

HEAL-STREAM DIPLOMACY: RECIPROCAL CIRCULATION OF TRADITIONAL HEALING SYSTEMS BETWEEN INDIAN AND AFRICA

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Abstract

The historical connections between India and Africa reveal a pattern of circulation of indigenous knowledge between the Coasts on the either side of the Indian Ocean. The political engagements and commerce have always been highlighted as the core dimensions of relations between the regions and the exchange of indigenous healing systems or other cultural practices as a byproduct of the former. The concerns regarding the affordability and accessibility of modern medicines to a large population in the countries lacking adequate modern medicine facilities has contributed towards the resurgence in the confidence in the traditional practices of healing. The persistent health challenges as rising healthcare costs, deficient health services or mounting burden of lifestyle diseases has renewed the focus of the traditional healing systems to be integral to any country's health system. The increasing efficacy of the traditional medicines in recent times has prompted it to become an integral part of contemporary South-South cooperation. Thus, the collaboration in traditional medicines strengthens the healthcare system within the country and has the potential to become a soft power tool for extending the influence on the other countries. Circulation of traditional healing systems have a potential to become a core soft power diplomacy tool for global cooperation in the contemporary times. Here is introduced a new concept of "Heal-Stream Diplomacy" to mean circulation of traditional healing systems using indigenous or traditional healing knowledge to build international bridges indicating its dynamic nature. The paper argues that the traditional healing systems have been circulated between and among the coastal communities on the either side of the Indian Ocean littoral through the Indian Ocean trading networks for a long time and in contemporary times streaming through digital platforms; and at each interaction it evolved and adapted to local situations. The paper examines the continued importance of traditional medicines and healing practices in the contemporary times. The paper concludes that being a tool of soft power diplomacy, collaboration in traditional healing Systems (THS) can advance strategic diplomatic objectives of both India and Africa.

Keywords: Heal-Stream Diplomacy, Traditional Medicinal knowledge (TMK), Indigenous Knowledge Systems (IKS), Ayurveda, Mganga, AYUSH

Introduction

India's Traditional Medicine Global Library is a digital repository for information related to traditional medicine launched in 2025 by the WHO Global Summit on traditional medicine in New Delhi to foster integrative medicines. African nations have also begun to digitize their own local and traditional pharmacopeias. This digital stream will enable interoperability of traditional medicine data. Indian and African diplomatic efforts have resulted in engaging in exchange of traditional healing systems where India is helping in scientific validation and digitization and African nations gain access to heritage-based sustainable opportunities. This is facilitated by the circulation of the entire methodologies of the healing systems between India and Africa. For reciprocal circulation of traditional healing systems facilitated through diplomatic channels, may be termed "Heal-Stream Diplomacy" (HSD). To define Heal-Stream Diplomacy, it is the strategic movement of entire traditional healing systems by continuous circulation and evolution of the system through cultural exchange and digitization than exporting products with an aim to focus on its integration into modern healthcare infrastructure. Earlier terms like Traditional Knowledge Digital Library indicate the compiled knowledge but "Heal-Stream" suggests constant real-time flow of herbs, formulas, practitioners and data across nations. Therefore, the focus is on circulation than assemblage, on connectivity than division, evolving and flowing than static.

A large volume of literature pertaining to exchange of traditional healing practices falls under the rubric of Health Diplomacy. Here the term HSD is used to understand the role of traditional knowledge of healing not limited to exchange of a commodity as in trade or a constituent of pharmacies but as an active component for integrative soft power. By sharing holistic or THS the country integrates its culture into the global healthcare fabric. Beyond that the exchange of cultural knowledge through biological resources or medicinal plants becomes a bridge between different civilizations and can be seen as bio-cultural linkages. Heal-Stream diplomacy envisages both physical circulation and flow through the digital platforms of healing solutions with the focus on reciprocal flow from source nation to recipient nation and back, with every engagement it evolves preventing knowledge stagnation.

It is important to underscore the fact that the Heal-Stream Diplomacy establishes the bio-cultural linkages and makes a nation's traditional healing wisdom a vital diplomatic asset. Over-dependency and abuse of the modern medicines has led to increase in the global resistance to

antibiotics. This positions traditional medicines as a “new frontier” within the framework of Heal-Stream Diplomacy for global health security. But it becomes more noteworthy when it is placed in the context of Global South Solidarity for biodiversity-rich nations to collaborate outside of the Western-centric medical frameworks. Thus, Heal-Stream Diplomacy should be placed at the intersection of cultural legacy of bio-diverse nations, South-South Solidarity and global wellness that enhances global ability to heal and hope for healthier humanity.

Indian Ocean Network and Historical Connectivity

Since times immemorial the commercial interactions between India and the communities of the Africa, especially of the East African coast, were grounded in the exchange of regionally specific commodities enduringly sustained by the convergent cosmological worldviews and ecological sensibilities. These were broadly rooted in the shared conception of human interconnectedness and universal humanity. This relationship reveals a long enduring interactions shaped by economic exchange, cultural resonance, indigenous knowledge systems (IKS) and shared artisanal specialized knowledge that extended well beyond the boundaries of conventional diplomatic relations. The Indian and African communities have a rich repository of IKS. IKS is an expertise of the local people using locally available materials for their daily needs woven with artistic and aesthetic dimensions. It helped to maintain the well-being of the individuals and the environment. The methodology and techniques used were not only eco-friendly but entailed the reverence for all the living beings. This enabled sustenance of healthy ecosystem. Local traditions helped to meet the quotidian necessities but were also a major source of economic exchange.

The shores of the Indian Ocean through the maritime travel served as spaces of human interaction where merchants, healers, and craftsmen exchanged ideas, materials, techniques and skills across continents. Maritime trade links between the Indian subcontinent and African coastal cities not only transferred the tangible commodities but simultaneously facilitated the transmission of the worldviews, skills, artisanal expertise and healing practices. The commodities that were in the center of the ancient Indian Ocean trade exchange were artisanal products and handcrafts like textiles, beads, pottery and semi-precious stone ornaments. The artisanal techniques and expertise embedded in the making of the commodities influenced aesthetics and local know-how resulting in hybrid traditions.

Health and wellness of the people was maintained through the TMS based on indigenous knowledge. The different domains of traditional medicinal knowledge (TMK) have been deeply rooted in history, religion, spirituality, culture, ecology and mundane life of the community. To isolate TMK from the other forms of IKS is equivalent to removing essence from the holistic life of the community. Besides its immediate mundane use, these systems enhanced social cohesion and reinforced the identity.

Traditional Healing Systems and the Indian Ocean Trading World

Traditional healing systems in India and Africa occupy a central place in the historical and cultural networks of the Indian Ocean world, reflecting centuries of maritime connectivity, knowledge exchange, and ecological interdependence. According to some scholars (Subrahmanyam, 1997; Pearson, 2006) these systems were not merely local responses to health needs but they were well integrated within “transoceanic circuits of exchange”, where medicinal plants, herbs, therapeutic techniques, and healing practices got transferred alongside products such as spices, textiles, and other commodities. They also stress that along the key coastal hubs such as the Swahili Coast and Zanzibar on the East African coast and the Malabar coast and Gujarat in the west Indian coast, there was an intensive trading activity of the above commodities. Pearson’s (2006) work highlights these cosmopolitan societies as “littoral society” that existed on coastlines across the Indian Ocean was stretching from the Swahili coast to India.

The parallel use of herbs like Turmeric and *Neem* in India and Africa does not seem to be a coincidence or traditions evolved independently. Frankincense and Myrrh that have been in use in Africa since long have been introduced into the Indian traditional medicinal formulas. This flow and exchange facilitated the emergence of healing practices that integrated Indian, African, and Islamic philosophies. The combination of foreign influence and indigenous practice created models of healing that were effective and acceptable across cross-cultural boundaries.

The transoceanic exchanges shaped commerce overtly but also enabled the invisible mutual influence on the eastern and western flanks of the Indian Ocean on the healing practices and material cultures. Along with the maritime trade of spices and textiles across the Indian Ocean, the exchange of medicinal substances and therapeutic knowledge facilitated a shared history of health and materiality in the coastal societies of the Indian ocean

littorals. Winterbottom & Tesfaye (2015) found that medical commodities and therapeutic substances from trans-oceanic regions were well in demand on the either side of the Indian Ocean. They also noted that when once they got well integrated into the indigenous cultures across the Indian Ocean basin, they acquired new meanings and uses.

Scholars like Lawrance & Pearson (2004) and Van der Geest (2012) are of the view that persistence of certain trade items like spices, medicinal herbs, etc., underscores the “durability of precolonial knowledge networks.” They also insist that the resilience of indigenous epistemologies and transoceanic connections shaped not only material but also intellectual and social landscapes across the Indian Ocean world. Also, it was a mix of terrestrial and marine aspects according to Pearson (2003). Therefore, it can be inferred that the knowledge and ideas that travelled with the commodities were well received, evolved and adapted to then existing indigenous practices.

In the postcolonial period, India–Africa relations in traditional healing systems gained renewed relevance through globalization, diaspora networks, and cultural diplomacy. Mawdsley (2012) is of the view that Indian diaspora communities in Kenya, Tanzania, and Uganda played a notable role in sustaining artisanal skills and promoting alternative medicinal systems, while state-led initiatives increasingly framed traditional knowledge as a resource for sustainable development and soft power engagement. These contemporary dynamics echo historical patterns of exchange, revealing a *longue durée* continuity in which healing practices and craft traditions remain central to India-Africa cultural relations.

Thus, the TMS in India and Africa remained integral to long-standing maritime exchanges, in which not only goods but ideas, skills and knowledge, such as medicinal plants, remedies, and healing techniques found their way to the new shores. Along coastal hubs like the Swahili Coast in Africa and the Malabar Coast of India, this circulation of knowledge and skills enabled the medical traditions influenced by different cultures gained acceptance and got locally adapted. This hybridization further helped to maintain transregional connections and transregional affiliations.

Indian and African Indigenous Healing Traditions

Traditional medicine and Indigenous Knowledge Systems are not new to either India or Africa. For centuries, communities across Asia and Africa have maintained a huge repository of knowledge of plant and animal

products and holistic healing practices that have been in use in regions even beyond their influence and control. These approaches integrate spiritual, environmental and social dimensions. It takes into consideration biodiversity and ecological knowledge. Elumalai & Eswariah (2012) state that “the use of plants as medicines predates written human history (96).” They also note that,

“In India, *Ayurveda* medicine has used many herbs such as turmeric possibly as early as 1900 BC. Sanskrit writings from around 1500 B.C., such as the *Rig Veda*, are some of the earliest available documents detailing the medical knowledge that formed the basis of the *Ayurveda* system. Many other herbs and minerals used in *Ayurveda* were later described by ancient Indian herbalists such as *Charaka* and *Sushruta* during the 1st millennium BC. The *Sushruta Samhita* attributed to *Sushruta* in the 6th century BC describes 700 medicinal plants, 64 preparations from mineral sources, and 57 preparations based on animal sources.” (p. 97)

These treatises provide a holistic framework of health, illness, bodily balance, disease and wellness. The most systemized and codified Indian traditional healing systems include *Ayurveda*, *Siddha*, and *Unani*. Wujastyk (2003) found that these systems have ancient textual traditions and institutional continuity. In reference to *Ayurveda* and *Siddha*, Wujastyk (2011) notes that “in India, the latter forms of medicine can also be considered “establishment” medicine.” These traditional Indian healing systems were codified and expressed institutional continuity.

Africa’s rich ethnomedicinal knowledge formulated more often from the plant and animal parts along with its healer-centric traditions is a clear reflection of knowing and treating people of their illness. It still remains a product of intersection of local ecologies and cultural practices. Like Africa, in India also, this knowledge has been transmitted orally through specialists who held a very respectable status. As Bagwan (2015) says that “Knowledge of traditional medicines accumulated over a long time is transmitted orally from generation to generation. Parents and grandparents are the sole source of traditional knowledge and they pass on this knowledge to their sons and daughters.” Sifuna’s (2022) views are also similar and he found that,

“Unlike allopathic medicine, African traditional medicine suffers from lack of documentation and health records. Traditional medicinal knowledge and traditional medicines are undocumented... African traditional medicine is solely based on traditional knowledge passed on along familial lines from

generation to generation or acquired through traditional apprenticeship within the particular community.”

The use of medicinal plants as a fundamental component of the African traditional healthcare system is perhaps the oldest and the most assorted of all therapeutic systems as has been reported by Mahmoodally (2013). In Africa, indigenous medical systems are neither intermittent nor focus on treating a specific body part but emphasize holistic health. Healing practices are not techniques applied to human body in isolation but treat the mind and soul as well. These practices are often deeply intertwined with spiritual and community life and at the same time incorporate divination, spiritual, rituals, herbal remedies, and therapeutic counseling. Pell (2018) says that traditional healers, such as the Swahili *mganga* (native doctors), act as custodians of both ecological knowledge and social ethics, treating physical ailments while also addressing social and spiritual concerns. In Africa, the knowledge of medicinal plants though passed down passed down orally through generations, often reflect a profound understanding of local biodiversity, seasonal cycles, and environmental indicators.

Though the transmission of this tradition was oral, it had sustained the knowledge gained by experience in every phase of its development. But lack of documentation often resulted in the abrupt loss of this accumulated knowledge as in case of sudden death of a learned person. As the old African proverb says “when an old man dies, a library burns to the ground” that highlights the irreplaceable loss of inimitable knowledge on the death of African elders.

In Africa, traditional healthcare practices that have evolved within indigenous communities, often integrate local herbs and holistic health frameworks that resonate with the Indian traditional systems such as Ayurveda. A detailed examination by Hawthorne (2025) found that Indian traditional medicine has influenced some African health practices through historical maritime trade, cultural exchange, and the adoption of holistic treatment paradigms.

Research on TMS and healing practices shows that herbal remedies such as neem (*Azadirachta indica*); ginger (*Zingiber officinale*); Garlic (*Allium sativum*); and turmeric (*Curcuma longa*) have long been in use in traditional healing products. Their use kept on evolving with the changing times and introduction of other similar herbs and healing practices from the other world regions. Devi & Sharma (2023) say while referring to neem that “this plant has been used in the treatment of a number of

ailments since ancient times by human beings and these are reported to be having anti-bacterial, anti-fungal, anti-viral, anti-inflammatory, anti-cancer, antihyperglycemic, and antioxidant potential.” This suggests not only the historicity of the TMS but also the awareness of the specialized knowledge relating to the diseases and their pathogens.

The expansion of the use of TM has been acknowledged by the WHO. The WHO (2019) reports the widescale use of traditional medicines (TM) globally and “Traditional, Complementary and Integrative Medicine (TCIM) is used in 170 countries.” The WHO (2023) states “More than 80% of the world’s population in over 170 of WHO’s 194 Member States currently use some form of traditional medicine, such as herbal medicine, yoga, Ayurveda, acupuncture and acupressure, and indigenous therapies. For many, traditional medicine is the first port of call, and practitioners of traditional medicine have played an important role in treating chronic illnesses.”

WHO defines traditional, complementary and herbal medicines as “Traditional medicine refers to codified or non-codified systems for health care and well-being, comprising practices, skills, knowledge and philosophies originating in different historical and cultural contexts, which are distinct from and pre-date biomedicine, evolving with science for current use from an experience-based origin. Traditional medicine emphasizes nature-based remedies and holistic, personalized approaches to restore balance of mind, body and environment.”

These figures highlight the widespread and variable use of TCIM globally. But there is severe lack of regulation and its integration within the health systems unlike the modern medicine system. Even defining the TCIM is very difficult. There is an imperative need of a clear definition and consistent data collection related to TCIM to inform effective policy-making, regulation, and integration within formal health systems. What is alarming is the fact that “less than 1% of global health research funding is currently dedicated to traditional medicine. Lack of investment in research undermines efforts to build a robust evidence base” as found by the WHO (2025) report.

Ministry of Ayush

Traditional medicine systems in India—such as *Ayurveda*, *Unani*, *Siddha*, and folk practices—are deeply institutionalized and increasingly supported by state policy. The creation of the Ministry of AYUSH reflects India’s effort to integrate traditional medicine into national and global health

frameworks (Ministry of AYUSH, n.d.). Similarly, African countries recognize traditional medicine as a vital component of primary healthcare, particularly in rural and underserved areas (African Union Commission, 2019). Empirical studies like that of Oyeboade et al., (2016) indicate that traditional medicine remains widely used across Africa due to its affordability, accessibility, and cultural familiarity. These shared realities create fertile ground for interregional cooperation rooted in comparable development experiences.

India's great faith and advancement in traditional, complementary, and integrative medicine (TCI) gave her confidence to sign a five-year agreement between the Ministry of AYUSH, Government of India and WHO to develop TCI technical documents. This is with the vision to provide a better health coverage to the larger Indian population. Dr. Bruce Aylward, Assistant Director-General of the Universal Health Coverage and Life Course Division of WHO said that, "this collaboration will play an important role not only in the globalization of evidence-informed traditional, complementary, and integrative medicine but also in mainstreaming proven TCI practices in national health systems towards achieving universal health coverage and well-being (2023)."

India always acknowledged the importance of TMS. Indian government in 1995 had created a Department of Indian Systems of Medicine and Homeopathy (ISM&H) to develop the ancient systems of medicine. Later, to promote research and education in different TMS. In 2003 this Department was renamed as the Department of *Ayurveda*, *Yoga* and naturopathy, *Unani*, *Sidha* and Homeopathy (AYUSH). But to revive the profound knowledge of our ancient systems and to ensure the optimal development and propagation of the AYUSH systems of healing, Ministry of AYUSH was formed in 2014. Ministry of AYUSH is one of those executive bodies in Indian government machinery which actively participated in providing healthcare to an overwhelming large number of devotees who were attending the *Maha Kumbh 2025*.

PIB (2025) report "Ayush Services Shine at *Maha Kumbh*" (2025) demonstrates that "Ayush has emerged as one of the most trusted and widely accessed healthcare pillars at the *Maha Kumbh* in Prayagraj in 2024... Over 9 lakh pilgrims benefitted from its services through OPDs, mobile health units, wellness halls, and yoga sessions... Together, these efforts reflect the Ministry of Ayush's comprehensive vision—making the world's largest spiritual gathering not only meaningful but healthier, safer, and more connected to India's traditional wellness heritage."

Indian policy makers have always given due considerations to the TMS but had not proactively promoted such healthcare systems. The largescale usage of TCIM and the ample research that has improved the credibility and dependability of the TM has prompted India's policy makers to actively promote the "integration of traditional knowledge into formal health frameworks" and increase the accessibility to the affordable healthcare. This has not only improved the networks facilitating TMS domestically but also encouraging it to enter into the international partnerships. The Ministry of AYUSH has signed agreements with the World Health Organization (WHO) to develop TM and formulate the modules that facilitate to qualify the inclusion of TM into international health frameworks and become complementary to modern medicines. Through these measures, India is pushing towards acquiring global standardization of TM and in the process helping to provide recognition to its traditional systems and wisdom. Even the ethical frameworks for the management of intellectual property rights are also being placed.

Dubale et al. (2025) found that "the *Ayurveda*, *Unani*, and *Siddha* pharmacopeias are recognized and enforced by law in India. Additionally, the Indian herbal pharmacopeia is utilized, although it is not held as legally binding. In the Indian market, prescription herbal medicines (HMs) are distributed in pharmacies, while nonprescription HMs, for self-medication or over-the-counter use, are available in pharmacies, other retail outlets, and through licensed practitioners."

India-Africa Cooperation

Despite modern medical infrastructure, traditional medicine systems have remained equally important for health and wellness in present times. The uneven distribution of medical infrastructure could not displace the indigenous treatment systems, remedies and medicines that are locally accessible and continue to command the confidence of the people. It provides livelihood to the healers, farmers, etc., and support the local economies through the exchange of local medicinal plants. The sustained relevance of traditional medicines underscores the importance of context-specific approaches that encourage holistic wellbeing and healing. The gap in healthcare infrastructure and limitations of modern medicines continue to retain traditional medicines as a primary form of healthcare for many in India and African countries.

Flows of traditional healing knowledge techniques were as much integral to India-Africa exchanges since ancient times as the commercial trajectories. Although documentation of mutual influence of Indian and African healing practices is sparse, but the sustained patterns of Indian Ocean trade networks and port settlements plausibly may have diffused the expertise cross-culturally. After the primacy given to economic and political relations as a foundation of India-Africa relations, the realization that the cultural and traditional knowledge especially in health and handicrafts has the potential to be a stimulating force in the relationship between the two regions. The similar format of exchanges has continued but modified with the evolving geo-political conditions.

India–Africa relations have historically been shaped by trade, migration, and shared anti-colonial struggles. Panda (2021) stresses that in the post–Cold War period, these relations have expanded to include development assistance, capacity building, and health partnerships. Within this broader engagement, cooperation on traditional medicine and Indigenous Knowledge Systems (IKS) has emerged as a strategically significant yet inadequate and under-theorized domain. World Health Organization (2022) feels that both India and African countries face rising healthcare expenditures, limited access to biomedical infrastructure in rural areas, and an increasing prevalence of lifestyle-related diseases. Traditional medicine continues to serve as a primary source of healthcare for large segments of the population in both regions. Against this backdrop, India–Africa cooperation on traditional medicine warrants closer examination.

The contemporary geopolitics is forcing countries and regions to reorient its cooperations and collaborations to maximise their advantages. Most developing countries are dependent largely, especially in the health and life sciences sector, on the external sources. The insecurity injected into the global system by the USA withdrawing from the WHO and collapsing of USAID that had about 90% of American aid contracts primarily in Africa and Asia in the areas of health care, education and economic development. For optimists like Fofack (2025) this could boost African reliance. He says “US President Donald Trump’s dismantling of America’s foreign-aid program may be the wake-up call that African leaders need. If necessity is the mother of invention, the end of USAID could galvanize African governments to confront their countries’ challenges head-on.” In the absence of the US support, Africa needs to explore its indigenous knowledge systems and alternative partners and strategies that complement with its IKS. India can be one such partner who has progressed well in making its health care system more accessible and

affordable by incorporating its traditional medicinal systems to the modern medicines. Africa has parallel indigenous systems that can be given boost similarly. African knowledge systems and Indian techniques using scientific methods can help build capacity for Africa to be able to reduce its foreign dependency.

The diplomatic relationship between India and African countries in the domain of traditional medicine and IKS related to healthcare is rooted in longstanding shared legacy, cultural exchanges, rich biodiversity, and convergent public health challenges. The inadequacies of the accessible healthcare solutions further stress the need for the collaboration between the two regions of its IKS and TM. The usual exchanges through informal and unorganized networks could not provide a platform that could effectively transfer the skills and knowledge of different regions. For this reason, in recent years, formal cooperation at the governmental levels has gained strategic importance. The rising health-care costs, increasing prevalence of lifestyle diseases, and the need for affordable health solutions across both the regions has further contributed towards the increasing role of respective governments.

Platforms for Interregional Cooperation

India and Africa have been leveraging institutional platforms and events for capacity building in traditional medicine. The World Health Organization (WHO) has taken initiatives in organizing Traditional Medicine Global Summits to promote TCIM (the evidence-based integration of traditional, complementary, and integrative medicine) into global health systems. India has held two global traditional medicine summits (2023, 2025) under the auspices of WHO to share its expertise on evidence-oriented approach to traditional medicine. The theme of the 2nd WHO Global Summit on Traditional Medicine held in New Delhi was "Restoring Balance for People and Planet: The Science and Practice of Well-Being." The clear focus is on prioritising holistic well-being and not limited to illness management as in western modern medicine systems. The WHO also launched Traditional Medicine Global Library (TMGL) in the Summit that is a digital repository of 1.6 million records relating to traditional, complementary and integrative medicine.

This has provided India an opportunity for proactive diplomacy in fill in the void created by the lack of funds and expertise on one hand and underestimation of one's own strengths in local and indigenous expertise by most developing countries to resolve the sustaining gigantic health

care and well-being issues of its people. Collaborative dialogues, conferences, bilateral and multilateral platforms can further South–South cooperation between India and African nations in areas like traditional medicine systems. It will enable strengthening health systems and promoting scientific research so as to advance culturally-responsive health schemes.

“Heal-Stream” as a Tool of Soft Power Diplomacy

Heal-Stream diplomacy focusses on the fluid integration of traditional healing systems with the modern clinical healthcare infrastructures through digital exchanges. It is embedded in the intersection of health diplomacy, knowledge circulation and digital streaming. TMGL is one such digital database that streams the information of traditional medicines and herbs. Blockchain and other such technologies are used to keep a track on traditional remedies ensuring crediting the source. Technology is being used for compilation of data that allows for interoperability and sharing of global data. Thus, shifting from paper to “live”. Digital health tools are combining traditional practices with AI and genomics for better healthcare. Global Tradition Medicine Centre (GTMC) in Jamnagar has been allocated funds for upgradation to Global Knowledge Hub which will act as hub to process traditional knowledge into scientific languages facilitating global circulation. This digital component will shift healing systems towards AI-driven bioprospecting and telehealth. Thus, the herb’s genetic data, traditional medicines and healing solutions can be circulated through telehealth, telemedicine, AI apps and other digital platforms, enabling it a streamed service.

India’s international initiatives including the Traditional Knowledge Digital Library demonstrate the way the knowledge preservation and governance can function as diplomatic instruments. Ministry of AYUSH (n.d.) shows that the TKDL aims to protect indigenous medical knowledge from misappropriation while enabling research collaboration and global recognition. For African partners, collaboration with India offers technical expertise in documentation, standardization, and policy design without the asymmetries often associated with Western pharmaceutical engagement. UNESCO (2017) found that the Joint training programs, research partnerships, and regulatory dialogue enable India and African countries to shape global norms on traditional medicine collectively. According to this enhances South–South solidarity and contributes to a more pluralistic global health knowledge system.

India's relation with Africa in TM has to be built on the "Pre-Colonial Scientific Corridor" the term used more often by scholars of decolonial academic discourse. It is the trade circuit that evolved in the Indian ocean as a result of trade facilitated by monsoon trade winds. These corridors refer to indigenous or established trade routes and networks that enabled flow of commodity, ideas, skills and technology existing in the pre-colonial era. Then the inter-regional relationship was bereft of "donor-recipient" idea but was based predominantly on shared epistemologies and world views.

India, is helping Africa in formulating its traditional medicines that lacked scientific and regulatory validity. Its Ministry of AYUSH is helping Africa to institutionalize and regulate its traditional healing practices. Like Tanzania has adopted the "AYUSH Governance Model" so that it can integrate traditional medicine systems with the national health schemes. India helped Tanzania to develop its National Pharmacopeia for herbal drugs for consistency in chemical potency, to perform Reverse Pharmacology and assisting Tanzania to develop its own Traditional Knowledge Digital Library like India has. Indian diaspora in Africa has retained the Indian traditional practices like meditation and *yoga*. Its diaspora is being leveraged to extend its soft power through traditional practices. The African diaspora in India is the *Siddi* Community of India predominantly residing in the western Coast of India in Gujarat and Karnataka who have preserved certain African healing rituals and herbal knowledge that have been found to have African medical cultural roots. These have given rise to hybrid practices adapted to the local Indian environment.

Strategic Institutional Cooperation

India has entered the MOU with countries like South Africa and Tanzania to cooperate on the research in TM. Tanzania and South Africa have realized the health benefits of *Ayurveda* and have accepted it as a regulated medical system. The Ministry of Ayush is providing foreign students scholarships, tuition fees, etc. to study Ayush systems in India. Students from African countries such as Mauritius, Kenya, Tanzania, Uganda, etc, have registered for Ayush education in different institutes under Ayush Fellowship Scheme. Several MoUs have been signed to establish AYUSH Academic Chairs in African Universities Mauritius and South Africa.

International centers as the WHO global Centre for TM in Gujrat, India has created a platform for exchange of knowledge and skills in TM

positioning India on a leadership pedestal in TM. In that centres Indian scientists are researching on African Traditional Medicine to identify the compounds that have medicinal properties and can be used for new drugs. Then the exports of TM is increasing. Pathak & Chavan (2025, p3) report that “in 2023, Ayurveda dominates the total Ayush pharmaceuticals exports to Africa accounting for 96.89 percent, followed by Homoeopathy and Unani medicines.” They further note that,

“India’s total global export of Ayush was USD 1.02 billion in 2023. Exports to Africa were USD 74.58 million in the same year, accounting for 7.3 per cent of India’s global exports. However, the sectoral distribution shows a dominance of Ayush pharmaceuticals exports to Africa. Ayush medicants and medicaments exports to Africa constituted 18.73 per cent of India’s global Ayush pharmaceuticals exports in 2023.” (2025, p3)

Economic Diplomacy through Wellness Products

India is one of the major exporters of herbal and “nutraceutical” products that bridge the gap between food and medicine to the region. India’s affordable and natural products are a workable alternative to the expensive pharmaceuticals from the West. African traditional medicine systems are also finding their way into India. There is increase in trade of herbs and traditional practices used in *ayurvedic* formulations or in nutraceuticals like *Prunus africana* which is important ingredient in medication used for prostate health and *Pelargonium sidoides*. The other popular African product is *Rooibos* tea primarily from South Africa and Eastern Africa. It’s a global superfood popular for its high antioxidant properties. African raw herbs are used in Indian pharmaceutical products but more often absorbed into the supply chain of the Indian brands that use them. Consumers remain unaware of its origin. But African herbal formulas are available on quick commerce platform like Amazon and Flipkart.

Challenges to Collaboration

Despite evident opportunities in the integration of TM in the health care sector, there are persistent challenges. The experience has shown that traditional and indigenous medicinal knowledge often exists on the peripheries of the formal scientific frameworks. This is both cause and consequences of “regulatory ambiguities, quality assurance concerns, and limited empirical validation.” While TMS have widespread public acceptance, but Moriera (2014) claims that due to the lack of rigorous clinical evidence the growing concern for the quality and safety of TM is

genuine. Khalsa (2024) say that lack of legal recognition for the traditional knowledge and limited scope of conventional IP laws and lack of formal documentation pose a challenge to indigenous communities to protect it from the unauthorized use. Wenyika & Dzinamarira (2026) state that, “barriers such as inadequate infrastructure, lack of formal regulatory systems, intellectual property concerns, and the absence of standardized practices limit the full potential of ethnomedicine in these regions.”

African Union Commission (2019) believes that despite growing interest, cooperation faces structural challenges. Regulatory divergence across countries complicates the standardization and cross-border recognition of traditional medicines. Similarly, WHO (2013) found that tensions persist between biomedical epistemologies and indigenous knowledge systems, raising concerns about scientific validation and safety. Intellectual property rights and benefit-sharing remain particularly sensitive and under-considered issues. UNESCO (2017) further warrants that without robust community-centered frameworks, there is a risk that commercialization of traditional knowledge may marginalize indigenous practitioners and knowledge holders.

Conclusion

In the contemporary global world, people continue to use traditional medicine in different capacities, more in rural and remote areas where access to modern health systems is limited. Apart limited access to modern health systems, the steep rise in healthcare expenditures globally and alarming increase in lifestyle diseases has prompted both India and African nations to realize the potential and the strategic value of traditional and indigenous knowledge. Traditional and indigenous healing systems can complement modern medicine systems for preventive healthcare and disease management with an added advantage of being culturally tailored and culturally-sensitive wellness solutions. India–Africa cooperation on traditional medicine illustrates how health initiatives can operate at the intersection of South–South cooperation, soft power, and health diplomacy. Beyond addressing healthcare access and affordability, this collaboration enhances India’s normative influence contributes to more inclusive global health governance. To realize its full potential, however, cooperation must be institutionalized through ethical, evidence-based, and participatory frameworks that protect IKS while enabling innovation facilitated by live streaming of relevant information. In doing so, traditional medicine can serve not only as a therapeutic resource but also as a durable pillar of India–Africa diplomatic engagement framed within the paradigm of “Heal-Stream Diplomacy.”

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