natural or known as 'back to nature'. (R et al., 2019).

In the international world, the development of traditional health services has also received attention from various countries. From the results of the agreement at the WHO Congress on Traditional Medicine meeting in Beijing in November 2008 it was stated that safe and useful traditional health services can be integrated into the health care system according to local conditions (Directorate General of Public Health, 2011).

Traditional health services are services that provide treatment and/or treatment with drugs that refer to empirically hereditary experience and skills that can be accounted for and applied in accordance with prevailing norms in society (Razy, nd).

Therefore, it can be concluded that not all types of treatment based on experience and skills are included in the categories intended by law, but must meet empirical tests and do not violate the norms prevailing in society.

Currently, the existence of traditional medicine in Indonesia is well known and widely used by the public to meet their health needs. The use of traditional medicine is generally preferred as an effort to treat a disease. In health services, traditional medicine is an option for the community in finding solutions to health problems. People
generally choose traditional medicine because traditional medicine is easy to obtain and the cost is relatively cheap compared to modern medicine (Kartika et al., 2017).

To be widely used by the community, traditional medicine in health services, many things must be considered. Among other things, health services must: (Field & Lohr, 1990)

1) Clear. This means that it can be measured properly, including the size of the deviation that may occur. Deviations that occur can come from the implementers of traditional medicine or the government such as the lack of supervision from the government.

2) Makes sense. Unreasonable standards will not only be difficult to use but will also frustrate medical professionals or practitioners. Every method or method used in treatment must be accounted for.

3) Easy to understand. Standards that are not easily understood will also make it difficult for implementing officers to fulfill them for a health service.

4) Can be trusted. There is no point in setting difficult standards because they will not be achieved in the fulfillment of health services. Because it is often mentioned, in setting standards, one of the conditions that must be met is that it must be in accordance with the conditions of the organization it belongs to. The truth can be trusted for the benefit of society.

5) Legitimate. This means that there is a strong and verifiable relationship between the standard and the quality of the service it represents.

6) Convincing. This means that it represents the specified requirements. If the level of trust in a service is too low, it will cause other requirements to be meaningless and unacceptable in society.

7) Stable, Specific and Explicit. This means that it is not affected by changes in time, is distinctive and clear. With these requirements, it is hoped that not only the quality of traditional medicines will be improved, but more importantly, the emergence of various medically irresponsible side effects can be avoided. But what is happening now is the emergence of the concept of traditional medicine with the supernatural. Where in this concept the standards are different from each other and the standard of treatment must be doubted, its clarity, reliability, validity, trustworthiness, causes standardization of good service to be difficult.

**WHO traditional medicine strategy 2014-2023**

The 2014–2023 WHO Traditional Medicine (TM) Strategy was developed in response to a World Health Assembly resolution on traditional medicine (WHA62.13). The World Health Assembly is the WHO’s decision-making body. It is attended by delegates from all WHO Member States and focuses on the specific health agenda prepared by the Executive Council. The primary functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director General, oversee financial policy, and review and approve proposed program budgets. The Health Assembly is held annually in Geneva, Switzerland (2002). As is known, one of the WHA resolutions is about traditional medicine (WHA 62.13). Where is the policy “WHO Traditional Medicine Strategy” developed in response to the resolution World Health Assembly on traditional medicine (WHA 62.13).

The aim of this strategy is to support Member States in:

- harness TM’s potential contribution to community-centred health, well-being and health care and universal health coverage;
- promote the safe and effective use of TM by regulating, researching, and integrating TM products, practitioners and practices into healthcare systems, where appropriate.

**WHO TM strategy evolution 2014-2023**

The WHO TM Strategy 2014–2023 is intended to provide information, context, guidance and support to policy makers, health care planners, public health specialists, the traditional and complementary medicine community and other interested parties about Traditional and Complementary Medicine (T&CM), including products, practices and practices, and practitioners. It addresses issues in evaluating, regulating and integrating T&CM, as well as in harnessing its potential to benefit individual health.

WHO Traditional Medicine Strategy 2014–2023 updates and improves the framework for the actions set out in:

- WHO Traditional Medicine Strategy 2002–2005, the first strategy document ever prepared by WHO in this area;
- the traditional medicine section of the WHO Drug Strategy 2004–2007;

This new strategy reviews the potential contribution that T&CM can make to health, in particular healthcare delivery, and sets out priority actions for the period to 2023. This strategy is an effective and proactive response to the World Health Assembly Resolution on traditional medicine, which encourages Member States to consider T&CM as an important part of the health system and builds on the work introduced in the Beijing Declaration, adopted by the WHO Congress on Traditional Medicine in 2008 (April, 2020). Strategy This new document is an important document for Member States, T&CM stakeholders and WHO in positioning T&CM in their country’s health systems. This strategy highlights advances in T&CM research and development and recognizes the experience gained during the implementation of the "WHO Traditional Medicine Strategy 2002-2005" and the WHO strategy mentioned above.
The need for a new strategy

WHO and its Member States believe it is important to update and enhance the current strategy for a number of reasons:

1) Continuous absorption of T&CM
   Health care consumers and communities around the world continue to include T&CM in their healthcare choices. It requires Member States to support them in making informed decisions about their choices.

2) T&CM has growing economic importance
   T&CM grows and develops, especially with regard to products purchased directly or via the Internet. The T&CM sector now plays an important role in the economic development of a number of countries. At the same time, given the current global financial constraints, the use of T&CM for health promotion, personal health care and disease prevention can actually reduce health care costs.

3) Global nature of T&CM
   T&CM products and practices from one region are used worldwide to complement local healthcare service delivery, making T&CM a truly global phenomenon. This requires a new level of cooperation among Member States as the sector continues to work to define and support access to safe products and practices.

4) Levels of education, accreditation, and regulation of T&CM practices and practitioners vary widely
   In an increasingly globalized world, individuals move freely from one country to another to live and work. Given these trends, a better understanding of T&CM practitioners is needed to ensure consistency and professional safety.

5) Recent advances in T&CM research and development
   Since the release of the 2002-2005 WHO Traditional Medicine Strategy, there has been significant progress in what is known about T&CM along with the development of technical standards and guidelines for organized health care delivery.

6) Intellectual property rights
   As T&CM becomes more popular, it is important to balance the need to protect the intellectual property rights of indigenous peoples and local communities and their healthcare heritage while ensuring access to T&CM and encouraging research, development and innovation. Any action must follow a global strategy and action plan for public health, innovation and intellectual property.

7) Integration of T&CM into the health system
   As the uptake of T&CM increases, there is a need for closer integration into the healthcare system. Policymakers and consumers should consider how T&CM can improve the patient experience and public health. Important questions about access as well as population and public health issues must be addressed.

This new strategy document reviews progress made around the world since the 2002-2005 WHO Traditional Medicine Strategy, includes highlights of emerging successes and challenges, and provides a framework for action into the next decade that will strengthen T&CM globally (World Health Organization, 2013).

Method

The type of research used by the author is normative juridical research. Normative legal research is library research or document study because this research is conducted or aimed only at written regulations or other legal materials (Soekanto & Mamudji, nd), with legal materials in the form of secondary data, both primary legal materials such as national and international legislation, secondary legal materials such as articles, previous research and so on as well as tertiary legal materials in the form of dictionaries and encyclopedias. In this study will be analyzed relevance of WHO traditional medicine strategies with traditional health care policies in the perspective of national law and international law.

Results

Relevance of “WHO traditional medicine strategy” to traditional health care policies in the perspective of national law

As a member country of the World Health Organization (WHO), Indonesia is encouraged to recognize the role of traditional medicine in their health care system. However, there is great diversity in the varieties of traditional medicine that can be considered part of the local health care system. The WHO strategy recommends that member countries, in this case Indonesia, identify and assess in detail what types of traditional medicines are used by the population in Indonesia and design their own country profiles for traditional medicine practices. This information will enable informed policy decisions about how to properly manage and use traditional medicine. As the traditional medicine market becomes more globalized, harmonization and cooperation will increase in value. In this case, policies and regulations with a national and global perspective must be developed. The strategic plan recommends that countries use a best practice approach to developing regulations for different modalities (World Health Organization, 2013).

So far international, national, and regional policies, are provisions that call for ensuring and protecting the rights of indigenous peoples to their trade in traditional medicines. This policy was written with the intention of supporting both traditional medicinal healers in offering their services and for indigenous peoples in accessing traditional medicines and practices (Carrie et al., 2015).
The implementation of traditional health services in Indonesia has a legal basis, both from national law and international law, namely "WHO Traditional Medicine Strategy (2014-2023)".

The national laws for traditional health services based on the diagram above are:

1) UU no. 36 of 2009 concerning Health
2) Law Number 36 of 2014 concerning Health Workers
3) The National Health System (SKN) in Presidential Regulation Number 72 of 2012, it is stated that traditional complementary health services are part of the subsystem of health efforts.
4) PP No. 47 of 2016 concerning Health Service Facilities, that traditional health service facilities are one form of health service facilities.
5) PP No. 103 of 2014 concerning Traditional Health Services

In the context of the increasingly popular use of traditional medicine, WHO underlined the importance of a framework for joint action between WHO and member states (2002). The framework aims to make traditional medicine more instrumental in reducing mortality and morbidity, especially among the poor (Yulina, 2017). WHO's strategy in terms of traditional medicine includes 4 (four) main objectives, namely:

1. Integrate traditional medicine appropriately in the national health care system by developing and implementing a national policy on traditional medicine with its various programs.
2. Improve safety, efficacy and quality by strengthening the knowledge base of traditional medicines and regulations and quality assurance standards.
3. Increase the availability and affordability of traditional medicines, especially for the poor.
4. Promoting the proper use of traditional medicine by medical professionals and consumers (Yulina, 2017).

Indonesia as a member country, needs to describe the WHO global strategy in a comprehensive national policy with programs that have clear directions and targets going forward by involving the active participation of all relevant sectors (Yulina, 2017). In line with the policy objective of “WHO Traditional Medicine Strategy”, the Government through the Ministry of Health of the Republic of Indonesia conducts guidance and supervision in the implementation of traditional health services through 3 (three) pillars, namely:

1) Arrangements regarding regulatory support for Traditional Health Services have been regulated in Law Number 36 of 2009 which has been mentioned above, the National Health System (SKN) of 2009 which states that Traditional Medicine is part of the Health subsystem. Efforts, Decree of the Minister of Health of the Republic of Indonesia Number 1076/Menkes/SK/VII/2003 concerning the Implementation of Traditional Medicine and Kepmenkes Number 1/2010 concerning Service-Based Herbal Medicine Services.
2) Fostering partnerships with various cross-sectoral and relevant traditional healer organizations (associations), including supervision of traditional healers, both native to Indonesia and from abroad.
3) Utilization of the Center for Development and Application of Traditional Medicines (P3T Center) to screen Traditional Health Service methods in the community and conduct evidence through assessment, research, clinical trials, both methods and their benefits and safety. Currently, there are 11 P3T Centers spread across 11 provinces, namely North Sumatra, West Java, DKI, Central Java, East Java, DIY, Bali, NTB, Maluku, North Sulawesi, Southeast Sulawesi as well as the existence of Traditional Health Centers. (BKTM) in Makassar and the Traditional Community Health Workshop (LKTM) in Palembang.

(Directorate General of Public Health, 2011)

The government through the Ministry of Health has the task of carrying out traditional health service development programs. This is intended so that traditional health services can be carried out with full responsibility for the benefits, safety and quality of their services so that the community is protected in choosing the type of traditional health services according to their needs. The community also needs to be given the widest opportunity to use and develop traditional health services and the government has an obligation to carry out good screening, supervision, and guidance so that the community is protected from harmful things due to misleading information or unacceptable services and accountable (Directorate General of Public Health, 2011).

The government develops traditional health services based on a body of knowledge with a holistic biocultural dimension into a traditional Indonesian health service system that is in accordance with the religious and cultural norms of the community. Traditional health care is a system of treatment/ care that is based on the philosophy and basic concepts of a whole person, so that patients/clients who are viewed holistically and culturally will be treated more humanely. With this philosophical approach, traditional health services will complement modern health services that are more focused on biomedical approaches so that there is a synergy of health services in Indonesia (Jogloabang, 2020).

There are 7 (seven) government steps in order to integrate traditional medicine into the National Health System (SKN), namely:
1) Strategy formulation for integration;
2) Establish rules for integration;
3) Establish service and competency standards;
4) Training and education for providers and practitioners of conventional traditional medicine;
5) Integration of traditional/alternative medicine into the (formal) health system;
6) Build partnerships and networks with other countries to exchange information and experiences; and
7) Conduct research and development for scientific evidence.

(Ministry of Health of the Republic of Indonesia, 2011).

Relevance of “WHO traditional medicine strategy” to traditional health care policy in international law perspective

The application of international law is not as simple as the application of national law. Because some of the subjects of international law are in the area of national law, where the subjects of international law are. For example, the state as one of the subjects of international law certainly has its own national law that applies in each country and is not necessarily in line with international law (Puspita Sari, 2018).

Traditional medicine is one of the main sources of health services (Suharmiati et al., 2020). Usually these countries have limited access to conventional drug-based health services. For example, in African countries the use of traditional medicine is quite extensive, which can be attributed to its availability and affordability. The use of traditional medicine in Africa as an alternative or complementary therapy, to treat various diseases such as hypertension, diabetes, cancer, asthma, malaria and mental disorders (James, 2018). African traditional medicine and traditional health practitioners have made a significant contribution to achieving universal health coverage (UHC) (Kasilo, 2019). In more developed countries, the use of traditional medicine is influenced by culture and history. Singapore and the Republic of Korea have fairly well-established conventional health care, but 76% and 86% of the population also use traditional medicine, respectively. In some countries, especially high-income countries with well-structured health systems, traditional medicine is used as a complementary or adjuvant therapy (Zhang, 2018).

WHO has established the concept of integration as Traditional & Complementary Medicine (T&CM) in the health system has increased (World Health Organization, 2013). Among the 37 countries and territories in the Western Pacific Region, countries such as China, Japan, and the Republic of Korea have well-developed integration policies and regulatory systems for their products, practices, practitioners, and education systems. These countries recognize and institutionalize T&CM through strong political support and are backed by legislation. Meanwhile, countries that are in the process of developing integration in their health systems are countries that tend to have a long history of using traditional medicine, but have not yet reached the level of support and institutionalization seen in established countries.

Some other Asian countries that are also famous for using herbal medicine as medicine are China (Traditional Chinese Medicine), Japan (Kampo), Korea, India (Ayurveda), Iran (Persian Medicine) and Indian tribes in the Americas. China (Traditional Chinese Medicine) is reported to use 12,000 types of materials which are generally in the form of plant materials, as well as in India which also uses thousands of plant materials in its traditional medicine methods.
Along with advances in information technology that causes easy access to information related to the benefits of herbal medicine, increasing research related to herbal medicines and increasing the level of public knowledge, causing an increase in the use of herbal medicines in the community. The Covid-19 pandemic has also made people increasingly use herbal medicines as an effort to maintain their immune system. This is reinforced by the inclusion of the use of traditional medicines in the Guidelines for the Prevention of Control of Corona Virus Disease-19 (COVID-19) of the Ministry of Health in the 5th Revision of 2020, including red ginger, ginger, temulawak, turmeric, kencur, galangal, garlic, cinnamon, lemongrass, moringa leaves, katuk leaves, guava, lime, and black cumin (Ministry of Health of the Republic of Indonesia, 2020).

In addition, based on Indonesian statistics in 2021, the average population who self-medicate is 63.67%. People in general use over-the-counter medicines for self-medication, including the use of herbal medicines that can be purchased without a doctor's prescription (Ana et al., 2017). The use of herbal medicines in the community is based on several things, including relatively affordable prices, the belief that herbal medicines have fewer or no side effects when compared to chemical medicines and easy access to herbal medicines because they can be purchased freely, and the reluctance of the public to visit health facilities to avoid exposure to the COVID-19 virus.

This increase in the use of traditional medicine does not only occur in the country but also abroad (Siregar et al., 2020). This can be seen in a statement by the Minister of Trade released by Kompas.com where the export value of Indonesian herbal or biopharmaceuticals in the January-September 2020 period increased by 14.08% or worth 9.64 million United States (US) dollars compared to last year, the same period in 2019. For information, Indonesia ranks 19 exporting countries for herbal or biopharmaceuticals to the world with a market share of 0.61% in 2019. In the January-September 2020 period, India's biopharmaceutical product export destination countries are still dominated by India (62.30%), Singapore (6.15%), Japan (5.08%), Malaysia (3.75%), and Vietnam (3.17%). This data shows the huge potential of the Indonesian herbal medicine market at the global level. Moreover, with the existence of free trade, Indonesian herbal products must have good quality, benefits and product safety in order to have high competitiveness so that they can outperform herbal products from other countries. The need for traditional medicinal products can be met by around 900 small industries and 130 medium-sized traditional medicine industries that exist today (2021).

**Traditional Chinese medicine method**

Traditional medicine (Chinas practicetraditional medicine finished in China and has been growing for several thousand years. Medical practice includes: natural medicine, acupuncture, and Tui Na massage. This medicine is classified under "Eastern Medicine", which also includes other traditional East Asian medicines such as: Kampo (Japan) and Korea. Traditional Chinese Medicine believes that all processes in the human body are related and interact with environment. Therefore, disease is caused by disharmony between the environment inside and outside one's body.

Symptoms of not This balance is used in the understanding, treatment, and prevention of disease. The theory used in medicine is based on several philosophical references including the theory of Yin Yang, five elements (Wu-xing), system meridian human body (Jing-loo), organ theory Zang Fu, and others. Diagnosis and treatment refers to this concept. Traditional Chinese medicine often contradicts western medicine, but some practitioners combine it with the principle evidence-based medicine. On western world, traditional Chinese medicine is considered to be alternative medicine. However, in People's Republic of China and Taiwan, become an integral part of the health system.

Traditional medicine is a form of non-invasive therapeutic intervention, rooted in ancient beliefs (Noor, 2018), including the concept of ancient beliefs. In the 19th century, these traditional medicine practitioners still had limited knowledge infectious diseases, and understanding of Western medical science such as biochemistry (Zakaria et al., 2019). They use thousands of years of theory based on experience and observations and a system of procedures on which treatment and diagnosis is based. Unlike some forms of traditional medicine that have become extinct, traditional Chinese medicine is now part of modern medicine and part of the health system in China. In recent decades, many Western medical experts have also investigated the veracity of this traditional Chinese medicine. Traditional Chinese medicine is often used to help treat side effects chemotherapy, assisting the treatment of drug dependence, and treating various chronic conditions that are considered impossible to cure by conventional medicine (Pien tze huang first documented in Ming dynasty).

**South African traditional medicine methods**

Alternative approaches are not only used for treatment or healing but have also penetrated into other aspects of life. For a doctor or medical personnel, caring for someone is routine. However, for a sangoma (read: sanggo-ma) in South Africa, one's healing is one of many important roles that lead to the creation of harmony both in the context of individuals, between humans, and with others. An external force often associated with ancestral spirits. Traditional medicine practitioners in South Africa, particularly in the Zulu tradition, can be divided into sangoma and inyanga. Sangoma, or isangoma, has a role to diagnose a person's disease and see its relationship with society. Because the disease that appears in a person is considered to be sourced from the surrounding social environment, such as relationships with people at home or at work. This method is referred to as a holistic approach.

While doctors are synonymous with white coats and stethoscopes, sangomas also have special clothes usually made of animal skins and beads that are used around the neck, on the wrists and feet, or in the hair.
medicinal rituals, the sangoma can dance, sing, or make sounds. In addition, there is also a ritual of throwing bones, usually using animal bones, stones, shells, or other objects that are thrown in one place to be ‘read’.

The position of bones and other objects indicates a part of the patient’s life. While inyanga is more dominant as a traditional medicine practitioner who uses herbs and traditional medicine and utilizes animal body parts to treat their patients. The knowledge acquired is passed down from generation to generation. In short, it can be said that inyanga is specifically related to physical illness while sangoma is related to broader aspects including warding off bad luck and curses, protecting the tribe from evil spirits, communicating with ancestors, to finding lost items in the context of tribal life for example, to find lost cattle.

Alternative medicine methods in America

For Native Americans, illness was associated with spiritual problems (Sholihul & Alvita, 2018). Those who live by breaking the law or causing disharmony in life, will automatically get sick. The imbalance that occurs when illness comes not only disturbs the body, but also mentally, and spiritually. A somewhat unique view of the Native Americans is that illness is a personal responsibility to be dealt with alone. The herbal medicine obtained will then be mixed by a medical expert and drunk by the sick person himself. While the rituals and ceremonies of treatment only serve to return the sick to the midst of the tribe.

Some of the plants that the Native Americans used as medicine are as follows:

1) Tobacco. It is considered sacred and is used in many remedies. What is used is smoke without the addition of any chemicals
2) Sage. Treat stomachache, colon, respiratory tract, kidney, liver, lungs, skin pores, bones, genitals, hair and scalp, burns and bruises, antiseptic for allergies, colds, fever, mouthwash for sore throat, as a soothing tea.
3) Cedar. The fruit and leaves are boiled for cough medicine, the cedar is burned and smoked for colds.
4) Peruvian bark, or quinine (quinine). Overcoming cramps, chills, and heart disease.
5) Ipecac. A herbal remedy made by Indians in the Amazon to treat amoebic dysentery is made from the roots of the plants Cephaelis ipecacuanha and C. acuminata.
6) Curare. Used as arrow poison, in modern times it is used as a muscle relaxant in surgery and first aid for tetanus.
7) Cascare Buckthorne. Overcoming vomiting.
8) Check coca and cocaine. As a local anesthetic.

Discussion

The application of international law is not as simple as the application of national law. Because some subjects of international law are in the area of national law, where the subjects of international law are. For example, the state as one of the subjects of international law certainly has its own national law that applies in each country and is not necessarily in line with international law. At the national and international level, around 80% of the population relies on traditional medicine for primary health care. Therefore, the safe and effective administration of traditional medicines can be an important means of increasing access to comprehensive health services. However, based on the WHO Global Survey (1994), the challenges faced in the use of traditional medicine, namely the lack of research data, lack of proper control mechanisms, lack of education and training, and lack of expertise. A similar situation is also found in the SEARO region (South-East Asia Regional Office), a national policy survey on traditional medicine and herbal medicine regulation (2005) revealed that not all SEARO countries have policies related to traditional medicine. This issue should be a concern of WHO as well as member countries including Indonesia.

Conclusion

1. The government’s policy on traditional health services in Indonesia is relevant to the guidelines issued by WHO, namely "WHO Traditional Medicine Strategy 2014-2023", it can be seen from the strong commitment of the Government of Indonesia in the development of traditional medicine and the Government’s concrete steps to integrate traditional medicine in the National Health System (SKN).)
2. The Government’s effort to integrate the WHO Strategy on traditional medicine into the National Health System (SKN) is by issuing a number of regulatory frameworks, starting from the statutory level, to the Decree of the Minister of Health. These policies include: government mandates to regulate traditional medicine; traditional medicine practitioner settings; alternative medicine practice settings; and the development of scientifically based herbal medicine (science of herbal medicine).
3. Herbal medicine has been widely accepted in almost all countries in the world. According to WHO, countries in Africa, Asia and Latin America use herbal medicine as a complementary primary treatment. Even in Africa, as many as 80 percent of the population uses herbal medicine for primary treatment. The driving factors for the increase in the use of herbal medicines in developed countries are longer life expectancy when the prevalence of chronic diseases increases, the failure to use modern medicines for certain diseases including cancer and the wider access to information about herbal medicines around the world.
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