

Y học cổ truyền được Nhà nước thúc đẩy như một biểu tượng quốc gia: Trường hợp Indonesia và Việt Nam những năm 1950

Mai Thị Mỹ Vị^{a*}, Frank Dhont^b

Tóm tắt:

Trong những năm 1950, các quốc gia mới giành độc lập ở Đông Nam Á, bao gồm Việt Nam và Indonesia, phải đối mặt với tình trạng khủng hoảng y tế nghiêm trọng do những khó khăn trong việc xây dựng hệ thống chăm sóc sức khỏe hiện đại cũng như sự bãi bỏ hệ thống y tế thuộc địa. Trong bối cảnh đó, y học cổ truyền dần chuyển đổi từ một phương pháp điều trị bị xem nhẹ dưới thời thuộc địa thành một công cụ hậu thuộc địa có vai trò tích cực trong việc duy trì và cải thiện sức khỏe cộng đồng. Sau khi giành độc lập, Việt Nam và Indonesia đối diện với tình trạng thiếu hụt nghiêm trọng nguồn lực y tế và đã tích cực thúc đẩy các phương pháp điều trị bằng y học cổ truyền như một giải pháp thay thế trong nước.

Tại Indonesia, *jamu*, một phần của y học cổ truyền bản địa, đã phát triển thành một biểu tượng quan trọng thể hiện bản sắc dân tộc. Một trong những nguyên nhân chính là *jamu* có mối liên kết chặt chẽ với các truyền thống văn hóa của Indonesia. Trong khi đó, y học cổ truyền Việt Nam từng bị chính quyền thuộc địa Pháp coi là lạc hậu và tìm cách loại bỏ trong suốt nhiều năm. Tuy nhiên, Chính phủ Việt Nam Dân chủ Cộng hòa đã triển khai chiến lược khôi phục y học cổ truyền nhằm giải quyết tình trạng thiếu hụt vật tư y tế. Từ những năm 1950, các nhà hoạch định chính sách y tế đã sử dụng y học cổ truyền như một phần trong chiến lược xây dựng quốc gia. Bài viết này phân tích các phương thức mà Việt Nam và Indonesia đã áp dụng để thúc đẩy sự phát triển của y học cổ truyền và xây dựng biểu tượng quốc gia trong thời kỳ hậu thuộc địa. Đồng thời, bài viết cũng chỉ ra những điểm tương đồng và khác biệt trong chiến lược kiến tạo quốc gia của hai nước dựa trên y học cổ truyền.

Từ khóa: *xây dựng biểu tượng quốc gia, y học cổ truyền, Indonesia, Việt Nam, chiến lược y tế*

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Traditional Medicine as a Government-Fostered National Symbol: Indonesia and Vietnam in the 1950s.

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Abstract:

In the 1950s, several newly independent nations in Southeast Asia, including Vietnam and Indonesia, faced severe health conditions due to the difficulties of developing their modern national healthcare systems and the abolition of the colonial medical system. During this time, traditional medicine began to transform from being looked down on as a healthcare practice to a post-colonial tool actively supporting the goal of maintaining and improving population health. After gaining their independence, Vietnam and Indonesia faced a shortage of medical resources and worked to promote traditional treatments in their respective countries.

In Indonesian, the *jamu*, considered a part of traditional Indonesian medicine, has developed into an important national identifying symbol. One of the big reasons for this is because of its accepted link to Indonesian 'traditions.' In the case of Vietnam, Vietnamese traditional medicine was commonly seen as outdated after years of French colonial government efforts to eradicate it. However, the country's national government launched a campaign to reintroduce it to address the lack of medical supplies. In the 1950s, the people in charge of the health sector used traditional medicine to begin the effort to construct nation-building strategies. In this paper, we will examine the techniques used by these two countries to support the growth of traditional medicine and create these national symbols in the post-colonial period. The paper also highlights the parallels and variations in Vietnam's and Indonesia's national construction strategies based on traditional medicine.

Keywords: *National symbol building, traditional medicine, Indonesia, Vietnam, health care strategy*

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Introduction

Traditional medicine has played a crucial role in the healthcare systems of Southeast Asian countries, particularly Indonesia and Vietnam. However, its status and legitimacy have been significantly challenged throughout modern history, particularly during the colonial period. In the late 19th and early 20th centuries, colonial administrations introduced Western medicine, which led to the restriction and, in some cases, the prohibition of indigenous healing practices (Pols, 2010). Traditional medicine was often dismissed as unscientific and superstitious, while Western medicine was promoted as a superior and modern alternative (Pols, 2010). Despite these colonial-era efforts to marginalize traditional medicine, both Indonesia and Vietnam have experienced a resurgence in traditional healthcare practices, particularly in the post-colonial period, when governments actively sought to integrate indigenous knowledge into national healthcare systems.

In Indonesia, traditional medicine, particularly *jamu*, was widely practiced for centuries but was excluded from formal education and hospital settings as the medical community aligned itself with modernity and evidence-based treatments (Afdhal & Welsch, 1988). After gaining independence, Indonesian doctors, many of whom were part of the nationalist movement, continued to prioritize Western medicine as a symbol of progress. However, economic constraints and the high cost of pharmaceutical drugs have led many Indonesians, particularly those in rural areas, to continue relying on traditional herbal remedies (Hung, 2020). The Indonesian government has since recognized the importance of traditional medicine, particularly through initiatives to scientize *jamu* and integrate it into national health strategies (Hung, 2020).

Similarly, in Vietnam, the French colonial government sought to suppress traditional medicine in favor of Western medical practices, portraying indigenous medicine as outdated and ineffective (Monnais, 2006). However, during the mid-20th century, traditional medicine experienced a revival, as the Vietnamese government emphasized the integration of traditional and contemporary medical practices (Wahlberg, 2006). In the 1950s, this integration became a central part of national healthcare policies, reflecting broader efforts to utilize indigenous knowledge in post-colonial state-building. Today, Vietnam continues to incorporate traditional medicine into public health initiatives, recognizing its cultural significance and accessibility, particularly in rural areas (Ministry of Health 2003).

This study examines the historical trajectory of traditional medicine in Indonesia and Vietnam, focusing on how both countries have utilized traditional healing practices as national symbols in the post-colonial era. It explores the strategies and policies employed by each government to integrate traditional medicine into their healthcare systems and national identity. By analyzing the similarities and differences in their approaches, this research contributes to a broader understanding of how traditional medicine has been

redefined in Southeast Asia as both a practical healthcare solution and a tool for cultural and political identity.

Subjects and Methods of Research

Subjects of Research

This study examines the role of traditional medicine as a constructed national symbol in Indonesia and Vietnam during the 1950s. The research focuses on multiple key subjects, including the historical context of post-colonial healthcare challenges, government policies, the involvement of medical and social actors, cultural and political influences, and economic factors affecting the revival of traditional medicine. Historically, both Indonesia and Vietnam faced severe health crises after gaining independence, as the modern healthcare infrastructure was still underdeveloped and colonial medical institutions had been largely dismantled. In response, both governments turned to traditional medicine as an accessible and culturally embedded healthcare resource. This study explores how national leaders and policymakers integrated traditional medicine into their respective national identity-building processes, using it as both a healthcare solution and a symbolic marker of self-reliance and post-colonial independence.

A crucial aspect of this research is the analysis of government-led efforts to institutionalize and modernize traditional medicine. In Indonesia, the development of *jamu*- a traditional herbal remedy- was promoted as an essential component of national culture, with state-supported scientific research aimed at legitimizing and standardizing its use. Similarly, in Vietnam, the integration of traditional medicine into military and civilian healthcare during the resistance wars was a strategic effort to maintain public health despite economic constraints. The study also considers the roles of medical practitioners, scientists, and policymakers in shaping the status of traditional medicine and investigates how cultural perceptions of traditional healing evolved under colonial rule and post-colonial governance. Additionally, economic factors played a significant role in the resurgence of traditional medicine, as limited access to Western pharmaceuticals due to high costs and supply shortages reinforced reliance on indigenous healing practices.

Methods of Research

To explore these themes above, this research employs a historical-comparative methodology. The study utilizes a combination of archival research, policy analysis, comparative analysis, and case studies to examine how traditional medicine was framed as a national symbol in Indonesia and Vietnam. Archival research includes the examination of government documents, public health policies, colonial-era regulations, and official statements promoting traditional medicine. Primary sources such as political speeches,

particularly those of Ho Chi Minh advocating for the integration of traditional medicine in Vietnam, as well as Indonesian governmental initiatives for the scientization of jamu, provide essential insights. Secondary sources, including historical and anthropological studies, contribute to the broader contextualization of traditional medicine within Southeast Asia's decolonization process.

A comparative analysis is conducted to identify similarities and differences between Indonesia and Vietnam in their approaches to traditional medicine. This includes an examination of state-driven policies, cultural branding of traditional medicine, and public perceptions of traditional healthcare before and after independence. A key focus is on the institutionalization of traditional medicine: in Vietnam, this was reflected in the establishment of the National Institute of Traditional Medicine in 1957, whereas in Indonesia, the "Scientific Jamu" policy marked a government-led effort to standardize traditional remedies and integrate them into national healthcare. The study also analyzes legislative changes and state-driven initiatives that sought to modernize traditional medicine while maintaining its cultural authenticity.

In addition to policy analysis, the research includes case studies that illustrate how traditional medicine was used in practical applications. In Vietnam, the integration of traditional medicine into wartime medical care during the anti-colonial resistance movements demonstrates its role in national resilience. In Indonesia, the evolution of jamu from an informal herbal remedy into a state-supported brand reflects the government's efforts to elevate it as a national symbol. The case studies are supported by statistical data on the prevalence of traditional medicine use in the 1950s, as well as government initiatives aimed at integrating traditional remedies into official healthcare frameworks (Nawiyanto, 2016).

Finally, this study incorporates documentary evidence and illustrations to clarify key findings. Historical examples of government campaigns, legislative acts, and public health strategies are examined to provide concrete evidence of the institutionalization and national branding of traditional medicine. By analyzing these factors, the research aims to contribute to a deeper understanding of how traditional medicine was actively shaped into a national symbol in both Vietnam and Indonesia, reflecting broader themes of post-colonial identity, healthcare policy, and cultural heritage preservation.

Results and Discussion

Traditional medicine in Indonesia

Jamu in Indonesia during the Dutch Indies period

Indonesia harbors a diverse range of flora species. There are 40,000 tropical plant species worldwide, of which 30,000 are believed to exist in Indonesia. However, only 286

plants in Indonesia are officially recognized as traditional medicinal plants by *Materia Medika* (*Materia Medica*) at the Indonesian Department of Health (Beers, 2012). *Jamu*, a well-known traditional Indonesian herbal remedy, is used to prevent and alleviate disease in the community. *Jamu* derives from a local Javanese word (Antons-Sutant, 2009) on the Indonesian island of Java, where most of the country's citizens reside. According to Purwaningsih's (2013) report, the Basic Health Research (Riskesdas) findings for that particular year revealed that more than 50 % of the Indonesian population had utilized *jamu* (Shao et al., 2022).

Under the Dutch Indies era, most Indonesian physicians believed Western medicine was superior and wanted to use it to enhance Indonesian health (Pols, 2016). *Jamu* was considered superstitious by these universities and medical students (Pols, 2010). During the Japanese occupation spanning from 1942 to 1945, the scarcity of medications necessitated a heavy reliance on traditional herbal medicine within the community. Following the attainment of independence, there arose a high inclination towards using *jamu* due to economic exigencies that made importing Western pharmaceuticals prohibitively expensive. Nonetheless, for the typical Indonesian citizen, there has been minimal alteration; *jamu* has continued to play a pivotal function in Indonesian culture and enjoys widespread popularity. Indonesians with lower socioeconomic status depended on the centralization of *jamu* to maintain their health and manage illnesses.

The modern history of Indonesia has witnessed a challenge and disparagement of Indonesian traditional medicine. At the turn of the 20th century, Indonesian medical practitioners exhibited a preference for contemporary medical practices and scientific principles. Indonesian physicians, rather than adopting conventional medicine, actively participated in the nationalist movement with a resolute belief in the indispensability of modernity.

The development of jamu in the independent era

Following its independence in 1949, the Indonesian government employed the term *asli* to refer to the marginalized indigenous population of Indonesia as the indigenous population of the archipelago during the colonial era is being contrasted with the European colonizers and other foreign minorities, such as the Chinese, Indians, and Arabs, who were permanent residents of the colony (Antons & Antons-Sutanto, 2009). The notion of Indonesian culture is intricately linked to the notion of a national identity. The national culture of Indonesia has been constructed based on the national motto *Bhinneka Tunggal Ika* - Unity in Diversity (Maruf, 2015). *Jamu* has historically been marginalized in formal education due to the increasing dominance of evidence-based Western medicine. However, in recent years, there has been a shift towards integrating traditional medicine

into Indonesia's educational and healthcare framework (Sujarwo et al., 2016). Despite this, many jamu practitioners resisted institutionalized medical training, largely due to long-standing biases against traditional medicine (Kartini & Lien, 2020).

On the other hand, the Asian financial crisis led to a significant increase in healthcare costs, making Western medicine unaffordable for many Indonesians, particularly those in poverty and rural areas. As a result, the use of traditional Indonesian herbal remedies, particularly jamu, has remained widespread among the population, particularly in rural and lower-income communities where access to Western medicine is limited (Kim, Han, & Hidayat, 2019). Traditional herbal medicine continues to be a primary healthcare option due to cultural preferences and economic accessibility (Timmermann & Weiner, 2021). Despite this, the national health care system, centered on conventional Western medicine and has yet to fully integrate traditional healthcare practices (Hung, 2020).

In contrast, Indonesian analysts have recommended that the government support research and development based on indigenous traditional knowledge, recognizing the growing importance of jamu in the national healthcare system. Numerous studies have been conducted to facilitate the transformation of *jamu* from non-standardized herbal remedies to standardized pharmaceutical products. Additional initiatives have been undertaken to collect data on indigenous biological resources and their potential therapeutic applications. However, the data is dispersed among multiple institutions and authorities (Antons & Antons-Sutanto, 2009). Recognizing the need to preserve and regulate traditional medicine, the Indonesian Ministry of Health has prioritized establishing a centralized database to systematize indigenous knowledge and ensure its accessibility for research and policy development (Wahjuni & Sulastri, 2018).

In 2010, the Indonesian Ministry of Health initiated a project to promote the scientific development of *jamu* (Mahendradhata et al., 2017). The initiative was conducted at the Center for Research and Development of Medicinal Plants and Traditional Medicine, located in Tawangmangu, Central Java (Hung, 2020). The Ministry of Health conducted the Riset Tumbuhan Obat dan Jamu (Research of Medicinal Plants and Jamu), or RISTOJA, project in 2012, 2015, and 2017, in conjunction with their support for the scientization project. The aim of the RISTOJA study was to investigate traditional medical practices in a substantial area of Indonesia. The project aims to collect medicinal recipes from diverse tribes and ethnic communities by conducting an investigation of ethnic groups in the year 2000. This initiative aims to enhance the database of Jamu scientization, which is considered a valuable national asset. The Indonesian government has recently shown interest in investigating the utilization and effects of traditional medicines within its country, marking a significant development since its independence.

The “Scientific jamu” policy

On the other hand, as Indonesia’s nationalism grew, the imagined hybrid “Scientific Jamu” emerged. Jamu’s definition has evolved and strongly correlates with socio-historical changes. Under a new rule that went into effect in 1963, all traditional medicine in Indonesia had to be called *jamu* (Afdhal & Welsch, 1988). This illustrates a Java-centric rule in effect throughout the Sukarno era. In contemporary Indonesia, diverse traditional medicines originating from different islands are designated with distinct names, and there exists a reluctance among certain individuals to identify their respective traditional medicine as “jamu.”. There is a perception among certain Indonesians residing in remote islands that *Jamu* serves as a comprehensive term encompassing all customary medicinal practices originating from Java. On the other hand, some individuals perceived it as a term that already existed.

The increasing number of *jamu* across the archipelago due to transmigration and the government’s initiative to disseminate the remedies on a national scale has resulted in the possibility of divergent assertions. At the national level, the Indonesian government aims to mitigate such conflicts by officially recognizing jamu as a significant national heritage and resource (Hung, 2020).

The introduction of Indonesia’s Scientific Jamu policy, designed to standardize and promote jamu as a global brand, has sparked debates among policymakers, traditional practitioners, and community-based healthcare providers regarding the commercialization of indigenous knowledge (Wahjuni & Sulastri, 2018). While some view this initiative as a necessary step toward global recognition, others argue that it undermines local autonomy and indigenous healing traditions (Timmermann & Weiner, 2021).

Jamu scientization should be viewed in light of this and the recent rise in nationalism brought on by the conflict over Malaysia’s cultural heritage. A major conflict between the government, neighborhood doctors, and community-based organizations results from the scientization of Jamu as Brand Indonesia and various perspectives on medicine from social-ecological communities. On May 27th, 2008, the establishment of JamuBrand Indonesia was inaugurated by President Susilo Bambang Yudhoyono (Purwaningsih, 2013). Indonesia’s government has formally petitioned UNESCO to recognize Jamu as a global cultural heritage site (Maruf, 2007), using the name “*jamu*” in place of “herbal medicine”. The brand JamuBrand is regarded as a distinctive identifier, given that herbal medicine has gained recognition not only in Indonesia, but also in Malaysia, China, and India (Prabawani, 2017). The traditional medicinal knowledge of Indonesia is shared by ethnic Malays in neighboring countries such as Malaysia, Brunei, and Singapore, owing to factors such as everyday language, culture, tradition, historical linkages, and migration. These countries’ Malay populations have used Indonesian and *jamu* products. Because of

the patent requests for *Eurycoma longifolia*, known as *Tongkat Ali* in Malay and *Pasak Bumi* in Indonesian, caused a disagreement in 2002. The plant is frequently used as an ingredient in *jamu*. FRIM and MIT have patented the bioactive portion of *Eurycoma longifolia*, as reported by Grain and the Biotani Indonesia Foundation (Antons & Antons-Sutanto, 2009). In the late 1990s, Shiseido, a Japanese cosmetics company, generated controversy by seeking patent protection for traditional Indonesian medicinal plant ingredients. The corporation subsequently retracted these applications.

Pharmaceutical companies and traditional Indonesian medicine practitioners are collaborating to study and patent phytopharmaceutical and pharmaceutical products derived from plant bioactive components found in *jamu*, a traditional Indonesian medicine with a long history of use. Indonesia, like other developing countries, seeks to effectively navigate the opportunities presented by the growing industry of traditional remedies and plant materials. It aims to balance this with the welfare of its holders of traditional knowledge, ensuring the continued availability and unrestricted accessibility of these resources.

Traditional medicine in Vietnam

Traditiona Vietnamese medicine during the French colonial era

In the French colonial period (1858 - 1945), Western medicine was widely promoted in Vietnam, while the colonial government continuously restricted and sought to eliminate Vietnamese traditional medicine. Traditional doctors were considered a severe obstacle to French scientific colonial plans and practiced freely throughout the country. Traditional healers in Vietnam largely went unrecognized and was looked down upon traditional medical examination and treatment methods by the colonial government (Monnais, 2006). By contrast, traditional medicine was a significant new ally with the nationalist movements. The Vietnamese revolutionists reciprocally used traditional medicine to gain legitimacy among rural populations. Traditional medicine was seen by the Vietnamese revolutionaries as a politically valuable branch of knowledge that could be hailed as free from colonial sway and a vantage point from which to criticize biomedicine.

Beginning in the 1950s, Vietnam embarked on a systematic effort to revitalize and modernize traditional medicine, particularly herbal remedies, which were incorporated into national healthcare initiatives to improve public access to alternative treatments (Nguyen & Pham, 2021). This shift marked a strategic move to integrate traditional medicine within Vietnam's broader medical infrastructure (Wahlberg, 2014). Traditional medicine in Vietnam has benefited from its symbolic significance, particularly during the country's post-colonial period, when it was embraced as part of a national identity distinct from Western influences (Wahlberg, 2014) The recognition of traditional medicine practitioners

as soldiers in Vietnam's highlands and forests is significant, fostering collaboration among medical physicians, traditionalists, and scientists.

Traditional medicine and the Indochinese Communist Party

During the French colonial period, traditional medicine was deeply intertwined with nationalist movements, particularly within the Indochinese Communist Party (ICP), which recognized its value in fostering self-sufficiency and resistance to colonial control (Monnais, 2006; Wahlberg, 2014). Despite French efforts to impose Western medicine and suppress traditional Vietnamese practices, traditional medicine persisted and even flourished, becoming intertwined with the nationalist-populist movement. Traditional Vietnamese physicians and pharmacists, organized within their professional associations, played a significant role in supporting nationalist efforts, notably aligning with the Việt Minh, led by Ho Chi Minh, in the struggle for independence.

In the early twentieth century, the French attempted to bring some aspects of Western medicine to Vietnam to serve large-scale economic exploitation while enacting limited and unclear measures and eliminating traditional Vietnamese medicine. Nevertheless, the colonial government's difficulties in implementing regulations restricting the practice of traditional Vietnamese medicine and Vietnamese attitudes toward health and medicine made medical activities in Vietnam extremely complicated.

Traditional Vietnamese physicians and pharmacists continued to be active in their professional organizations throughout the French colonial era, and through these associations, they became more involved in the nationalist-populist movement. Traditional Vietnamese doctors can interact as a group, or in slightly different groups, with individual nationalists and nationalist organizations thanks to their organizations. The Việt Minh is one of these organizations of note. This organization led Ho Chi Minh in the struggle for the independence of Vietnam from French colonial government. Doctors at the Traditional Medicine Association felt Ho Chi Minh had an exceptional understanding and sympathy for traditional medicine because many family members practiced traditional medicine.

In addition to practicing the bone setting sub-specialty, Ho Chi Minh's father also worked as a traditional drug salesman. The brother of Ho Chi Minh sold traditional medicines and engaged in geomancy. Additionally, his older sister performed "Đông Y" (Eastern Medicine). For a political figure dealing with Ho's issues due to a lack of both western and traditional medical supplies and personnel, Ho Chi Minh's interest in medical professionals is not surprising. However, the crucial factor increased their sympathies for Ho Chi Minh and his allies and the nationalist movement.

As a French colony, Vietnam was compelled to fight in the first few months of World War II in the late 1930s. For the Vietnamese, the events of the Second World War in Indochina

created a very worrying political and military environment. Due to this circumstance, the Việt Minh, an allied resistance organization led by Ho Chi Minh's Indochinese Communist Party and committed to independence in the chaos, was formed.

The lack of medical professionals with western training was already a problem, but the war worsened it. For most Vietnamese, western medical care was different from the primary care system. The French or the Japanese, however, forced many conventional doctors and pharmacists into other jobs, which had an impact on the traditional approach. Because of this, the time they needed to treat patients may have been much longer. Due to travel restrictions during the war, it was challenging, if not impossible, to obtain many herbs commonly used in traditional medicine. The primary health issue in Vietnam at the time was malnutrition, a condition that could not be treated by medication.

Vietnam experienced a severe food shortage that became a famine by 1945. Before Military Medicine was formally established in July 1945, as shown by several Vietnamese texts, traditional Vietnamese healers were fully integrated into the Việt Minh forces' support network. Before, during, and after the creation of the "official" Military Medicine, the Việt Minh respected and valued the traditional healers (Thompson, 2004). The basis of support for the national cause was cooperation and mutual respect between Western-trained medical personnel and traditional medicine before the advent of Military Medicine in the turbulent context of the August Revolution. In the national liberation wars that followed the August Revolution, Military Medical was able to use all of the available healers' expertise thanks to this. The first federal health service agencies of the Democratic Republic of Vietnam and later, the Socialist Republic of Vietnam, after reunification, were built on the foundation of this cooperative facility.

Traditional medicine: "Significantly symbolic" capital in the 1950s

The middle of the twentieth century was to be a crucial period in the history of the development of traditional medicine in Vietnam after a long time of French colonial government efforts to eliminate, leave aside, or limit the operation of what was frequently referred to as "charlatans" (quackery), "backward" or "gross empiricism". There has been a visible rebirth of traditional medicine, as seen by the increase in the number of users and sales of traditional medicine and the accessibility of programs for training prospective traditional practitioners in Vietnam.

In the 1950s, the Vietnamese Government emphasized the integration of traditional and contemporary medicine. In other words, Vietnam is taking significant steps to institutionalize its traditional medicine in national initiatives to enhance public health. Traditional medicine experienced a restoration in Vietnam, which can be attributed to President Ho Chi Minh's request to investigate ways to combine the effects of traditional

remedies with those of Western ones in 1955 (Wahlberg, 2006). Traditional Vietnamese medicine was evolving from something called a “colonial evil” that needed to be eliminated from the colonial era into a post-colonial resource actively selected in the fight to protect and improve the healthcare of populations will occur at this time (Wahlberg 2006). Traditional medicine is being modernized simultaneously to develop and take advantage of it for the nation’s benefit. Finally, traditional medicine has benefited from the “significantly symbolic” capital accumulated during the nation’s post-colonial isolation. The lauding of traditional medicine practitioners as soldiers fighting in Vietnam’s highlands and forests is very significant, and it has promoted the collaboration connection between medical physicians, traditionalists, and scientists (Wahlberg, 2014).

It is significant to note that medicinal medicine use was common throughout Vietnam. Traditional medicine was an integral part of peasant life. Nonetheless, modernization was required to update and develop the reputation of traditional medicines so that they could coexist on an equal basis with Western medicine in a national healthcare setting.

As a result of Vietnam’s initiatives to foster the growth of formal studies from the 1950s to the present, the objective of “passionate” programs to educate Vietnamese on using herbal medicines and support the cultivation of medicinal plants has taken the place of trust. Medicinal plants remain a crucial component of Vietnam’s healthcare system, particularly in rural areas where access to Western medicine is limited. Research has highlighted their effectiveness in treating common ailments and the government’s ongoing initiatives continue to promote their use (Dang & Vu, 2017). Simultaneously, as in many other countries, traditional medicine consumers in Vietnam have become the aim of convenient health programs that enhance the beneficial use of conventional medicine, as stated by the WHO, through user education and training (World Health Organization, 2004).

During the 1950s, newly independent countries such as Vietnam encountered significant health challenges as a result of the declining colonial power and the emerging modern medical crisis. Colonial health programs had limited or negligible benefits for communities, particularly those residing in remote areas. During this period, traditional medicine underwent a transformation from a colonial practice initially introduced for public health reasons to a post-colonial instrument that actively contributes to the preservation and improvement of population health.

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from the colonial era into a post-colonial resource actively selected in the fight to protect and improve the healthcare of populations will occur at the time (Wahlberg, 2006). There were many reasons for President Ho Chi Minh and the Democratic Republic of Vietnam used traditional medicine: First, President Ho Chi Minh and the people in charge of the health sector used traditional medicine to begin the effort to build nation-building strategies. This involvement can be linked to their experience with traditional medicine at the beginning of the 20th century when the nationalist movement first gained traction in Vietnam. Second, any attempt to address significant challenges of public health with scarce resources - resources further depleted by the war - basically required using Vietnamese medicine. Traditional medicine is being modernized simultaneously to develop and take advantage of it for the nation's benefit. Finally, traditional medicine has benefited from the "significantly symbolic" capital accumulated during the nation's post-colonial isolation. The lauding of traditional and traditional medicine practitioners as soldiers fighting in Vietnam's highlands and forests is very significant, and it has promoted the collaboration connection between medical physicians, traditionalists, and scientists (Wahlberg, 2014).

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In Vietnam, central revolutionary figures who arose from the nationalist movements in the early twentieth century were strongly connected with medicine through education, family, or personal disease experiences. The story of colonizers' governors' refusal of traditional medicine was a vital component of the platform from which revolutionaries showed their struggle to reclaim a lost Vietnam. Simultaneously, focusing on self-sufficiency and working with one's own resources helped contribute to the perception that adopting traditional medicine was a national process in and of itself - it supported the revolution. It is no surprise, however, that pictures of the jungle lab and clinic in the Indochina War had effectively produced symbols for Vietnamese medicine.

The Modernization of traditional medicine

President Ho Chi Minh's call in 1955 established a network of organizations tasked with modernizing, standardizing, and reputing Vietnamese traditional medicine (Wahlberg, 2014). The Ministry of Health established the National Institute of Traditional Medicine in 1957 to conserve the history of traditional medicine by gathering information about it and promoting scientific research into its approaches and treatments. Also, in 1957, the National Association of Traditional Practitioners was founded by influential herbalist groups whose trade had long been criticized by the colonial authorities (Thompson, 2003).

In 1961, the Materia Medica Institute was established to modernize and diversify traditional medicine formulation. In 1957, to demonstrate collaboration between traditional medicine medical approaches to disease prevention, treatment, drug production, personnel training, and academic research, a Department of Traditional Medicine was established for the first time in the originally Hanoi Medical College, which is run by the French (Ministry of Health, 2003).

The formation of departments and institutions on traditional medicine in the 1950s and 1960s yielded the following results for Vietnam: About 40 national or regional traditional medicine hospitals existed; There were over 50 traditional medicine departments in provincial hospitals, and one was located in each of Vietnam's seven medical universities (Ministry of Health, 2003). The National Association of Traditional Medicine has expanded into a district and local channel, with an estimated number of members from 20,000 to 34,000 people, accounting for 50-60 % of the total number of traditional medicine physicians in Vietnam (Wahlberg, 2014).

It is also worth noting that traditional medicine was frequently used during the Vietnam war against the United States (1965 - 1975) during this early development phase for treating burns, wounds, and tropical diseases, mainly since contemporary medical resources are frequently in low supply.

Herbal medicine is central to the Vietnamese government's efforts to modernize, standardize, and disseminate traditional Vietnamese remedies. As a result of Vietnam's initiatives to foster the growth of traditional studies from the 1950s to the present, the objective of "civilizing" the indigenous people is regarded "outdated" and "passionate" programs to educate Vietnamese on using herbal medicines and support the cultivation of medicinal plants have taken the place of trust. Medicinal plants are being used to cure some of Vietnam's most common ailments, particularly in rural areas. Simultaneously, as in many other countries, traditional medicine consumers in Vietnam have become the aim of efficient health programs that enhance the beneficial use of traditional medicine, as stated by the WHO, through user education and training (World Health Organization, 2004).

The Role of traditional medicine in national healthcare

Herbal medicine became central to Vietnam's efforts to modernize and integrate traditional remedies into the national healthcare system. The Vietnamese government's initiatives from the 1950s onwards aimed to promote the use of traditional medicine, particularly in rural areas where access to modern medical care was limited. These efforts were part of a broader strategy to encourage self-sufficiency in healthcare, drawing on Vietnam's rich history of traditional medicine use.

Over the past 50 years, Vietnam has witnessed a significant revival of traditional

medicine, with its practices and use now fully integrated into the national public health system. This revival is not unique to Vietnam but reflects a global trend towards the scientific modernization of traditional medicine. The continued use and promotion of traditional herbal treatments in Vietnam today can be directly linked to the country's proud history of traditional medicine, its post-colonial period of isolation, and its extensive network of healthcare providers. This historical and cultural continuity underscores the enduring significance of traditional medicine in Vietnam's healthcare landscape.

Vietnam has witnessed a significant resurgence of traditional medicine in the past decades (Vu, Nguyen, & Nguyen, 2024). Vietnam's scientific modernization strategy shares similarities with similar efforts in other countries. Traditional herbal medicine practice and use have been integrated into the national public health delivery system. The promotion of self-sufficiency in traditional herbal treatment, particularly in rural areas, can be attributed to a long-standing tradition of using traditional medicine, a prolonged period of isolation after colonization, and a well-established network of healthcare providers.

Conclusion

The historical evolution of traditional herbal medicine in Vietnam and Indonesia highlights how indigenous knowledge was initially harnessed to address urgent healthcare needs during state formation. Both countries recognized the significance of traditional medicine in shaping their national healthcare systems post-independence. While colonial policies once suppressed these practices, their governments later strategically revived them to address medicinal shortages and reinforce national identity.

In Vietnam, traditional medicine underwent a profound transformation—from being dismissed as a “colonial evil” to becoming an integral component of healthcare and nation-building. This shift reflected a growing appreciation of traditional practices and their role in fostering cultural unity. The Vietnamese government actively promoted traditional medicine, elevating practitioners as national contributors akin to soldiers, fostering collaboration between medical professionals, traditional healers, and scientists.

Indonesia, on the other hand, pursued the scientization of jamu and sought international recognition, including UNESCO heritage status. This strategy not only preserved traditional knowledge but also reinforced national pride and positioned jamu as a global health product. The branding and nationalistic framing of jamu reflect Indonesia's efforts to balance regional cultural influences while asserting its unique traditional health practices on the world stage.

While both countries shared a commitment to revitalizing traditional medicine for national healthcare, Vietnam emphasized its symbolic and unifying role, whereas Indonesia

focused on its global recognition and economic potential. These differences illustrate how traditional medicine serves as both a cultural and strategic asset, deeply intertwined with national identity and development.

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