

## INDIGENOUS MEDICAL TRADITION IN A FRONTIER SOCIETY OF JAVA, INDONESIA

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**Abstract:** Diseases pose big challenges to human beings. In Indonesia the development of modern medical systems was parallel with the growing presence of western colonialism. Under the independence state of Indonesia, modern medical system continued to grow. Until today, the improved modern health facilities, however, are not yet accessible for all people and across the country. And even worse, the available modern medical system has often increasingly become unaffordable. Only the rich and urban dwellers basically have the privileges to enjoy. Meanwhile, having no other choices, many commoners particularly those who live in rural areas have to rely largely on indigenous medical systems. Despite their importance for the commoners, the role of indigenous medical systems has not been sufficiently understood. The practices have often been overlooked and considered superstitious, irrational, and less valuable from modern, official health standards. Even though the extent to which the indigenous methods of diseases control were effective is problematic, the fact that their use was sustained through generations gives an indication that in some cases, the indigenous medical traditions had rational values for their user. Drawing upon documents and interview materials, the paper seeks to explore indigenous medical tradition in the Eastern Salient of Java. The area used to serve a frontier region, which had long been contested by the Hindu kingdoms of Bali and Islam kingdoms of Java. The major objectives of the paper are: (1) to examine the indigenous conceptions about diseases and their causes among the people in the region; (2) to elaborate the ways in which the problems of diseases are contained and various elements involved in the disease control; and (3) to investigate the origins of healing profession of the traditional healers. The paper employs a combination of historical and anthropological approaches. This combination will enable to demonstrate how the indigenous medical systems and their elements might have changed and sustained through generations.

**Keywords:** Indigenous conception, medical tradition, disease control, shamans, eastern salient of Java, frontier region.

### INTRODUCTION

The problem of diseases has raised deep concerns in Indonesia during the colonial and independence periods. In colonial Indonesia the Dutch authorities gave a special attention to the issue for two major reasons. First, European settlers encountered deadly realities in their distressing experience with tropical diseases. Many considered life in the tropics “harsh, unhealthy, and full of dangers” (Kerkhoff, 1989:13). Second, the growing issue of diseases was also inseparable from the expanding economic exploitation, particularly in newly developed areas initiated with forest clearance. A number of the European planters running estates often complained of suffering considerable losses from the frequent cases of illness especially malaria and fevers (Rapport, 1916:14-17). The unhealthy environment was blamed for the difficulty in persuading workers to stay longer in the estates and

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in making them to work more productively. To cope with the problem of diseases, western medical system was developed by the Dutch in the colony. Under the independence state of Indonesia, modern medical system continues to grow. More hospitals, doctors, nurses, vaccines and drugs have become available.

Until today, the improved modern health facilities, however, are not yet fully and evenly accessible for all inhabitants across the country due to the lack of fund the government could provide. And even worse, the available modern medical system has often increasingly become unaffordable. The capitalism pressures have forced many health service providers, especially hospitals, to perform their tasks largely for profits, rather than for social, altruistic and humanistic reasons. The well-equipped, modern health services tend to become increasingly expensive. Consequently, only the rich basically has the access and the privileges to enjoy the very basic human need for health. Meanwhile, having no other choices, many commoners especially those who live in rural areas and the poor have to rely largely on indigenous medical systems. From around the mid-1980s the indigenous medical practices are reported to have regained their importance among the people in Indonesia, due to the deteriorating access and trust to the available modern medical system (Zaenuddin, 2005:14).

Despite their importance for the commoners, the role of indigenous medical systems has not been sufficiently understood. The indigenous medical practices have often been overlooked and considered superstitious, irrational, and less valuable from modern, official standards of health. In a literature taking the regency of Banyuwangi as the setting of story entitled, *Kiamat Para Dukun*, [The End of the Shamans], the indigenous healing practices are regarded by modern medical standards as “sorcery-oriented healing”, “groundless way of healing”, and “only causing the death of the patient” (Hariadi, 2004). Such a view could easily mislead to the creation of negative images of the indigenous medical systems and their practitioners by associating them with “black magic practices and during a time of turbulent the images have easily been manipulated to justify violent acts against them. Even though the extent to which the indigenous medical systems are actually effective remains problematic, the fact that their adoption has sustained through generations gives an indication that the indigenous medical traditions are useful and have rational values for their users.

## METHODS

This article employs a combination of historical and anthropological research methods. It uses data collected through documentary, observation and interviews techniques. Drawing upon the available material sources, both historical and anthropological data, this article seeks to explore indigenous medical tradition in the Eastern Salient of Java, which was called the residency of Besuki during the

Dutch colonial period and called Blambangan during the earlier period. The area under consideration consisting of four regencies, Banyuwangi, Bondowoso, Jember and Situbondo (Pananukan) used to constitute a frontier region, which had long been competed for by the Hindu kingdoms of Bali and Islam kingdoms of Java. The region of Besuki, especially Banyuwangi, has long been widely known as one of the most important centers of supernaturalism learning in Indonesia, apart from Banten in West Java and Lombok Island. The supernaturalism practiced among the inhabitants of Banyuwangi are believed to be a mixture of animistic beliefs and Islamic mysticisms thriving in the atmosphere of religious conflicts taking place in the region from the sixteenth century (Margana, 2012:26). The region of Besuki is demographically inhabited by three major ethnic groups: Javanese, Madurese, and Usingese. Each group has their own cultural traits. The major objectives of the paper are: (1) to examine the indigenous conceptions of diseases among the people in the region; (2) to elaborate the ways in which the problems of diseases are contained; and (3) to investigate the paths to become an indigenous healer.

### INDIGENOUS CONCEPTION OF DISEASES

Diseases have long been a serious problem in the residency of Besuki. Traditional historical literature of the region, *Babad Notodiningratan*, mentions a plague occurring in the Blambangan kingdom during the reign of Santaguna (1570-1588) (Arifin, 1995:278). Another plague was reported to have broken out and spread widely on February 1597, at the same time with the fall of the Blambangan (Arifin, 1995:312). Early colonial reports quite often described the region as “unhealthy” or even “one of the unhealthiest places of Java” (Over de Berg, 1859:167). The Resident of Besuki, for example, stated in 1887 that a great number of Europeans suffered from malarial fever as did most Indonesians (ANRI, AV Besoeki, 1887). Severe malarial fever epidemics in Jember were reported to have occurred, among others, in 1901 and 1902, attacking more than 9 percent of the population in both years. The events caused around 2,900 deaths in 1901 and 2,800 deaths in 1902 (Onderzoek, 1909:83). Unsurprisingly, Resident J. Bosman in 1913 called the region of Besuki “a malarious land” (ANRI, MvO Bosman, 1913:16). A report on Ambulu, Jember in 1941, describes the rice harvest season as the outbreak time of malaria and therefore, the disease was locally called “harvest fever” (Pewarta Soerabaia 15 July 1941; Swellengrebel, 1937-1938:42).

The connection between diseases and environment was also acknowledged among the Indonesians of Besuki, but their disease etiologies were quite different from those of the Europeans. One of the beliefs reflecting their disease etiologies as found in the traditional literature of the region linked the widespread diseases and incidents of deaths to the anger of evil spirits, residing in the adjacent forests (Arifin, 1995:262,282). As observed until recently, Baluran forest is regarded as eerie (*angker*) because of containing sacred (*keramat*) sites and having a guarding

spirit (*roh penunggu*). Similarly, the Alas Purwo of Banyuwangi, the remaining stands of the virgin forest of Java, is considered more eerie than the other remaining forests of the region because of housing earth spirits (Wessing, 1994:60). Other places that are thought to be eerie are sacred sites, abandoned buildings, cemeteries, and old, giant trees. Among the Using people of Kemiren, Banyuwangi, for example, the tomb of Buyut Cili and the trees growing inside the tomb site are considered sacred and eerie (Herawati, 2004:72). Such a belief is not exclusively restricted to Besuki, but also in existence elsewhere. Among many Southeast Asian communities, the forest was often seen as a sacred place, together with the ocean and the inhabited world, where dangerous spirits were present and able to cause illness to people who disturbed their domain (Boomgaard, 1995:52; Slamet-Vesink, 1996:69). The remnants of the beliefs could still be observed until today, as recent studies in several parts of Java indicate (Reksodihardjo and Soediby, 1991:48, 96; Sarwono, 1996:85).

Even though there is a belief in the link between illness and the world of the spirits, it does not necessarily mean that all kinds of diseases are believed to have mystical causes. Among the people of the region there is also a notion that the cause of the diseases could have links to something physical, which requires medical responses to contain. The disease etiologies held by the people of the region, therefore, may be broadly divided into two categories, mystical and physical factors or in Foster's terms, personalistic and naturalistic factors (Foster, 1976:775). Diseases that are believed to have mystical origins are frequently those which suddenly occur for no obvious reason, and often showing dramatic symptoms such as loss of consciousness, abdominal swellings, blood coughing, or paralysis. The agents that are thought to be responsible for the diseases include supernatural beings (genie, evil spirits, ancestral spirits, and others) and human being (sorcerer).

One illness that readily illustrates the belief in supernatural beings as its cause is possession (*kesurupan*). The cases of possession by a spirit often appear in newspaper reports. A report by Antara news agency mentions that on November 2010, 25 students of the Senior High School (SMAN) Kalisat subdistrict of Jember were possessed during flag ceremony. The cause was thought to be a spirit whose anger was raised due to the felling of banyan tree in the school site for the purpose of building a new classroom (Berita, 4 May 2012). The cases of mass possession have also been reported to have happened to some students of the Vocational School (SMKN 4) Jember (10 February 2009 and 2 November 2011), 30 students of the Junior High School (SMPN 1) Panji subdistrict of Situbondo (3 December 2011), and more than 10 students of the Senior High School (SMAN 1) Panarukan subdistrict of Situbondo (26 July 2011). The causes of possession have been associated with a genie whose anger was raised for being offended by students' behavior (for the first two cases) and with removal of an old grave where the genie is thought to reside for constructing a school building (the later mentioned case) (Kompasiana,

3 December 2011). Possession is believed to easily occur especially to those who are mentally in trouble and confusion, and like daydreaming and going off alone. Such features are commonly found among children and youngsters.

Apart from possession, the occurrence of sorcery-linked ailment is popularly acknowledged among the people in the region. Someone who falls ill with dramatic symptoms like abdominal swellings and blood coughing, accompanied with unusual events of alien things found inside the body like needles, nails, glass pieces, small scissors, and other alien things, is easily thought as due to sorcery (Umiami dan Susanto, 1990/1991:143). The belief of the sorcery-linked ailment becomes stronger when doctors and medical tests find no disorders and could not establish the explanation for the ailment. Obtaining no logical explanation from the medical expert, one is forced to seek explanation from their reservoir of traditional knowledge. One of the most common explanations is to link an ailment to a consequence of a personal wrongdoing. With this belief, questions like 'what fault have I done', 'who have I or this family insulted', would immediately come to mind. *Dukun* or *kyai* is the one to consult and to get the problem solved (Wessing, 2010:58).

The sorcery-linked ailment is believed to have resulted from inharmonious relations someone has with other members of society or even closed relatives, which are ignited by jealousy, hatred, fury, enmity, and other forms of bad feelings. With the help of a sorcerer, one can attack and cause ailment or even death to someone else regarded as their enemy. According to their beliefs, the alien things employed in the attack can be magically transferred by a sorcerer to the targeted victim by applying either homeopathic and or contagions magic. In performing homeopathic magic, sorcerer (*dukun santet*) of Banyuwangi usually employs dolls and photograph to represent the targeted victim and knowing the target's name is essential to make it work. Meanwhile, contagions magic is performed by making a use of target's personal belongings and body specimen including among others, hair and nails (Saputra, 2007:128-129, 296-297).

The second category includes diseases relating to physical or naturalistic factors. Among the people in the region, regardless their ethnic and religious backgrounds, there is a common belief that human has two components, body and spirit. Body is container (*wadhah*) or outer side of human and spirit is its inner side. Naturalistic-linked ailments are thought to occur when balance supporting and coordinating the human organs to function properly is disturbed. The disturbances of the body's balance can be associated with diverse factors, not only to internal factors such as stages of human growth and biological transitions, but also to external ones, like climatic and human conditions (Jordaan, 1985:223-224).

One illness that readily illustrates the idea of imbalance is *masuk angin*. This illness is believed to have a close link to imbalance among the four essential

constituents of the body: wind, heat, water, and earth. *Masuk angin* is thought to occur due to an excessive amount of wind element in the human body. The excessive element of wind can be associated with various factors, including lack of sleeping, get wet under rain, dirty stomach, and bad digestion of foods (Umiati dan Susanto, 1990/1991:93). To get back to a normal state, excessive air element has to be driven out in order to restore the balance of the body's constituent elements.

It is also noteworthy that among the people of the region, ailment is understood not only in the context of usual, immediate, and personal day-to-day experience, but quite often being seen much deeper as well, particularly in the context of philosophical values. A religious point of view is often used to look at the phenomenon in search for its meaning. From this perspective, ailment could have quite diverse meanings: a blessing, a test, and a curse. For those who see it as a blessing, ailment gives life wisdoms of how to appreciate health, how to behave properly, and how to treat ailing person. Meanwhile, ailment is usually seen as a curse when the sufferer is badly behaving people. They are thought to have got a punishment for all their sins and violations against moral and religious teachings (Umiati dan Susanto, 1990/1991:28). When occurring to good people, ailment is usually seen as a test of their faith, trials put in one's path by God. Those who pass the test, always holding their faith in God regardless the pains and difficulties they have to encounter, will prove themselves as obedient and loyal servants to God and therefore, suitable for receiving worldly and divinely rewards.

In line with the gradual expansion in modern medical system in particular and modern education in general which use rationality as the basis, the people's disease etiologies have surely experienced a notable shift. People willingly adopt a more rational conception that is proven to be justified in their immediate daily experiences and put aside their traditional conception regarding the nature and the causes of ailment. Several diseases that used to be exclusively linked to mystical causes as their explanation are now understood in a more rational way. A disease called *chikungunya* causing paralysis that hit Jember region, for example on January 2009 attacking 240 people of Sukowono village (Djunaedi, 2009), on May 2011 attacking more than 100 people of Arjasa village, is no longer explained in mystical way. In other words, part of the traditional conception of diseases etiologies has faded away, but not completely disappeared. The traditional beliefs regarding diseases that are commonly thought as possession and sorcery remain strong and mystical factors are continuously seen as the cause of the ailment. The next section will show that mixed disease etiologies also find its reflection in the fight against diseases.

## DISEASE CONTROL

Despite of its philosophical contents, ailment is basically an unwanted condition for all. When ailment occurs one would take curative measures. What kind of measures

taken and where to go to get medication depend at large on the types of illness one suffer from. In the case of usual ailment (*sakit biasa*) originating from naturalistic factors, one would take a self-help medication. A common ailment worthy to mention here is *masuk angin* (excessive wind in the body). This illness is usually cured by massage (*pijat*) and in more severe cases by a *kerokan*, a massage employing oil and a coin. This kind of curing is quite simple and is usually performed by a family member, neighbour, relative or a *dukun pijat* (masseur) (Wessing, 2010:57). Herbal remedies either home-made or manufacture-made ones sold openly at the market are occasionally also taken as complementary part of the curing. In more serious illnesses, especially when mystical factors are suspected as the cause, one would go to *dukun* or *kyai*, who are believed to have the specialty in dealing with the supernatural spirits. Among the suspected possession and sorcery-linked ailment mentioned above, healing was sought for by bringing in *kyai* or *dukun*, rather than doctors. Mass prayers (*istighosah*) and Koranic reciting (*pengajian*) were also reported to have been held at schools for a couple of days to move the disturbing spirits away.

According to a number of *dukuns*, illness starts from an imbalance between outer and inner sides of human due to improper life behaviour. Under such a circumstance, human is thought to be open and easily invaded by external forces causing sickness because the guarding spirit (*roh penjaga*) dwelling upon him/her provides no protection (Marwoto and Rahayu, 2011:88). In order for the body to be free from illness, maintaining the balance between inner and outer sides is regarded as vital. There are several ways to maintain the balance. Some people seek to maintain the balance through ritual purity. The protection of the bodies against alien forces causing illness can also involve the use of amulets (*sikep* or *jimat*) that consist of herbs and secret ingredients or containing citations taken from the Holy Koran. More pious Muslims, who reject such amulets for regarding them as *syirik* and violating against Islamic teachings, seek to strengthen the balance of their bodies by reciting verses from the Holy Koran, especially the *Ayat Kursi*. In addition, planting papaya (*Carica papaya*) and *kelor* trees (*Moringa oleifera*) in the home garden are thought to be useful to protect against sorcery-linked attacks (Wessing, 2010:53).

The indigenous methods of disease control in the region of Besuki have diverse elements. Although local variations exist, given the culturally different groups of Madurese, Javanese, Using inhabiting the region, there are similar elements employed in the disease control practices found among them. The healing performance usually involved the role of indigenous healers (*dukun* or *kyai*), rites, and remedies. The traditional healing practice clearly indicates the influences of mystical beliefs (Sardjito, 1965:3). Recent observations by Beatty (1996), Mahoni (2002), and Marwoto and Rahayu (2010) on the Using people of Banyuwangi reveal that the remnants of the features are still in existence.

There are roughly four patterns of diagnosis adopted by traditional healers (*dukun*) in the healing practices. The first pattern is a conventional one. Here the *dukun* usually ask the patients about their problems. Based on the consultation, the healers then would give prescription to them. The second pattern is by using numerology. This way of healing requires the *dukun* to know patient's birthday (*weton*) based on traditional calendar. The prescription is given on the basis of the *dukun*'s reckoning. The third pattern is by applying intuition through meditation. Here the *dukun* relies on meditation to know patients' diseases. With supernatural ability the *dukun* would interpret the signals which are believed to have appeared during meditation. The fourth pattern is by analyzing the symptoms shown by the patients. The more experiences the *dukuns* get, the much easier for them to identify the symptoms of diseases would be (Marwoto and Rahayu, 2010:87).

Apart from the key role of *dukuns*, the indigenous healing practices make a use of variety of equipment. The equipment quite often varies from one *dukun* to another, depending on the convention of each *dukuns* and also nature of their healing ability. Among the *dukuns* of Banyuwangi, the equipment used in the healing includes: charmed water (*air putih yang dimantrai*), betel leaf water (*air sirih*), incense (*dupa*), flowers (*kembang*), heirlooms (*pusaka*), mystical writings or symbols (*raja*), monkey blood, plant sap, and inner energy (*tenaga dalam*), and herbal medicine. Even though diverse equipment is employed, it seems quite clear that the most important element in the indigenous healing process is actually the supernatural power of the *dukun*. All *dukun* base their healing practices more or less on supernatural abilities, a feature that characteristically distinguishes them from modern medical systems. It is believed that the supernatural power of the *dukun* can be transferred to the ailing person through blood vessels and this energy will cure the patients from their ailments (Marwoto and Rahayu, 2010:87).

However, it would mislead to suggest that indigenous healing practices contain no rational elements. Many people of the region also hold the notion that the cause of the diseases could have links to something physical, and thus requiring medicinal responses accordingly. Medicines, usually in the form of herbal products, also play a role in the disease control (Sardjito, 1965:3; Abeyasekere, 1987:203). In 1947 when malaria broke out in Puger, a Jember-based magazine reported the use of "Javanese medicines (*obat Jawa*)" as part of the medication (Pelita, 5 February 1947). As recent observations might also indicate, numerous medicinal herbs have been collected from the forest of Banyuwangi (Departemen Kehutanan, 1985:13-14; Wibowo, 1990:37).

To what extent the indigenous methods of diseases control actually effective remains problematic. With regards to the diagnosis and healing practices, the procedures performed by the *dukun* have not been scientifically proven. With regards to traditional medicines, comprehensive scientific investigations have also hardly



been carried out to uncover their properties and efficacy in curing and preventing diseases. But the fact that their use has been sustained through generations gives an indication that in some cases, the indigenous medicines has rational values for their users. In the past several European naturalists recognized the Indonesians' well-established knowledge of medicinal, edible, and poisonous herbs (Von Roemer, 1921:35-37). A few medicinal herbs were brought under laboratory tests and part of them was confirmed as having officinal values (Van Romburgh, 1929:257-259; Jaarverslag, 1938:472). In the 1960s anti-fever qualities in a number of indigenous medicinal herbs in Java were scientifically proven under laboratory tests (Lamid, 1965:645). This indicates that apart from its mystical contents needing to be filtered, indigenous disease control also offers useful values which can be tested and may be developed further to conform with modern standard of health practices.

### INDIGENOUS HEALERS

Indigenous healers in the region of *Besuki* are usually called as *dukun* (shaman). Curing ailment is frequently only one of the roles the *dukun* have usually played. Other important functions that *dukun* could perform for their clients with their supernatural powers are in the field of sorcery (*santet*). This is a controversial function because of giving benefits to one party, but on the same time, doing harm to another as well. Such a function has long become a source of tensions and a root of violence in many parts of the region. In the 1950s, for example, some *dukun santet* were reported to have been relocated from Banyuwangi to Bondowoso to avoid the anger of their neighbours (*Trompet Masyarakat*, 23 April 1951:4). More recently, the killing of hundreds suspected *dukun santet* across the region in 1998 indicates the beliefs of sorcery practice persisting among the population of the region (Hariadi, 2004). In addition, a *dukun* often also performs other functions such as spiritual and political advisors. During the general elections, some politicians are reported to have asked for *dukun* advices and help them to get elected or to maintain their current positions. Among all the functions, however, *dukun*'s ability to cure is unquestionably the major reason for their social prestige in the society.

*Dukun* is a general term which is quite common among the major three ethnic groups inhabiting the region. Other terms that are occasionally used are *wong pinter*, *wong tuwo*, *wong linuwih* (Javanese), and *oreng penter*, *oreng toah*, and *oreng sakteh* (Madurese). A *kyai* often also perform healing. The term *kyai*, however, is especially used for religious leaders mastering extensive body of knowledge of Islam and spreading Islamic teachings to others by running an Islamic boarding school (*pesantren*). A traditional historical source of the region, *Babad Notodiningratan*, illustrates that Sech Walilanang was an example of religious figure combining healing practice with Islamization agenda in the Blambangan Palace. After curing the princess from her illness and being taken as a son-in-law of the king of Blambangan,

Sech Walilanang persuaded the king to follow Islam religion (Arifin, 1995:277-278). In performing healing, there are major differences between *kyai* and *dukun*. A *kyai* heal their patients from ailment by directly asking for God's help, while a *dukun* performs healing often also with the help of a spirit. The difference can be found in the equipment employed in the healing as well. A *kyai* relies his healing practice almost exclusively on prayers to God and is occasionally supported with water for a complement remedy, while *dukun* performs healing often by employing spells, incense, flowers, magical items (heirlooms and stones) and several others (Galba and Adonis, 1991:65-66).

In relation to healing specialty, there are specific names added to a *dukun*, similar to the findings of Geertz in the case of the Javanese of Kediri. A *dukun* relying much on herbal remedies in the treatment of ailment is known as *dukun jampi*, whereas *dukun* relying largely on spells is called as *dukun japa*. There is also *dukun susuk* having specialty in curing ailment by using needles (Geertz, 1989:116) and *dukun jilat* curing ailment by licking or sucking the sick part of the body (Mahony, 2002:22). The Madurese names for *dukun* with specific specialties in curing ailment are *dukun komandhin* (snake bite healer), *dukun bur-sembhur* (charm healer), *dukun saban* (healer of child diseases), *dukun pellet* (masseur), and *tokang jhamoe* (vendor of herbal medicines) (Jordaan, 1985:161).

In practice, however, it is difficult to draw a clear-cut line distinguishing one type of *dukun* from another. This difficulty results mainly from the fact that a *dukun* often has multiple specialties. Among the Using *dukun* of Banyuwangi, for example, a *dukun* acting as sorcerer usually also has the ability to cure, especially the magic-related ailments (Saputra, 2007:288). Many *dukuns* of Banyuwangi are reported to have practiced combined specialties of curing with cast spells (*dukun japa*), herbal remedies (*dukun jampi*), and massage (*dukun pijat*), and other specialties including love matters specialist (*dukun percintaan*) and spirit medium (*dukun prewangan*) (Mahoni, 2002:21-22). Madurese *dukun* also shows more or less similar character, in a sense that they often claim qualified in more than one area of specialty (Jordaan, 1985:174). A *dukun* who has multiple competencies is known as just *dukun* (*dukun biasa*), without specific names added. *Dukun* of this kind is usually a general magic practitioner, serving multiple functions required to meet diverse needs and problems in the society from a healer, advisor, fortune teller, to ritual leader and several others (Geertz, 1989:117).

There are broadly three ways to become a *dukun*: by descent, by divine injunction, and by initiation. The first way is typically found among *dukun biasa*. In this case, the capacity to become a *dukun* is usually inherited from parent or ancestors having similar ability. This genealogical factor is very important because *dukun* practice is regarded as a dangerous business. The practice closely relates to the realm of the supernatural powers. It is believed that only the chosen one that possesses spiritual strength has the ability to deal with the supernatural powers.

If spiritually weak, the danger of the spirits world could do serious harm, may cause insanity and even death. Thus having an ancestral blood line to a *dukun* is important and gives an indication that one has inherited the ability to handle the dangerous supernatural powers. As come as no surprise that the successor of a *dukun* is usually one of the *dukun*'s offspring, not necessarily the oldest child, given the fact that each offspring may have different talents. Regardless their offspring ranks, heredity is unquestionably an important factor determining an offspring in becoming a *dukun* (Wessing, 1995:199).

Apart from the inherited abilities, there are necessary skills a *dukun* needs to acquire through learning process (Geertz, 1989:117). The *dukun* ancestors quite often provide their offspring a main source of learning about the required skills that are needed to perform healing. This is an extra aspect explaining the reasons why heredity is regarded as an advantage and important factor in becoming a *dukun*, apart from spiritual aspect as previously mentioned. But of course, there are other sources of learning, including other *dukuns* and books. A number of *dukuns* reveals that their ability to connect with spirits is built through fasting and meditation. New-coming healers often have to improve their meditation skills to connect with a spirit by learning from a guru *dukun*. There are diverse books associated especially with Javanese knowledge that are seen as invaluable for *dukun* because of containing knowledge and skills to perform healing. They include mystical books of spells (*rapal*), chants (*mantra*), symbols or designs with mystical properties (*rajah*), numerology, traditional medicine, and herbal remedies (Mahoni, 2002:32-34; Galba and Adonis, 1991:46-47).

Becoming a *dukun* is partly believed a divinely-designated as well. Sudarsono, a *dukun* living in Jember recalls his recollections:

“Once I lived miserably. I heard of sacred Purwo forest in Banyuwangi, well-known for its eeriness, believed as a good meditation place for those want to achieve invulnerability and prosperous life. I decided to go to the forest. When I was there, I was fainted during which I had a dream of being visited by an elder giving me spells to help others (Badriyanto and Nawiyo, 2011: 30).

Another *dukun* gives his testimony concerning how his ability to cure ailment began to emerge when he was 40 years old. It started with a dream of standing in the middle of ocean where an elder gave him *batu pipisan* and *alu*. From a spiritual guru, he got an explanation of what his dream meant. In Javanese tradition, *batu pipisan* and *alu* are tools of making herbal medicine, and therefore, based on this it was believed that the dreamer has been divinely granted with an ability to cure ailment. Also, *Kyai* Mansur of Balung, Jember, stated that his ability to cure began to appear following a dream of bathing in a clear water flowing river. In his dream an old white robed man gave him a bottle of water and asked him to use it to help ailing people. Another *dukun*, Miski, claimed to have obtained a healing

power after getting a comma experience, during which she felt living a wonderful world. But, an old man with a long white beard and shiny white robe asked her to return to earth for helping people because her time not yet come (Badriyanto and Nawiyanto, 2011:30).

Part of the group is *dukun* having an ability to cure ailment as a result being possessed by a supernatural spirit (Badriyanto and Nawiyanto, 2011:59-60). The power to cure is often only temporary, as found typically in the case of *dukun tiban*. One example of *dukun tiban* in Jember appeared in a newspaper report. On May 2009 an orange vendor named Mbok Robiah claimed to get a revelation (*wangsit*) in the form of divine voice (*suara gaib*) while teaching Koran study (*ngaji*). She claimed that the voice she heard of was accompanied by a vision of a dragon surrounded by figures with turbans, like holy religious leaders spreading Islam in Java (*wali*), commanding her to do fasting for 40 days. In the last day of fasting Mbok Robiah was reported to have been possessed by a spirit. While being possessed she proclaimed herself as a disciple of the Java's nine holy Islamic figures (*wali songo*), and got the ability to cure ailment. The news about her ability to perform healing spread quickly and hundreds clients were reported to ask for help and they came from distance places outside Jember (Jemberpagi, 2012).

The third way of becoming *dukuns* is by initiation. This type of *dukun* is usually characterized by a well-mastering of large body of esoteric knowledge, acquired through a long process of learning. Compared with *dukun* profession built through descent and divine injunction paths, a *dukun* by initiation is regarded as lower. The emergence of an initiated-based *dukun*, however, is usually more observable and clearly staged than that of other *dukuns*. The transformation from a child into a *dukun* forms a gradual process of becoming. A talented-child learns by observing other people perform healing or overhearing what other people say and as time goes by, the ability to cure ailment would grow spontaneously. Quite often the process develops without any helps from others and only in few things, like saying spells, a guidance by an elder (spiritual guru) is necessary (Jordaan, 1985: 166-167).

Regardless the paths taken to have indigenous healer as their profession, no room to doubt that *dukun* continues to assume an important position in the society. There are good reasons for the continuing role of *dukun* in the field of healing. Several informants, including from high education background, explained that going to *dukun* is preferable because the cost is much cheaper than going to doctors. A number of informants, working as university teaching staff, said that they brought the member of their families getting broken bones in an accident to *dukun* to get cured. The reason for this choice is that doing bone surgery by doctors in hospital was estimated to cost millions rupiah, while healing by *dukun* cost them only few hundred thousand rupiah. People know that doctors and hospital set high fees for their services, while *dukun* has no fixed fees, and generally, one pays as much as one can afford.

Apart from economic reason, *dukun*'s explanation of the ailment is more easily understood than that of doctors. This is because the language of doctors is often far from the patient's vocabularies and personal experience. The *dukun*'s explanations, by contrast, use more general language and vocabularies that are closer and more familiar to patient's knowledge and day-to-day experience (Wessing, 2010:58-59). Another major reason is related to the fact that among the people of the region, there remains a belief in mystical influences as part the causes of ailment. This belief inevitably creates the continuing need for *dukun* profession because it is thought that only *dukun* has the competence in curing the suspected mystical-linked ailments, as possession and sorcery. In addition, some consider going to *dukun* important as a last resort. Several informants found the persisting ailments despite the long-lasting modern medication that has been taken. Facing the confusion and uncertainty resulting from the failure of modern health practitioners to demonstrate their healing competency, *dukuns* are called back and a room is provided for their mystical explanations until doctors and modern medical system could prove it wrong.

## CONCLUSION

This paper has indicated the persistent survival of indigenous medical tradition in the residency of Besuki through time. Conception of diseases, health control and indigenous healers shows a dual aspect of the indigenous medical tradition, relying both on mystical and rational beliefs. The disease etiologies of the people distinguished two categories of ailments by their causes, mystical and naturalistic factors. Mystical beliefs as the explanation of the diseases have partly faded away, as the consequence of the development of modern medical practice. Meanwhile, the conception on naturalistic factors as the cause of diseases grows stronger. In certain cases, however, part of the beliefs remains strongly held, as clearly illustrated by the suspected possession and sorcery-linked ailments. This feature directly reflects the cultural and religious influences rooting in Islamic and earlier traditions, recognizing the realm of the supernatural spirits, their connections and impact on the human beings, including in the form of ailments. There is an ample room for the role of traditional methods of disease control, both in preventive and curative terms.

In performing healing, the *dukuns* often employ different methods of diagnosis, equipment, and techniques. The differences especially in the latter two aspects often become the basis for distinguishing one *dukun* from another and to add an extra attribute attached to a *dukun*. Also, especially the different equipment employed in the healing can be used to differentiate healing practice performed by a *dukun* from that of by *kyai*. Despite the existing variations, it is believed that the most important part of the traditional healing is thought to be the supernatural power of the *dukuns* or *kyai*. A reliance more or less on supernatural powers, either originating directly from God, or from and with the help of supernatural beings and spirits, has been one the defining characters, distinguishing *dukuns*' practices

from those of modern medical practitioners. *Dukuns* are able to keep an important place among the people because only *dukuns* are regarded as the most competent specialist in curing mystical-linked ailments. The trust in *dukun*'s services is often also inseparable from financial reason. Finally, *dukun* may also meet the need for a last resort in search of healing when doctors and modern medical system are no longer able to provide a panacea for their ailments.

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