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The Concept of Statecraft and Health in the Indian Context: An Investigation on Its Relationship with Sustainable Development Goal (SDG) of Health and Well-Being

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Abstract

India is an ancient civilization and an inclusive democracy where, alongside other forms of diversity, a natural diversity exists within medical systems and services. In recent years, the agenda of achieving sustainable development goals (SDGs) has deeply impacted government policies and programmes of countries including India. Placing society at the centre, this article analyses the evolution of India's political system and its impact on healthcare services. It also aims to analyse how health care policies and programmes of India are being modified to achieve the ambitious goal of providing health care for all in India. Amidst various state-driven conflicts, indigenous folk medical practices have remained alive and vibrant alongside classical medical systems throughout history. Changes in the governance structure have directly influenced the healthcare system. Currently, efforts are underway to adopt and integrate ancient practices with contemporary needs and to develop an inclusive healthcare system to achieve the Sustainable Development Goal of health and well-being for all.

Keywords

Health, Sustainable Development Goal, Alternative Medicine, India

1. Introduction

India has made steady progress on the United Nations Sustainable Development Goals (SDGs). However, similar momentum could be achieved for SDG-3, *i.e.* health and well-being. While child immunisation and basic health infrastructure

have improved, challenges persist in maternal mortality, non-communicable diseases, and high out-of-pocket health expenditures [1]. Despite being an important agenda of the Millennium Development Goals (MDG), development and diversification of the health care system remained neglected for decades in government policies and programmes. Immunisation coverage, institutional delivery and child health have been prioritised to achieve modern health standards by introducing National Health Mission, Pradhan Mantri Jan Arogya Yojana, Mission Indradhanush, Janani Suraksha Yojana, and Digital Integration [2]. Central and state governments are making concerted efforts to fulfil the health needs of the society by diversifying health care provisions along with strengthening the existing modern health care system.

Traditionally. statecraft in India includes seven wings, *i.e.* ruler, ministers, citadel, territory, treasury, army, and ally. The history of the country has witnessed significant changes in the structure of statecraft over time and its priorities. The development of the health care system in a country and health care agenda, such as patronage, regulation, financing, and service delivery, largely depends on the orientation of government policies and programs [3]. The evolution of health policies is a matter of government priority. Apart from the popular health system, alternative or traditional health systems coexist among the common populace, which have often been part of major health care practices of the society in past and have been replaced or obliterated as a result of the alterations in the government policies and schemes [3]. India is an ancient civilisation, and so is its traditional health care system, such as Ayurveda, folk medicine traditions and popular therapies which were primarily based on plant parts and products along with yoga and dietary modifications [4]. The history of the health care system in India can be traced back to the Indus Valley Civilisation, Vaidik literature and the classical Indian philosophies [5]. India has faced several invasions from time to time and has been ruled by rulers of foreign origins for a significant period; therefore, the influence of health care traditions of their respective places of origin was emphatically imbibed and aggressively encouraged into their state health policies and programs during their rule in India. Under state patronage, the Unani system was promoted between the 10th and 17th centuries, which was later replaced by the modern medical system during the British regime. As a sovereign state, India has thrived in building a pluralistic health care system after independence, combining all systems to build accessible, affordable and effective health care facilities for all [6].

Health remains a major concern not only for biological but also for the sociocultural life of human societies; therefore, health care policies have directly impinged on social, biological and emotional domains of human life [7]. Health policies have often been used by the establishments as a medium to exercise power to control societies. Stigmatising societies for spreading diseases and infections has been a common practice which still prevails in certain parts of the world and is being used as a political tool to settle scores [8]. The era of information technology

and artificial intelligence has redefined health priorities and health care provisions invariably across the globe. It has posed new challenges for governments and has simultaneously created new ventures for developing a robust, responsive and universal system to cater to the health needs of diverse societies. The present article delineates the evolution of health care policies and their implementation vis-à-vis changes in state administration over time. It also explores how government policies aim to reshape the existing health care system to integrate all existing methods to cater to the health needs of societies to successfully achieve the sustainable development goals.

2. The Concept of Health

In Indian society, a disease-free body and a focused mind are considered the foundations of optimal health. The Rigveda—the most ancient text—discusses health and its various dimensions while also describing the medicinal properties of numerous plants across its 1028 hymns [9]. The Taittiriya Brahmana contains prayers addressed to the Sun, Wind, Fire, Moon, Sky, and Earth, seeking the nourishment and strengthening of the human body and its organs; this demonstrates the ancient sages' profound understanding of bodily anatomy [10]. It is believed that Lord Brahma imparted the comprehensive divine knowledge of maintaining optimal health to the primordial sages for the welfare of humanity—knowledge that was subsequently incorporated into the Vedas. The Yajurveda and Atharvaveda discuss these subjects in detail and elucidate the medicinal properties of hundreds of plant species [11]. Ayurveda, the world's oldest authoritative system of medicine, has its roots in the Nyaya and Vaisheshika philosophies. Drawing upon this specialized knowledge, the sages Charaka and Sushruta compiled the research findings of various other sages to author the Charaka Samhita and Sushruta Samhita, respectively; these two texts serve as the foundational treatises for internal medicine (Kaya Chikitsa) and surgery (Shalya Chikitsa). Additionally, the Ashtanga Sangraha, Bhava Prakasha, and Patanjali Yoga Sutras are other significant texts within the Ayurvedic medical tradition [12]. In the Indian Vedic tradition, health is recognized as a means to attain the four goals of human life: Dharma (righteousness), Artha (prosperity), Kama (desire/pleasure), and Moksha (liberation). Lord Dhanvantari is worshipped as an avatar of Vishnu and as the deity of health and well-being. Ancient texts provide detailed discussions on the development of diseases due to imbalances among the Tridoshas (Kapha, Vata, and Pitta), the principles of bodily constitution based on the Pancha-Mahabhutas (five great elements), Ashtanga Yoga, and the classifications and dietary restrictions regarding food. Since the Vedic era, the disciplined observance of daily routines, seasonal regimens, diet, lifestyle, and dietary dos and don'ts has been expected for holistic health [13].

2.1. Health and Monarchy (State)

In the pre-Vedic era, personal and environmental hygiene were considered crucial

for good health. This practice was linked to religious beliefs—a connection evidenced as far back as prehistoric times. The remains of the Indus Valley Civilisation—featuring excellent town planning, water management and conservation systems, over seven hundred secure wells, covered drainage networks, bathing facilities, wide roads intersecting at right angles, and waste management systems—stand as vivid symbols of health awareness [14]. Although evidence regarding medical treatment from this period is scarce, most scholars acknowledge that people utilized local medicinal herbs. Evidence of dental procedures, such as drilling into teeth, suggests that the people of the Indus Valley Civilization possessed knowledge of surgery. While the absence of a central state power implies that a uniform healthcare infrastructure may not have existed across the entire region, there is ample evidence of infrastructure dedicated to preventive health. Plant-based products and medicines likely constituted significant trade commodities in the commercial exchanges maintained with Persia, Mesopotamia, and Central Asia [11].

In the Vedic era, both the system of governance and healthcare were grounded in natural laws and high ethical values. Society emphasized a disease-free life, and the administrative system reflected public participation. The Vedas—particularly the Atharvaveda—mention the causes of diseases and the performance of Yajnas (sacrificial rituals) to prevent them, symbolizing an early form of "public health." The objective of health was considered to be the integration of the body, mind, and environment. Ayurveda, regarded as an Upaveda (subsidiary Veda) of the Rigveda and Atharvaveda, defines optimal health as the balance among the three Doshas: Kapha, Vata, and Pitta [5]. Practices such as waking up during Brahma-muhurta (the auspicious pre-dawn period), meditation, yoga, and a balanced diet were considered the foundations of good health. Health signified not merely the absence of disease, but the harmonious integration and balance of the body, mind, and intellect.

During the Later Vedic period, the monarchy became more centralized, hereditary, and powerful. The concept of the "Rashtra" (nation) emerged, and kings enhanced their authority through rituals like the Rajasuya and Ashvamedha, while Ayurveda and medicinal practices were developed to promote health. The Atharvaveda, dating to this period, contains references to herbs and mantras for the diagnosis and treatment of diseases [15]. In the region east of the confluence of the Ganga and Yamuna rivers, Buddhism, Jainism, and new ascetic and philosophical movements emerged. Many of these movements emphasized a spirit of independent inquiry and experimentation across all fields of knowledge, particularly medicine. Consequently, early Buddhist and Jain texts—written in Prakrit, Pali, or local vernaculars—contain descriptions of medicinal use, surgical procedures, trepanation (skull surgery), purgatives, and emetic treatments [16]. These practices were adopted and developed by all strata of society. Lord Buddha himself was revered as a master of healing (Bheshaj Guru), and medical practices became an integral part of the Buddhist monastic tradition. Buddhist monks disseminated

Indian medical knowledge westward to Iran (Persia) and eastward to China and Southeast Asia. By the time of Emperor Ashoka, this knowledge had reached as far south as Sri Lanka [11].

The Manu-Samhita defines excellent health as a means to attain Dharma (righteousness), Artha (prosperity), Kama (desire/pleasure), and Moksha (liberation), while also discussing the concepts of purity and impurity in detail [17]. Regarding personal hygiene, it prescribes washing hands with ash, earth, or salt before meals and rituals, as well as after using the toilet; it also mandates the use of separate attire for cooking. According to Vedic literature, both internal medicine (Kaya-chikitsa) and surgery (Shalya-chikitsa) were well-developed during the Vedic period. While both systems were accepted and embraced by society, the practice of surgery faced severe neglect during the Buddhist era due to the prevailing emphasis on the principle of non-violence (Ahimsa), shifting the focus almost exclusively to internal medicine—even though Lord Buddha himself held a deep interest in medical science. Evidence suggests that hospitals were established across the country during the reign of Emperor Ashoka; the state arranged for special treatments, medicines, and isolation facilities during epidemics and disasters. Taxila University was the premier center for medical education during the Buddhist period, attracting students from abroad to study pharmacology and medical practices; similar centers existed in other parts of the country as well [11]. Around the 10th century, under the rule of Muslim invaders, the Unani system of medicine gained patronage in India, while the country's indigenous medical systems faced significant challenges. Efforts were made at the administrative level to dismantle ancient medical systems as part of the broader destruction of the educational infrastructure. It is said that Akbar emphasized harmonizing the Ayurvedic and Unani systems during his reign, though evidence supporting this claim is extremely scarce [9]. The influence of the Greek system of medicine began to wane after the Portuguese established their rule over Goa in 1510 AD. Following the establishment of British rule in 1757, medical departments were set up in the Bengal, Madras, and Bombay Presidencies in 1758, involving the appointment of 234 surgeons [18]. The Indian Medical Service was launched in 1896 by integrating several departments. British rulers worked to strengthen the modern medical system through various committees and commissions; however, these efforts to fortify the healthcare infrastructure were largely confined to cantonments and colonial settlements. Until 1919, the health and medical departments were controlled by the central government, but subsequently, this responsibility was transferred to state governments. The Act of 1935 further expanded state autonomy. Even in the post-independence era, the central government—through the Act of 1954—focused on the expansion of the modern medical system [19].

2.2. Misuse of Health Priorities by Ruling Regimes

Medical and health priorities have often been weaponized by ruling regimes against their adversaries; history offers abundant evidence of this. Islamic rulers, who gov-

erned India for a prolonged period, made several attempts to suppress the Sanskrit language and literature. To establish the Unani system of medicine, health science texts composed in Sanskrit were banned [20]. Physicians from Persia and neighbouring regions had been arriving in India since the first century BCE, attempting to integrate their medical traditions with Ayurveda. Consequently, numerous Ayurvedic texts were translated into Persian, Arabic, Zangyu, and Chinese. This era also saw the integration of Rasashastra (alchemical medicine) with Ayurveda, leading to the use of purified elements like gold and mercury in medicinal treatments. Zangzu and Han health traditions in China also exerted a limited influence in India during this period [21]. However, under foreign rule, Indian traditions, together with Han and Zangzu traditions in China faced widespread neglect. Despite this, all these medical systems survived and were preserved—thanks to their distinct cultural ties and deep-rooted indigenous presence—throughout the more than a thousand years of rule by Islamic and British regimes.

There is ample evidence of attempts by the state during British rule to ban the journeys of Hindu religious leaders, religious gatherings like the Kumbh Mela, and other social events, citing the actual or potential spread of epidemics [22]. Ironically, many communicable diseases were introduced into Indian society by British citizens and foreign migrants. In 1806, the East India Company imposed a one-rupee levy on Kumbh pilgrims—a significant sum at the time [22]. During the Kumbh and Magh Melas held around 1840, state-sponsored religious proselytization was conducted by various Christian missionaries, whereas Hindu religious leaders were barred from these events on the pretext of disease transmission—a move that met with fierce opposition from Sanatan Dharma leaders. This sentiment of opposition is considered to have played a significant role in the War of Independence of 1857. Similar prejudices are evident in the writings of foreign travellers. Medieval travellers such as Marco Polo, Ibn Battuta, and Niccolò de' Conti attempted to portray India and other Eastern nations as epicentres for the origin and spread of diseases [20]. Colonial rulers went a step further, depicting their colonies as "lands of disease" on the global medical map, while portraying Europe and the Western world as healthy regions. Even today, despite remarkable scientific progress, diseases continue to be characterized through a cultural lens. Western writers identified tropical regions as ideal breeding grounds for diseases like malaria, plague, cholera, and the flu, attributing this to local environmental conditions. They also held the inhabitants of these regions responsible, citing factors such as illiteracy, squalor, and unhygienic practices. Attempts were even made to blame Asian nations for the recent COVID-19 pandemic, even though the virus's prevalence was far greater in many countries outside of Asia [23].

2.3. Biased Assessment of the Indian Knowledge Tradition

Despite adopting significant elements from the Indian medical system, Western historians have prioritized only Greek and Roman medical traditions. During the medieval period, healthcare facilities were largely restricted to princely states and

rulers, leaving the general public to their fate [24]. Consequently, the onset of disease was often attributed to sin. In the absence of essential healthcare facilities, reliance on folklore, faith healing, and occult practices grew, thereby fostering superstition. A lack of civic amenities and unhygienic lifestyles led to a high prevalence of communicable diseases, which were a major cause of premature death. India has often been subjected to a one-sided assessment that focuses on medieval conditions while overlooking its vast tradition of medical knowledge [25].

The World Health Organization's 1995 definition of health—which emphasizes holistic physical, social, and mental well-being—mirrors the definition found in the Sushruta Samhita. The latter describes health as a state characterized by balanced doshas (humours), balanced agnis (enzymes and metabolic substances), balanced dhatus (tissue systems), and balanced mala-kriya (excretory functions), alongside a cheerful state of the atma (soul), indriyas (senses), and manas (mind). While the Greek philosopher Hippocrates (5th century) attributed disease to natural forces or an imbalance of humours—a concept regarded by the West as the first attempt to understand the origins of illness—similar theories were documented in India's Nyaya-Vaisheshika philosophy and Patanjali's Yoga Shastra five millennia ago [3]. Yoga, recognized in the Rigveda as the foundation of health and well-being, is now embraced globally. The United Nations' annual observance of International Yoga Day on June 21st stands as a testament to this universal acceptance.

3. The Way Forward: Future Possibilities

To address current health challenges, Ayurveda and folk medicine offer various sustainable treatments and therapies for diagnosis and care. There is a need to integrate these approaches with existing, prevalent medical practices. India possesses a vast folk medicine ecosystem—rich in diversity due to its variation across regions and communities—yet there is a scarcity of literature and discourse regarding it. Studies indicate that approximately 1700 plant species are used in folk medicine across India, compared to about 1000 in Ayurveda, 500 in the Siddha system, and 300 in Homoeopathy. Many traditionally used folk medicinal plants require the standardization of their identification and usage methods; simultaneously, there is a need to conserve, promote, and foster appropriate innovation within these folk medicine systems [26]. Over the past few decades, India's non-governmental healthcare sector has expanded rapidly. Thanks to the availability of affordable, reliable, and modern medical care, a large number of foreign nationals are also visiting India for treatment. The government must implement schemes to promote optimal health among its citizens while continuing to revitalize classical medical systems and foster the integrated development of modern medicine. Health challenges and crises should be addressed comprehensively, with the government prioritizing public welfare above all else [27].

In revitalizing traditional medicine systems in India, the government should play a pivotal role by integrating ancient knowledge with modern scientific vali-

dation, digital infrastructure, and global standards. It is crucial to establish traditional medicine not merely as an alternative, but as the "backbone of health policy," to boost export value and create a reliable, evidence-based healthcare system. The government has proposed several key initiatives in this direction for the period 2024-2030, such as: Evidence-based validation—A key priority is conducting rigorous clinical trials to establish the safety and efficacy of traditional medicines, thereby addressing the lack of standardization [4]. This includes the establishment of an advanced center for high-quality research by the CCRAS and the Indian Council of Medical Research (ICMR).

Digitization and infrastructure—Digital portals such as "AYUSH Grid" and the "My AYUSH Integrated Services Portal" (MAISP) are being developed to standardize documentation, services, and research. This involves integrating traditional medicine into the national digital health ecosystem under the Ayushman Bharat Digital Mission [28].

Integration with modern health systems—The government is focusing on co-locating AYUSH facilities within Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs) to provide integrated care to patients [2].

Quality control and standardization—The "AYUSH Mark" is being introduced to ensure quality and serve as a global standard for the products. The government plans to register all growers and traders of medicinal plants to ensure the quality of raw materials.

Global recognition and tourism—India is promoting the global acceptance of traditional medicine, a move highlighted by the World Health Organization (WHO) Global Centre for Traditional Medicine in Jamnagar, Gujarat. Simultaneously, India aims to become a hub for medical and wellness tourism, with a focus on Ayurveda and Yoga [2].

Regulatory reforms—The National Commission for Indian System of Medicine (NCISM) and the National Commission for Homoeopathy (NCH) have been established to regulate education and practice. National AYUSH Mission (NAM)—Assistance is being provided to states to upgrade the infrastructure of AYUSH hospitals, dispensaries, and pharmacies [29].

Workforce Expansion—Greater emphasis is being placed on training village health workers to identify local medicinal herbs and expand specialized AYUSH care in rural areas.

Innovative efforts in remote areas—Rashtriya Guni Mission is one such example in which traditional healers in rural and village areas are being trained to use locally available herbal and folk medicines to reduce child mortality. Their efforts during COVID-19 were appreciated both by the administration and the society. Such efforts will not only save lives but also help in the promotion and conservation of traditional knowledge.

In recent years, India has endeavoured to bridge the gap between traditional textual knowledge and contemporary validation techniques by placing special em-

phasis on the standardization of traditional medicines. Integrating traditional folk medicines into public services requires evidence of safety, efficacy, quality control, pharmacovigilance, and appropriate referral pathways. Efforts are underway to develop an integrated healthcare system by ensuring the quality of raw medicinal plants—thereby strengthening and expanding the supply chain—and by combining these practices with other medical systems. The ultimate goal is a "Developed India by 2047," where traditional and modern systems work in tandem to provide affordable, accessible, and high-quality holistic healthcare, while simultaneously boosting the economy through the cultivation of medicinal plants and tourism [2].

4. Conclusion

India is a vast country with several ethnicities, languages and cultural practices. A horizontal policy will not be sufficient to address regional aspirations, respect existing cultural ethos and integrate prevailing traditional health care systems. The trajectory of health care systems' evolution in India clearly emphasises wise integration and respectful inclusion of alternative and traditional health care methods to reduce the prevalence of morbidities and deaths, particularly in remote and rural areas. To achieve universal health coverage, concerted efforts of government, society and health service providers are needed.

Conflicts of Interest

The author declares no conflict of interest regarding publication of this paper.

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