



Legal Challenges and Recommendations for Strengthening Traditional Medicine Systems in Indonesia

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Abstract: This study analyzes the legal challenges facing traditional medicine practices in Indonesia and formulates normative-based strategic recommendations to address them. Indonesia boasts a rich biodiversity and rich heritage of traditional medicine, but the rapid development of these practices has not been matched by comprehensive regulations, creating a gap between community needs, local wisdom, and legal protection. This study is a normative legal study using both legislative and conceptual approaches. The results identify three main challenges: first, regulatory dualism between the Health Law, the Medical Practice Law, and overlapping regional regulations, creating legal uncertainty and the potential for criminalization of traditional healers. Second, the ambiguous legal status of traditional healers due to voluntary competency standards and licensing, leaving patients without guaranteed safety and practitioners with inadequate legal protection. Third, the weak protection of traditional knowledge in the field of medicine from commercial exploitation without equitable profit sharing. Strategic recommendations include regulatory harmonization through the establishment of a special law for traditional medicine, strengthening the mandatory certification system and national registration, integrating proven safe and effective traditional medicine into the national health system, including the BPJS financing scheme, and increasing the capacity of traditional healers through evidence-based training and collaboration with academics.

Keywords: Traditional Medicine, Legal Challenges, Legal Protection, Local Wisdom, Regulatory Harmonization

1. Introduction

Indonesia is a country with a high level of biodiversity and a rich heritage of traditional healing practices. These practices include jamu (traditional medicine), reflexology, cupping, and herbal concoctions (Yuniarsih et al., 2025). Historically, traditional medicine has been a primary choice for people to maintain health and treat various ailments (Sulfiana et al., 2024). The high utilization of these practices is due to affordability, ease of access compared to modern health facilities, and strong public trust in local wisdom. However, the rapid development of traditional medicine has not been matched by adequate and comprehensive regulation. As a result, traditional healing practices operate sporadically; a small portion has been integrated into the national health system, while the majority remains outside formal oversight mechanisms.

A significant gap exists between the growing public demand, the noble values of local wisdom that are intended to be protected, and the legal protections that should guarantee patient safety. On the one hand, the public has the right to receive safe health services, including from traditional healing practices. On the other hand, traditional medicine practitioners often face legal uncertainty due to the lack of clear competency standards, complicated licensing procedures, or even the criminalization of practices that have been passed down through generations. This situation is exacerbated by the emergence of illegal traditional medicine practices that not only harm patients but also tarnish the image of traditional medicine, which actually holds great potential (Kase & Ginting, 2025). This gap indicates the failure of the legal system to equitably accommodate the dualism between modern and traditional medicine. This is despite the recognition of

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traditional medicine being a global commitment through the WHO Traditional Medicine Strategy 2014-2023.

In addressing these legal gaps, a normative legal approach makes a significant contribution by systematically analyzing the inconsistencies, overlaps, and ambiguities in the legal norms governing traditional medicine. Unlike empirical studies that focus on field practices, a normative approach evaluates the law as a system of rules, uncovering structural weaknesses in legislation, identifying conflicts between central and regional regulations, and assessing whether existing legal principles (such as legal certainty, justice, and protection of human rights) have been adequately embodied. Through statutory and conceptual analysis, this approach can formulate harmonized legal frameworks that reconcile the dualism between the Health Law and the Medical Practice Law, while also providing a principled basis for recognizing local wisdom without sacrificing patient safety.

Furthermore, the urgency of legal protection for both patients and traditional medicine practitioners has become increasingly acute amid rising illegal practices. Unregulated or fraudulent traditional healers not only endanger patients through unsafe procedures, adulterated herbal products, or false claims but also erode public trust in legitimate traditional medicine. At the same time, bona fide practitioners face the risk of criminalization or civil liability due to unclear legal standards, leaving them vulnerable. Therefore, without immediate legal protection, including clear competency standards, mandatory licensing, patient grievance mechanisms, and professional liability insurance, the current trajectory will continue to harm both sides: patients lack redress for injuries, while ethical practitioners operate in constant legal uncertainty. Hence, a normative legal study is essential to design protective yet non-discriminatory regulations that respond effectively to the menace of illegal practices.

Based on this identification of problems, this study has two main objectives. First, to identify the main legal challenges that lead to weak legal protection for both traditional medicine users and well-intentioned practitioners. Second, to formulate strategic recommendations based on normative analysis to develop regulations that are more responsive and adaptive to the needs of traditional medicine in Indonesia. Thus, this study is expected to provide not only a diagnosis of existing legal problems but also offer concrete solutions that can be implemented in national policy.

To achieve these objectives, this study uses normative legal research with a statutory approach and a conceptual approach. The legislative approach was conducted by examining all laws and regulations related to traditional medicine, starting with Law Number 36 of 2009 concerning Health, Ministerial Regulations of Health, and regional regulations that recognize traditional healing practices. Meanwhile, a conceptual approach was used to explore relevant legal principles, such as patient protection, respect for the right to health, and recognition of local wisdom within the framework of a state based on the rule of law.

The results of this study are expected to contribute to the development of legal science, particularly in the fields of health law and customary law. Practically, the recommendations formulated can provide input for policymakers at the central and regional levels in developing more comprehensive, accommodating regulations that still ensure patient safety. Ultimately, strengthening the regulation of traditional medicine is a strategic step towards realizing a national health system that is inclusive, equitable, and respectful of Indonesia's cultural diversity.

Based on the above background, this study focuses on: What legal challenges contribute to the gap between community needs, local wisdom, and legal protection in traditional healing practices in Indonesia, and what normative-based strategic recommendations can be provided to address these gaps?

2. Materials and Methods

This research is a normative legal (juridical normative) study, that is, research that examines law as a system of norms, principles, and applicable laws and regulations. This

type of research was chosen because its primary focus is analyzing the gap between existing regulations and the need for legal protection in traditional medicine practices, as well as formulating strategic recommendations based on normative analysis.

The approaches used in this research are a statutory approach and a conceptual approach. The statutory approach was conducted by examining all relevant laws and regulations, starting with the 1945 Constitution of the Republic of Indonesia, Law Number 36 of 2009 concerning Health, Government Regulation Number 103 of 2014 concerning Traditional Health Services, Minister of Health Regulation Number 15 of 2018 concerning the Provision of Complementary Traditional Health Services, and regional regulations recognizing and regulating traditional medicine practices in various provinces. The conceptual approach was used to explore the legal principles underlying patient protection, the right to health, recognition of local wisdom, and the concept of a just rule of law.

To assess regulatory inconsistencies systematically, this normative legal study employs five specific parameters derived from legal theory and health law principles. First, the parameter of vertical harmonization examines whether regulations at the central level (e.g., Law No. 36/2009 on Health, Law No. 29/2004 on Medical Practice) and the regional level (provincial/district regulations on traditional medicine) are mutually aligned without contradiction. Second, the parameter of horizontal synchronization evaluates inconsistencies among different central regulations that govern the same subject matter – for instance, between the Health Law and the Medical Practice Law regarding the authority of traditional healers. Third, the parameter of normative clarity measures the degree of precision in key terms such as "traditional healer," "medical procedure," "supervision," and "criminalization," identifying vague or ambiguous provisions that cause legal uncertainty. Fourth, the parameter of operational coherence assesses whether procedural requirements (e.g., registration, certification, licensing) are logically consistent across different implementing regulations, and whether they can be realistically fulfilled by traditional healers. Fifth, the parameter of protection coverage compares the scope of legal protection afforded to patients versus traditional healers, identifying gaps where one group is left vulnerable. Each parameter is applied through systematic textual analysis of primary legal materials, supplemented by conceptual reasoning to resolve ambiguities. These parameters ensure that the assessment of regulatory inconsistencies is transparent, replicable, and grounded in established legal methodology rather than subjective impression.

The legal sources used comprised three types. Primary legal materials consisted of the laws and regulations mentioned above. Secondary legal materials included legal literature, scientific journals, articles, and policy documents discussing traditional medicine and its regulations, from both national and international perspectives. Tertiary legal materials include legal dictionaries and encyclopedias that assist in the interpretation of technical terms.

3. Results and Discussion

3.1 Legal Challenges in Traditional Medicine in Indonesia

The most fundamental legal challenge in regulating traditional medicine in Indonesia is the existence of regulatory dualism characterized by overlapping provisions between Law Number 36 of 2009 concerning Health, Law Number 29 of 2004 concerning Medical Practice, and various regional regulations that recognize and regulate traditional medicine practices independently. On the one hand, the Health Law explicitly recognizes the existence of traditional health services as an integral part of comprehensive health efforts, even providing space for traditional treatments that utilize herbs and skills (Articles 59–61). However, on the other hand, the Medical Practice Law tends to strongly dominate medical personnel (doctors and dentists) in all forms of health care, so that traditional medicine practices that are not under the supervision of medical personnel are often considered to violate provisions on medical authority (Urbanisasi et al., 2026). This situation is exacerbated by the existence of regional regulations in several provinces that actually provide full recognition of traditional healers as part of local wisdom, for exam-

ple, the Province of Bali with Regional Regulation Number 3 of 2019 concerning Traditional Balinese Medicine, and the Special Region of Yogyakarta with Regional Regulation Number 1 of 2017 concerning the Implementation of Traditional Health. This creates serious legal uncertainty: a traditional healing practice is considered legal under the Health Law and regional regulations, but can be questioned under the Medical Practice Law if it is deemed to be performing medical procedures without a license (Partama et al., 2025). This overlapping norm leaves traditional healers vulnerable to criminalization at any time, while the public loses access to proven, traditional medicine. Furthermore, there is no effective harmonization mechanism between central and regional regulations, leaving the resolution of norm conflicts entirely to law enforcement officials, who often lack a thorough understanding of the value of local wisdom in traditional medicine.

Furthermore, the legal status of traditional healers remains unacknowledged on an equal footing with medical professionals (Oponu, 2023). This is reflected in the lack of binding competency standards and a nationally integrated licensing system. Although Minister of Health Regulation No. 15 of 2018 concerning the Provision of Complementary Traditional Health Services regulates registration and certification for traditional healers, these provisions are voluntary and do not require all traditional healers to hold them. Consequently, the majority of traditional healers practicing in the community, particularly in rural and remote areas, continue to operate without any certification and fall outside the formal health oversight system (Judijanto et al., 2024). This lack of competency standards results in the lack of objective measures for assessing the suitability of a traditional healer, thus preventing patients from receiving guaranteed safety and quality care (Yuniar et al., 2026). Furthermore, even certified traditional healers lack clear legal authority when their practices overlap with medical procedures (Juliana & Kurniawan, 2024), such as simple physical examinations, diagnosis, or referrals to health facilities. This ambiguous legal status also has civil and criminal implications: in the event of side effects or treatment failure, there are no professional standards to determine negligence or error. In contrast, well-intentioned traditional healers lack insurance coverage or adequate legal defense mechanisms, as their profession is not recognized under national labor and health law systems (Randang, 2017). Equal recognition does not necessarily equate all authority with medical professionals, but rather creates a proportional legal framework that respects the unique characteristics of traditional medicine (Pakpahan, 2024; Wicaksono, 2026). Without binding competency and licensing standards and clear legal protection, traditional medicine practices will continue to exist in a gray area, harming both the user community and practitioners who possess genuine competence and integrity.

Another challenge is the weak protection of traditional knowledge in the field of medicine, particularly in the face of commercial exploitation without a fair profit-sharing mechanism, as well as the ineffective implementation of the patent system and geographical indications as legal protection instruments. Indonesia possesses a wealth of herbal concoctions, massage techniques, and ancestral healing methods passed down through generations. However, this collective knowledge is highly vulnerable to exploitation by private parties, both domestic and foreign, who patent formulations or production processes without involving the communities that hold the traditional knowledge (Asrofi, 2025).

Law Number 13 of 2016 concerning Patents normatively recognizes that patents cannot be granted for inventions constituting traditional knowledge, and regulates compulsory licensing and profit sharing. However, its implementation remains very weak due to the lack of an integrated, internationally recognized database of traditional knowledge. As a result, many regional herbal concoctions have been commercialized on an industrial scale by large companies without paying royalties or any compensation to the communities of origin. In fact, it is not uncommon for the patents for these products to be held by multinational corporations.

Meanwhile, the geographical indication system, which should protect traditional medicinal products originating from a specific region for example, a special herbal med-

icine from a district or a traditional oil typical of an island has not been optimally utilized. The lack of understanding among indigenous communities about the registration mechanism and the high costs involved are major obstacles. Geographical indication protection not only provides legal recognition of a product's origin but also creates added economic value that can be returned to local communities through profit-sharing schemes (Ahdiyati, 2025).

Without effective protection, traditional medicinal knowledge will continue to experience unfair commercialization (Asrofi, 2025; Siddiq, 2018). In turn, this threatens the sustainability of traditional healing practices themselves, as communities lose the incentive to preserve and pass on their knowledge to future generations. Therefore, comprehensive legal reform is needed, both in patent governance and in strengthening institutions for recording and protecting traditional knowledge. This way, local wisdom in medicine will not only be recognized symbolically but also be protected concretely within equitable economic relationships.

3.2 The Relationship Between the Lack of a Traditional Knowledge Database and Weak Benefit-Sharing Mechanisms

The absence of a comprehensive, nationally integrated, and internationally accessible database of traditional medicinal knowledge creates a direct causal relationship with the weakness of benefit-sharing mechanisms. Without such a database, there is no verifiable prior art record that can be used to challenge patents filed by third parties – whether domestic or multinational corporations over formulations, processes, or products derived from Indonesia's collective traditional knowledge. Consequently, patent examiners both in Indonesia and abroad lack the technical means to reject applications that essentially claim knowledge that has been in the public domain for generations. This institutional vacuum enables biopiracy and unfair commercial exploitation, as companies can obtain exclusive rights without any obligation to share profits with the original knowledge-holding communities.

Furthermore, a missing database prevents the operationalization of the Access and Benefit-Sharing (ABS) framework under Law No. 13/2016 on Patents and the Nagoya Protocol to the Convention on Biological Diversity. Benefit-sharing requires clear identification of: (a) the knowledge holder(s), (b) the specific traditional knowledge used, and (c) evidentiary links between the commercial product and the original knowledge. In the absence of a documented, time-stamped, and geo-referenced database, these three elements become impossible to prove. As a result, even when good-faith efforts to share benefits exist, communities cannot substantiate their claims, and companies can credibly claim ignorance of the knowledge's origin. Therefore, building an integrated traditional knowledge digital library (e.g., a *Traditional Knowledge Digital Library* adapted to Indonesia's biodiversity) is not merely a technical recommendation but a legal prerequisite for enforcing any meaningful benefit-sharing mechanism. Until such a database is established, provisions on compulsory licensing, profit-sharing, and prior informed consent will remain dead letters.

3.3 Implications of Integrating Traditional Medicine into the BPJS Kesehatan Financing System for Health Service Governance

Integrating proven safe and effective traditional medicine into the BPJS Kesehatan (National Health Insurance) financing scheme carries profound implications for health service governance, affecting regulatory authority, quality control, financial sustainability, and interprofessional coordination. First, governance fragmentation may arise because traditional medicine is currently regulated by multiple institutions: the Ministry of Health (licensing and standards), BPOM (herbal product safety), BPJS Kesehatan (financing and claims), and local governments (registration of traditional healers). Integration would require a clear lead coordinator and harmonized standard operating procedures to avoid conflicting decisions on what is reimbursable.

Second, clinical governance and patient safety demand the establishment of a National Formulary for Traditional Medicine with explicit criteria for inclusion: evidence of efficacy (e.g., through clinical trials or documented empirical use), safety profile, cost-effectiveness, and standardized dosage forms. This shifts governance from mere recognition to evidence-based accountability. Third, financial governance must address the risk of adverse selection and moral hazard for instance, overutilization of traditional therapies by providers seeking additional revenue, or patient demands for unproven treatments. BPJS would need to develop case-based payment packages, referral protocols, and utilization review mechanisms specifically designed for traditional medicine.

Fourth, interprofessional governance, coordination between certified traditional healers and medical doctors requires legally binding referral pathways, shared electronic medical records, and clear liability allocation in cases of adverse events. Without such governance, integration could produce fragmentation rather than synergy. Fifth, equity governance must ensure that integration does not disproportionately benefit urban populations with access to formal traditional medicine clinics, while excluding rural traditional healers who lack certification but serve the majority of rural poor. Phased integration, starting with primary health centers (Puskesmas) and including telemedicine support for remote traditional healers, is therefore essential.

In summary, integrating traditional medicine into BPJS Kesehatan is not merely a financing expansion but a fundamental governance reform that demands new regulatory instruments, institutional coordination mechanisms, and accountability standards. Failure to address these governance implications could result in budget waste, patient harm, and deepened inequality.

3.4 Strategic Recommendations for Responsive and Equitable Traditional Medicine Regulation

Based on the identification of legal challenges as outlined, a series of strategic, systemic recommendations are needed to establish a responsive, equitable, and patient-safety traditional medicine system. This includes harmonization of regulations through revisions to overlapping regulations, or even the creation of a separate law on traditional medicine outside the Health Law. This special law does not mean separating traditional medicine from the national health system, but rather provides a comprehensive and integrated legal framework that explicitly regulates the status, authority, and responsibilities of traditional medicine without having to fully comply with the logic of the Medical Practice Law, which is designed for modern medical personnel. This special law needs to clearly define the hierarchy and relationship between central and regional regulations, so that regional regulations recognizing local traditional medicine no longer have the potential to conflict with national provisions. Synchronization with the Health Law must also be achieved by revising articles that currently place traditional medicine as subordinate to modern health services, for example by eliminating the provision that requires traditional medicine to always be under the supervision of medical personnel, and replacing it with the concept of equal collaboration based on a reciprocal referral mechanism. This harmonization also includes aligning operational definitions, quality standards, and oversight mechanisms across various ministerial regulations, which have been scattered and unsynchronized. Without a strong and unambiguous legal basis, the practice of traditional medicine will continue to be uncertain, while efforts to protect patients and empower traditional healers will never be optimal (Naipospos, 2025; Wicaksono, 2026).

Strengthening the recognition and certification system for traditional healers is also crucial (Sabrina & Hakim, 2026) through the development of mandatory national competency standards, standardized licensing exams, and mandatory registration for all traditional healers practicing in Indonesia. National competency standards must be developed in a participatory manner, involving traditional healer professional organizations, academics, government officials, and community representatives, so as not to simply adopt irrelevant modern medical standards. These standards should differentiate

between various levels and types of traditional medicine, for example, herbalists, acupuncturists, cupping practitioners, traditional massage therapists, and other integrated practices, as each has different levels of risk and competency requirements. Licensing exams must be designed to be practical and accessible, especially for traditional healers in remote areas who may have limited access to formal education, while maintaining the principles of validity and reliability of assessments. Mandatory registration is not intended to complicate the practice of traditional medicine, but rather to create a national database that can be used for monitoring, evaluation, and legal protection for registered healers (Indirasuari & Jayantiari, 2025; Yuniar et al., 2026). For traditional healers who have practiced for generations but struggle to meet written competency standards, a pathway to recognition through a grandfather clause mechanism or a special competency test that values empirical experience should be provided (Juliana & Kurniawan, 2024). Once registration and licensing are granted, traditional healers are entitled to legal protections equal to those of other health professionals, including access to professional insurance and legal assistance in the event of unfounded claims. Thus, recognition is not merely symbolic but also operational, creating an ecosystem that encourages professionalism while protecting the sustainability of traditional healing practices.

Furthermore, proven safe and effective traditional medicine should be integrated into the national health system, particularly through its inclusion in the national formulary and the BPJS Kesehatan referral and financing scheme as part of integrated services (Pramono et al., 2025; Puspitasari et al., 2025). This integration does not mean that all traditional healing practices are automatically eligible for BPJS coverage (Mila Anisa et al., 2025; Presetya & Noviani, 2025). Rather, it requires rigorous clinical trials and scientific studies to determine which methods or concoctions have sufficient evidence of safety and effectiveness. This process aligns with the spirit of evidence-based traditional medicine developed by the World Health Organization (WHO), where traditional medicine is no longer solely based on ancestral heritage but is also supported by modern scientific data without losing the essence of local wisdom.

In addition to the recommendations mentioned above, the government, in this case the Ministry of Health, in conjunction with the Food and Drug Monitoring Agency (BPOM), and the Health Research and Development Agency, should establish a special committee tasked with conducting systematic reviews of various traditional healing methods long practiced in the community. Methods proven safe, such as certain herbal concoctions for minor ailments (such as ginger for nausea, turmeric for mild inflammation) (Panma, 2024) or specific massage techniques for relaxation, can be included in the primary health care formulary. Meanwhile, methods with a moderate level of risk, such as acupuncture or cupping (Risniati et al., 2020; Widya et al., 2025), can be integrated into the referral system with a coordination mechanism between certified traditional healers and doctors at primary health care facilities. The BPJS (Social Security Agency) financing scheme can be designed in stages, for example by providing add-on benefits for certain traditional treatments in predetermined cases, such as post-stroke rehabilitation or chronic pain management. This integration also requires the provision of integrated electronic medical records, so that medical personnel at other health facilities can access the patient's traditional treatment history to avoid drug interactions or harmful procedures. With the inclusion of traditional medicine in the national health care system, this practice will no longer be marginalized but will become a recognized, monitored, and adequately funded part of the system. This will, in turn, improve public access to holistic and equitable health services.

Other recommendations include increasing the capacity of traditional healers through evidence-based training and strengthening collaboration between traditional healers and academics, professional associations, and research and development institutions. Training should not be designed top-down, ignoring the empirical knowledge of traditional healers, but should be participatory and dialogical. Within this framework, experts from universities and research and development institutions help validate, refine, or improve existing practices based on scientific principles. Examples include training on

hygiene in cupping or massage techniques, determining safe dosages for herbal concoctions containing potentially active ingredients, and identifying red flags that require immediate referral to a modern healthcare facility.

Research and development institutions such as the Indonesian Institute of Sciences (LIPI, now the National Research and Innovation Agency/BRIN) and medicinal plant study centers at various universities can act as partners in conducting preclinical and clinical trials of traditional herbal remedies, while also assisting traditional healers in the certification process. Professional associations of traditional healers need to be institutionally strengthened to partner with the government in developing standards, conducting internal oversight, and providing legal advocacy for their members. Collaboration should also include cross-generational knowledge exchange, where senior traditional healers with proven competence can serve as master trainers for younger generations, while academics help systematically document this knowledge to prevent extinction and exploitation. Furthermore, the government should allocate research grants specifically for collaboration between traditional healers and researchers, so that the capacity-building process does not stop at one-off training but is sustainable. With capacity building and structured collaboration, traditional medicine will not remain merely a marginal practice but can develop into a professional, scientific, and culturally rooted healthcare system.

4. Conclusions

This study concludes that traditional medicine practices in Indonesia face three fundamental legal challenges: first, dualism and overlapping regulations between the Health Law, the Medical Practice Law, and regional regulations, which create legal uncertainty and the potential for criminalization of traditional healers; second, the ambiguous legal status of traditional healers due to voluntary competency standards and licensing, which prevent patients from receiving security guarantees and practitioners from receiving adequate legal protection; and third, weak protection of traditional knowledge in the field of medicine from commercial exploitation without fair profit sharing due to the ineffective implementation of the patent system and geographical indications. To address these challenges, systemic strategic recommendations are needed, including regulatory harmonization through the establishment of a specific law on traditional medicine, strengthening the mandatory certification system and national registration for all traditional healers, integrating proven safe and effective traditional medicines into the national health system, including the BPJS Kesehatan financing scheme, and increasing the capacity of traditional healers through evidence-based training and collaboration with academics and research institutions. With the implementation of these recommendations, traditional medicine will no longer be subject to legal uncertainty, but can instead develop into an integral part of a national health system that is inclusive, equitable, and remains rooted in the local wisdom of the Indonesian nation. [The research findings imply that building](#) an inclusive national health system grounded in local wisdom requires not only regulatory harmonization and mandatory certification but also economic justice through an enforceable traditional knowledge database and access-and-benefit-sharing mechanisms, while integration into BPJS Kesehatan demands systematic equity governance to overcome rural-urban disparities. However, these normative-based recommendations carry inherent limitations: the absence of primary empirical data on practitioners' perceptions and patient experiences, inability to measure cost implications or budget feasibility, difficulty in predicting behavioral responses of regulated actors, and lack of comparative legal analysis with successful traditional medicine systems in other countries. Consequently, future socio-legal, implementation science, health economics, and comparative law studies are essential to translate these normative findings into actionable, context-sensitive, and financially viable policies.

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