

PROPHET'S MEDICINE AMONG THE CONTEMPORARY INDONESIAN SALAFI GROUPS

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Abstract

The old-centuries medical forms claimed to have been exemplified by the Prophet Muhammad, called Prophet's medicine, have been reinvented by the contemporary Indonesian Salafis. This invention is parts of their attempts to return all aspects of life to the authoritative resources. In doing so, the Salafis use modern packaging to attract non-Salafi Muslims. As a result, Prophet's medicine has been popular among certain Muslim groups. The presence of Prophet's medicine, to some extent, challenges conventional medicine which is hardly affordable by the average people. This is made possible by an open political climate which occurs in Indonesia over the last two decades. It eventually leads to the diversity of medicinal knowledge in the country.

[Bentuk pengobatan yang telah berusia berabad-abad yang diklaim dipraktikkan oleh Nabi Muhammad, yang disebut pengobatan Nabi, ditemukan kembali oleh kelompok Salafi kontemporer. Penemuan ini bagian dari upaya mereka untuk mengembalikan seluruh aspek kehidupan ke sumber yang otoritatif. Wallhasil, pengobatan Nabi menjadi populer di kalangan kelompok Muslim tertentu. Kehadiran pengobatan ini, dalam beberapa hal, menantang kehadiran pengobatan konvensional yang nyaris tidak terjangkau oleh masyarakat umum. Upaya ini dapat terjadi berkat keterbukaan politik yang terjadi di Indonesia beberapa dekade terakhir. Ini menimbulkan keragaman pengobatan di tanah air.]

Keywords: Islam, Salafi, Prophet's Medicine, Indonesia

Introduction

Prophet's medicine has been recently remarkable in Indonesia. It suddenly became parts of public life which attracts many researchers to study about.¹²³ Previously it was almost invisible laying at hands of traditional healers who were unable to compete with modern medicine. As the Indonesian Salafi movement became bigger, Prophet's medicine which is parts of its interest also became more visible. It is sufficient to say that the Salafis have been credited for revitalizing this old-century medical treatment. Nowadays, Prophet's medicine not only become the Salafi issues, non-Salafi Muslims as well as non-Muslims also take this.

This article seeks to explain the sociological backgrounds where Prophet's medicine is developed and reinvented in contemporary Indonesia. It is important to say that knowledge about Prophet's medicine is previously limited.⁴ An ample of its knowledge was circulated among *santri*, literally meaning someone who studies in the *pesantren* (Islamic boarding school).⁵⁶

¹ Levent Ozturk, "Prophetic Medicine (*Al-Tibb Al-Nabawi*): Is Historicity or Fiction?" *European Journal of Multidisciplinary Studies*, Vol. 1, No. 2, 2016, pp. 152–56.

² Adhitya Sigit Ramadianto, (et.al.), "Knowledge, Perception, and Attitude of Universitas Indonesia Medical Students toward Complementary and Alternative Medicine," *Journal of Asian Medical Students' Association*, Vol. 4, No. 1, 2015, pp. 4–13.

³ Helen E. Sheehan, and S.J. Hussain, "Unani Tibb: History, Theory, and Contemporary Practice in South Asia," *The ANNALS: of the American Academy of Political and Social Science*, Vol. 583, No. 1, 2002, pp. 122–125.

⁴ Guy Attewell, "Islamic Medicines: Perspectives on the Greek Legacy in the History of Islamic Medical Traditions in West Asia," *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures*, Science Across Cultures: The History of Non-Western Science, ed. Helaine Selin (Dordrecht: Springer Netherlands, 2003), p. 325–50.

⁵ Jajat Burhanuddin & Dina Afrianty, *Mencetak Muslim Modern: Peta Pendidikan Islam Indonesia* (Jakarta: RajaGrafindo Persada, 2006).

⁶ Zamakhsyari Dhofier, *The Pesantren Tradition: The Role of the Kyai in the Maintenance of Traditional Islam in Java* (Arizona: Arizona State University Center for Asian Research, 1999).

The changing of regime in Indonesia in 1998⁷⁸⁹¹⁰¹¹ allowed for the diversification of medical knowledge.¹²¹³¹⁴ This was prompted by the fact that the quality of public healthcare was totally substandard and only wealthy individuals could afford proper health treatment. This period witnessed the efflorescence of non-mainstream types of medical treatment such as Chinese *chi kung*¹⁵, Indian *yoga*¹⁶, and the Prophet's medicine which offered alternative medicine and health treatment to the public.¹⁷ The Prophet's medicine, which previously found itself in a marginal position, gradually moved to the centre and it attracted a particular segment of the Muslim community. This development started with the Salafis who, in the late 1980s, had read various treatises on medicine, in particular *al-Tibb al-Nabawi* (The Prophet's Medicine), one of the most important sources on Islamic medicine written by the Muslim

⁷ Edward Aspinall, *Local Power and Politics in Indonesia: Decentralisation & Democratisation* (Singapore: Institute of Southeast Asian Studies, 2003).

⁸ Robert W. Hefner, *Civil Islam: Muslims and Democratization in Indonesia* (Princeton: Princeton University Press, 2000).

⁹ Kharisma Nugroho & Fred Carden, *Local Knowledge Matters: Power, Context and Policy Making in Indonesia* (Bristol: Policy Press, 2018).

¹⁰ Douglas E Ramage, *Politics in Indonesia: Democracy, Islam and the Ideology of Tolerance* (London: Routledge, 1997).

¹¹ Adam Schwarz, *A Nation in Waiting: Indonesia's Search for Stability* (Boulder, CO: Westview Press, 1999).

¹² Fredrik Barth, "Other Knowledge and Other Ways of Knowing," *Journal of Anthropological Research*, Vol. 51, No. 1, 1995, pp. 65–68.

¹³ John R. Bowen, *Muslim Through Discourses: Religion and Ritual in Gayo Society* (Princeton, N.J: Princeton University Press, 1993).

¹⁴ Dale F. Eickelman, "The Political Economy of Meaning," *American Ethnologist*, Vol. 6, No. 2, 1979, pp. 386–393.

¹⁵ Mantak Chia, *Taoist Cosmic Healing: Chi Kung Color Healing Principles for Detoxification and Rejuvenation* (New York: Simon and Schuster, 2003).

¹⁶ Catherine Woodyard, "Exploring the Therapeutic Effects of Yoga and Its Ability to Increase Quality of Life," *International Journal of Yoga*, Vol. 4, No. 2, 2011, pp. 49–54.

¹⁷ Hassan Azaizeh, Bashar Saad, Edwin Cooper, and Omar Said. "Traditional Arabic and Islamic Medicine, a Re-Emerging Health Aid," *Evidence-Based Complementary and Alternative Medicine*, Vol. 7, No. 4, 2010, pp. 419–424.

scholar Ibn al-Qayyim al-Jawziyya (1292-1350).¹⁸

The rediscovery of the Prophet's medicine by the Salafis was made possible due to the Indonesian changing political structures, which had profound implications to the social and political landscapes of the country.¹⁹²⁰ As a different current of medicine, the Prophet's medicine started to flourish and became more publicly known, offering its superiority over conventional medicine, while at the same time creating financial benefits to its practitioners. Furthermore, Salafis and other Muslim groups in general have long suspected that conventional medicine contains dangerous chemical elements and impure elements such as pig gelatin.²¹²² These issues were a wake-up call to perceived threats to the identities of Muslims and other consumers who have every right to be protected.

When Doctors Can't Do Anything

Hasyim was one of the most prominent *raqi* (exorcist) in Makassar, South Sulawesi, one of the fastest growing cities in the eastern Indonesian. Many people in the city knew him as he hosted various programs on local radio stations about Islamic medicine. He was the Secretary of Wahdah Islamiyah, the largest Salafi organization in the Eastern part of Indonesia. In the mid-1980s, he married a member of the *halaqa* (Islamic study circle) and not long after his marriage he experienced one of the most defining moments that changed his entire life. His wife was extremely ill. As usual,

¹⁸ Alina Kokoschka, Birgit Krawietz, & Georges Tamer, *Islamic Theology, Philosophy and Law: Debating Ibn Taymiyya and Ibn Qayyim Al-Jawziyya* (Berlin: De Gruyter, 2013).

¹⁹ Greg Fealy & Sally White. "Consuming Islam: Commodified Religion and Aspirational Pietism in Contemporary Indonesia," *Expressing Islam: Religious Life and Politics in Indonesia*, Greg Fealy & Sally White (eds.) (ISEAS-Yusof Ishak Institute, 2008) p. 15–39.

²⁰ Mark Woodward, *Java Indonesia and Islam* (Dordrecht; New York: Springer 2010).

²¹ Syafiq Hasyim, *Islam Nusantara Dalam Konteks* (Yogyakarta: Gading, 2018).

²² Mian N. Riaz & Muhammad M. Chaudry, *Handbook of Halal Food Production* (Boca Raton: CRC Press, Taylor & Francis Group, 2019).

he took her to the doctor and after some time she was getting better. But then she fell ill again. A traditionalist Muslim teacher told him that his wife might have been struck by black magic. At that moment he had only sighed. After a while he wondered why he had not listened to this traditional teacher and he started to read about black magic.

Initially, he read *al-Tibb*. After having finished reading the book, he concluded that black magic (Ar. *sibr*) indeed exists and he discovered that the Prophet Muhammad practiced exorcism to drive out evil spirits. He learned *ruqya* (exorcism) himself with the intention to cure his wife. He carefully read the *hadith* in which the Prophet Muhammad practiced exorcism as well as the manual and instructions other Salafi *ulama* had written. At first, he was not quite sure whether his experiment would succeed but after some time he saw the impact of the Qur'an's spiritual power. His wife started to recover.

In the mid-1990s, when Wahdah cadres returned from their studies at Saudi Arabian universities, his inclination toward exorcism found justification. Many of them brought books that dealt with Salafi scholarship on exorcism²³ and he started to study exorcism more seriously as well as to promote it as a part of Salafi *da'wah*. He even wrote about exorcism for his master degree at the local university. In the late 1990s, his career as a professional healer took off when a local radio station invited him to give regular talks on exorcism and black magic. Initially, he was not quite sure whether the public would be interested in his talks, but to his surprise, his talks continued for four

²³ *Al-Tibb al-Nabawi (Prophet's Medicine)* is the name of a chapter that can be found in many *hadith* books. It explains various *hadith* regarding the medical treatment of the Prophet Muhammad. The presence of these *hadith* has encouraged many Muslim scholars to develop a literary genre on Islamic medicine. Various Muslim scholars have written works on medicine, including, Ibn al-Qayyim al-Jawziya, *Medicine of the Prophet*, trans. Penelope Johnstone (Cambridge: The Islamic Text Society, 1998); Jalal al-Din 'Abd-Rahman ibn Abu Bakar al-Suyuti, *Traditional Medicine of the Prophet*, trans. Cyril Elgood (Istanbul: Dar al-Fikr, 1999). These works have become main references for the Salafis in their development of present-day Islamic medicine.

years as the public loved them. At the same time, he began to open his clinic in downtown Makassar.

The “Prophet’s Medicine”

Two important points need to be explained in relation to the term “Prophet’s medicine.” First, not all Muslim scholars, as we will see soon, have the same understanding of it. Their definitions vary greatly from one scholar to another.^{24,25,26} One group argues that so-called Islamic medicine consists of the methods and the practices of the Prophet Muhammad as embedded in a number of books of the *al-Tibb al-Nabawi* genre.²⁷ This opinion was held by Muslim scholars, among others, al-Jawziyya.

The second group argues that Islam had added various rational and ethical foundations to the medical practice.²⁸ According to Fazlur Rahman²⁹, one of the most noted neo-modernist thinkers, Islam added ethical and philosophical foundations to the medicine practice, which contributed to the development of Islamic medicine. These foundations encouraged Muslim scholars to develop medical methods and technics and to incorporate the legacies of pre-Islamic civilizations, particularly from Greece and Persia. This opinion is held by, among others, the

²⁴ Cyril Elgood, “The Medicine of the Prophet,” *Medical History*, Vol. 6, No. 2, 1962. pp. 146–53.

²⁵ Muḥammad ibn Abī Bakr Ibn Qayyim al-Jawzīyah, *Healing with the Medicine of the Prophet* (Riyadh: Darussalam, 2003).

²⁶ Ahmed Ragab, “*Prophets of Medicine and Medicine of the Prophet: Debates on Medical Theory and Practice in the Medieval Middle East.*” (Presented at the Harvard University, Center for Middle Eastern Studies and Harvard Society of Arab Students, Cambridge, Massachusetts, 2009).

²⁷ Levent Ozturk, “Prophetic Medicine (Al-Tibb Al-Nabawī): Is Historicity or Fiction?” *European Journal of Multidisciplinary Studies*, Vol. 1, No. 2, 2016, p. 152–156.

²⁸ Mahmoud HS, El Sayed SM, “*Methods of Wet Cupping Therapy (Al-Hijamah): In Light of Modern Medicine and Prophetic Medicine*” (*Alternative & Integrative Medicine*, 2013) p. 1–16.

²⁹ Fazlur Rahman, *Health and Medicine in the Islamic Tradition: Change and Identity* (Chicago, IL: ABC International Group. 1998).

Muslim sociologist Ibn al-Khaldun.³⁰

Based on my observation, Islamic medicine in Indonesia, as Salafi practice, comprises of three elements: (1) herbal, (2) cupping, and (3) *ruqya*. Herbal refers to the use of natural ingredients believed to be beneficial to human health. The use of olive oil, honey, and milk for cures, for instance, has been shared widely among many great civilizations.³¹ These natural ingredients have been spiritually endorsed by the Sharia as many verses in the Qur'an and the *hadith* explain their effectiveness. Meanwhile cupping has been widely known as a curing method. Thus, Islamic medicine was not necessarily invented by the Prophet; rather it is a collection of human knowledge on medicine taken from different sources, passed down in Prophetic scriptures, and further justified by Islamic ethics.

As a civilization heavily influenced by Babylonian and Mesopotamian elements, where astronomy and astrology were deemed the most valuable sciences, Islam inherited these two sciences and developed them for its own purposes.³² While Islam uses astronomy for practical purposes such as the determination of the direction of the *ka'aba* and prayer times, astrology (called *ilmu nujum*) has been used for forecasting (*ilmu ramal*). This science was combined with other forms of magic, charms, and divination.³³³⁴ *Shams al-Ma'arif wa Lataif al-Awarif* by Ahmad al-Buni (d. 1225) has become one of the most important sources for the practice of

³⁰ *Ibid.*, p. 15-17.

³¹ Ingrid Hehmeyer, and Hanne Schöning, *Herbal Medicine in Yemen Herbal Medicine in Yemen: Traditional Knowledge and Practice, and Their Value for Today's World* (Leiden: Brill, 2012).

³² Peter E. Pormann, and Emilie Savage-Smith, *Medieval Islamic Medicine*. (Washington, D.C.: Georgetown University Press, 2007), p. 115-135.

³³ Richard Lemay, "Religion Vs Science in Islam. the Medieval Debate Around Astrology," *Oriente Moderno*, Vol. 80, No. 3, 2000.

³⁴ Josep Lluís Mateo Dieste. "Spirits Are Like Microbes?: Islamic Revival and the Definition of Morality in Moroccan Exorcism," *Contemporary Islam*, Vol. 9, No. 1, 2015, p. 45-63.

magic in the Muslim world.³⁵ It is widely used in Indonesia and Southeast Asia in general and has been translated into a locally simple version called *mujarrabat* (a collection of prayers believed to be endowed with spiritual power).³⁶³⁷³⁸

Medicine, *Jamu*, and Herbal Potions

To understand the discussion on Islamic herbal potions in contemporary Indonesia, three terms need to be explained: medicine, *jamu*, and herbal.³⁹⁴⁰ In most cases, the term medicine refers to Western medicine, which uses chemical compounds in its production. Medicine is translated into the Indonesian language as *obat* even though the term may include all forms of medicine. The use of modern medicine started in the early twentieth century.⁴¹ However, the campaign for the use of modern medicine only attracted a specific segment of the population, particularly people attached to the colonial bureaucracy. The majority of the population did not use modern medicine but used local ingredients for remedies or the people visited traditional healers

³⁵ Liana Saif, "Between Medicine and Magic: Spiritual Aetiology and Therapeutics in Medieval Islam," Siam Bhayro and Catherine Rider (eds.), *Demons and Illness from Antiquity to the Early-Modern Period* (Leiden: Brill, 2017), p. 313–38.

³⁶ John R Bowen, *Muslim Through Discourses: Religion and Ritual in Gayo Society*. (Princeton, N.J: Princeton University Press, 1993).

³⁷ Clifford Geertz, "The Javanese Kijaji: The Changing Role of a Cultural Broker," *Comparative Studies in Society and History: An International Quarterly*, Vol. 2, No.2, 1959, pp. 228–249.

³⁸ A. G. Muhaimin, *The Islamic Traditions of Cirebon: Ibadat and Adat Among Javanese Muslims* (Canberra: ANU Press, 2006)

³⁹ Sjaak van der Geest, and Susan Reynolds Whyte, *The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology* (Amsterdam: Het Spinhuis Publishers, 1991).

⁴⁰ Soedarsono Riswan, and Harini Sangat-Roemantyo, "Jamu as Traditional Medicine in Java, Indonesia," *South Pacific study*, Vol. 23, No. 1, 2002, pp. 1–10.

⁴¹ Ahmad Fuad Afdhal, and Robert L. Welsch, "The Rise of the Modern Jamu Industry in Indonesia: A Preliminary Overview," Sjaak van der Geest and Susan Reynolds Whyte (eds.), *The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology, Culture, Illness, and Healing* (Dordrecht: Springer Netherlands, 1988) p. 149–172.

called *dukun*. The introduction of public schools and the establishment of health institutions such as hospitals and faculties of medicine made medicine more popular and marginalized the “heterodox” heirloom of the ancestors. As a part of this indigenous cultural repertoire, the use of *jamu* (traditional or folk medicine) gradually declined and it only lived on as a rudimentary leftover in the lives of the indigenous population.

Jamu survives thanks to the royal courts, ordinary families and merchants. *Jamu* is believed to be made following indigenous recipes whose origin can be traced back to the royal literati.⁴² *Jamu* belongs not only to the Javanese ethnic group, the largest ethnic group who successfully developed a large variety of *jamu* products in the current Indonesian market. It also belongs to many other ethnic groups in Indonesia. A great deal of knowledge about *jamu* is shared among various Indonesian ethnic groups and it is public knowledge among the respective communities. Its main ingredients are roots, tree trunk, leaves, and flowers of certain plants believed to have therapeutic qualities to cure a variety of human diseases. The abundant use of these natural ingredients makes the *jamu* extremely bitter and its color murky and thus children and youths do not particularly like it. To attract consumers especially youths and children, the *jamu* manufacturers add materials such as honey to improve the taste.

The use of herbals in Indonesia and Southeast Asia is extensive.⁴³⁴⁴⁴⁵ and it is part of folk medicine.⁴⁶ Indonesian health practitioners who had previously studied abroad such as doctors, nurses, and pharmacists were the first persons to popularize the term. Because they were both

⁴² *Ibid.*, p. 153.

⁴³ Ahmad Fuad Afdhal, “Patterns of Innovative Behavior of Community Pharmacists,” *Ph.D thesis*, University of Minnesota, 1983.

⁴⁴ Sjaak van der Geest, and Susan Reynolds Whyte, *The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology* (Amsterdam: Het Spinhuis Publishers, 1991).

⁴⁵ Leslie T Morton, and Fielding H Garrison, *A Medical Bibliography: An Annotated Check-List of Texts Illustrating the History of Medicine* (London: Deutsch, 1976).

⁴⁶ Roy E Jordaan, “Folk Medicine in Madura (Indonesia)” *Ph.D thesis*, Rijksuniversiteit, 1985.

problematic, they refrained from using the terms “*jamu*” or “*obat*” to indicate natural ingredients that were beneficial to people’s health.⁴⁷ While *jamu* was associated with the local and traditional packages, *obat*, as I said above, is associated with chemical elements. Instead, they used the term “herbal” which is neutral and modern at one go.

Afiafit, a Yogyakarta-Based Herbal Brand

Wirokerten is a Salafi enclave. It is a part of the Banguntapan sub-district (*kecamatan*). The Salafi community in Wirokerten is concentrated in many villages. The origin of this enclave goes back to the 1980s when a number of Salafi people were looking to create their own settlement. This village was selected because the local population had already for generations grown all kinds of herbal plants such as turmeric and ginger, the two main ingredients of *jamu* and they sold them in the local markets. Due to conventional technics and lack of financial support, this business did not offer them any financial benefits.

The Salafis came to this village with the intention of reviving this agricultural business, working side by side with the local population, which happily supported the idea. They even rented their land to the Salafis and received their payments after harvests. The cooperation between the Salafis and the local population was very positive and boosted the business. Because the prospects of this herbal industry were promising, in the early 2000s, some Salafi investors were ready to expand the business. They erected a factory not far from the Glondongan enclave. Realizing that they would be unable to compete with traditional *jamu*, they decided to create their own brand as an Islamic herbal industry, one of the first companies to explicitly do so.

Unlike *jamu*, which mostly uses traditional Javanese names, Islamic herbal understandably uses Islamic terms. Offering medicine believed to be rooted in the Islamic tradition, Islamic herbal should assure its

⁴⁷ Soedarsono Riswan, and Harini Sangat-Roemantyo, “Jamu as Traditional Medicine in Java, Indonesia,” *South Pacific study*, Vol. 23, No.1, 2002, pp. 1–10.

consumers that it is indeed Islamic and meets all Islamic regulations. Information regarding its ingredients, its means of production, as well as its effectiveness is written on each package and includes various quotes from Qur'anic verses and the *hadith*. The messages on these packages are so important that eventually the people were willing to purchase these products. Many consumers I met in various Islamic herbal outlets said that they bought the products because of their Islamic qualities. They were convinced that the products would cure them from their ailments. Furthermore it is clearly stated that the products are made in accordance with the *halal* regulation of the MUI (Majlis Ulama Indonesia — Indonesian Council of the *Ulama*), an institution that authorizes *halal* labeling in Indonesia.

Afiafit consists of two words: *afia* (Ar. meaning 'healthy') and *fit* (Eng. likewise meaning healthy). While demonstrating its Islamic qualities, Afiafit seeks to grab a new segment of the market that is different from *jamu* consumers who are mostly ordinary Indonesian people. Islamic herbal seems not to compete with *jamu*, which has an extremely good reputation among Indonesian consumers but it also does not want to compete with Western medicine which controls most of the medicine market in Indonesia.

Afiafit is a private company and its owners are members of the Salafi community. They established the company for two reasons: because of the availability of skilled workers and experts within the community and for economic gain. It is worth noting that many Salafi members have degrees in pharmacy and medicine.⁴⁸ They combine their modern knowledge with that of the Islamic tradition. Most of the workers are Salafis who live around Glondongan. It is worth noting also that finding a new job is extremely difficult, especially for Salafis because of various constraints. For instance, Salafis attempt to pray on time and they want

⁴⁸ Wahyu Setiawan, and Fredy Gandhi Midia, "Community Acceptability to the Salafi Movement," *AKADEMIKA: Jurnal Pemikiran Islam*, Vol. 24, No. 2, 2020, pp. 391–410.

to apply gender segregation, two things that can hardly ever be achieved in a non-Salafi environment. For this reason, Salafis tend to create their own businesses to guarantee their own privacy. It therefore makes sense that Afiat rather employs workers from its own internal Salafi circles.⁴⁹

Apart from helping friends and colleagues, Afiat is determined to empower local communities, especially farmers. Local farmers supply most of the herbal ingredients and they benefit greatly from Afiat's presence. In the 1970s, most of the farmers in the neighborhood planted rice once or twice a year depending upon the volume of rainfall. In the late 1980s, because of poor agriculture infrastructure and due to urbanization, many farmers abandoned their rice fields and went to the cities to improve their economic situation.⁵⁰ Those who stayed behind in the village sought to survive by planting rice, potatoes and yams for their own consumption. Due to poverty, some of them even sold their land and migrated to the cities.⁵¹ Since Afiat's establishment in the late 1990s, however, changes occurred. In the post-harvest season, the villagers can now use their land by planting the various herbs Afiat needs and thus they gain extra income.

Afiat never fails to accept the crops of the local farmers as long as they are organic. Instead of using chemical fertilizers, Afiat warns the farmers only to use natural or organic fertilizers, which are also cheaper.⁵² Initially, it was difficult to teach the farmers not to use chemical fertilizers because they had been heavily dependent upon them for so long. During the New Order, the farmers were politically mobilized to create food

⁴⁹ Adis Duderija, "Constructing the Religious Self and the Other: Neo-Traditional Salafi Manhaj," *Islam and Christian-Muslim Relations*, Vol. 21, No. 1, 2010, pp. 75–93.

⁵⁰ Alden Speare, and John Harris, "Education, Earnings, and Migration in Indonesia," *Economic Development and Cultural Change*, Vol. 34, No. 2, 1986, pp. 223–244.

⁵¹ Asep Suryahadi, Gracia Hadiwidjaja, and Sudarno Sumarto, "Economic Growth and Poverty Reduction in Indonesia Before and After the Asian Financial Crisis," *Bulletin of Indonesian Economic Studies*, Vol. 48, No. 2, 2012, pp. 209–227.

⁵² "Pupuk Organik Kurang Diminati Petani," *Media Indonesia*, February, 28, 2019, <https://mediaindonesia.com/read/detail/219967-pupuk-organik-kurang-diminati-petani>, accessed September, 13, 2020.

independency (Ind. *swasembada pangan*), and they used chemical fertilizers to have better harvests⁵³. After some training by Afiafit officials, working with the university and local authorities, the farmers began to notice the benefits of organic fertilizers. The harvests became bigger, the land did not deteriorate as quickly as before. Because of these good results, Afiafit and the farmers started a campaign to use organic fertilizers not only among the farmers in the neighborhood but also among the local communities in general.

Because of this cooperation, the Salafi group in Glondongan does not have any problem promoting its teachings. Many local farmers have now turned into Salafi members and they regularly attend the religious lectures the Salafis offer. This can be seen in the Salafi Friday congregations and during other religious public lectures where villagers also participate. In neighborhood forums such as *Posyandu* (Pos Pelayanan Terpadu—Integrated Health Service Post), a government-community health service, many Salafi women are active and also many ordinary women participated. The cooperation between the Salafis and the local populations has made the intrusion of Salafi *da'wah* even more profound. Many farmers support Salafi programs especially those on education and social activities. Many farmers give crops during harvest season to the *pesantren* (Islamic boarding school) such as rice, potatoes, yams, and bananas. At the same time, they offer free labor for mosque and *madrasa* constructions, to which they eventually will send their children.

In 2012, Afiafit so far had 30 workers. It paid all the workers in accordance with the provincial minimum payment regulation (UMR), which was around IDR 1.250.000 (US\$ 85) per month. Apart from this, the company also provides its worker with various other benefits (education aids, childbirth insurance).

⁵³ Leon A Mears, "Rice and Food Self-Sufficiency in Indonesia," *Bulletin of Indonesian Economic Studies*, Vol. 20, No. 2, 1984, pp. 122–138.

The Efficacy of Black Caraway

Black caraway (Ar. *al-habbat al-sawdaa*; Ind. *jinten hitam*; Latin *Nigella sativa*) is the most important ingredient in Islamic herbal medicine. Some *hadith* narrates that the Prophet used this ingredient to cure his illness.⁵⁴ Prior to the coming of Islam, the efficacy of black caraway had already been widely recognized. It had been used particularly in the Middle East and in the Southeast Asian countries to treat ailments. It is used for inflammatory diseases, to increase milk production in nursing mothers, to promote digestion, and to fight parasitic infections.⁵⁵ In traditional societies, it is used to cure non-acute diseases such as fever, flu, headache and asthma.⁵⁶

Black caraway has also been known in Indonesia. It was called *jintan hitam*. However, its use for therapeutic remedies has been relatively limited until recently, which might be related to its scarcity as it is not a plant native to Indonesia.⁵⁷ Black caraway sparked Indonesian public attention at the end of the 1990s when many Salafi groups used it for their herbal medicinal products. Containing amino, calcium, sodium, and iron, it has become a major ingredient for Islamic medicine. So far, Afiafit has imported this plant from Pakistan and Nigeria, two countries that have become black caraway's main producers. If regularly consumed, it can improve the workings of the kidneys, blood circulation and reduce blood sugar levels. For men it can improve strength and cure impotence, for

⁵⁴ Muḥammad ibn Abī Bakr Ibn Qayyim al-Jawzīyah, *Healing with the Medicine of the Prophet* (Riyadh: Darussalam, 2003).

⁵⁵ *Ibid.*, p. 27.

⁵⁶ Ingrid Hehmeyer, and Hanne Schöning, *Herbal Medicine in Yemen Herbal Medicine in Yemen: Traditional Knowledge and Practice, and Their Value for Today's World* (Leiden: Brill, 2012).

⁵⁷ Made Astawan, *Sehat dengan Hidangan Kacang dan Biji-bijian* (Depok: Niaga Swadaya, 2009).

⁵⁸ Onghokham, *Dari Soal Priyayi Sampai Nyi Blorong: Refleksi Historis Nusantara* (Jakarta: Penerbit Buku Kompas, 2002).

women, it cures menstruation disorders and reduces cancer risks⁵⁹. Using this ingredient, Afiat produces various capsules, pills, and powders and the prices of each product (packaged in a bottle containing 50 capsules) range between IDR 40.000 (US\$ 35) to IDR 80.000 (US\$ 7) (the total produce per month is 10.000 bottles).

What is more interesting for our discussion is that Afiat promotes its products not simply based on the Islamic tradition. Its products are also made in accordance with the Javanese *jamu* prescription. On each package is written: “*Dibuat sesuai dengan konsep kesehatan Nabi dengan ramuan asli tradisional Indonesia*” (It is based on the Prophet’s concept of health combined with the indigenous Indonesian tradition). This announcement conveys the message that Afiat does not only want to grab the Muslim consumers but also seeks to promote its products beyond religious boundaries.

Afiat’s promotion of Islamic medicine is an attempt to prove that such a thing really exists. People need to know that Islam has developed its own medical tradition, which differs from other traditions. Islamic medicine, the Afiat management argues, need not to be confronted with Western or Chinese medicine. All medical traditions have their own merits, strengths and weaknesses. In the context of globalization, each tradition moves to the centre and this process leads to the diversity of medicine. The Afiat management further asserts that this is only the beginning. It should not end with the mere introduction of black caraway capsules. This diversity can only be achieved if Afiat is able to enter into cooperation with other companies.

Hujama and Ruqya

It is almost impossible to discuss Islamic herbal medicine without also mentioning *hujama* and *ruqya*. Although they are separate entities, many herbal outlets offer *hujama*, and many *hujama* clinics offer *ruqya* in

⁵⁹ Cyril Elgood, “The Medicine of the Prophet,” *Medical History*, Vol. 6, No. 2, 1962, pp. 146–53.

order to cleanse their patients' souls before they are cupped and given herbal prescriptions for their treatment. Herbal medicine, cupping, and exorcism are thus one-package products which are important from the point of view of marketing strategies. An exorcist or cupper who works individually and get his orders by telephone, would automatically recommend the closest herbal outlets where his patients can purchase the best herbal medicine in town.

Cupping is the detoxification of the blood by removing it from of the patient's body with the use of a cup-like device.⁶⁰ This method is believed to be able to cure various diseases such as high cholesterol, diabetes, strokes, heart attacks, and kidney disorders. The blood that is removed from the body is believed to be dirty and to contain a residue of dead cells that may interfere and even endanger the body's metabolism and its organs. In former times, cupping was performed by traditional healers or native doctors (Ind. *dukun*) who combined their medicinal knowledge with spiritual power. They used very modest devices such as knives, bandages, and they used betel leaves as an antibiotic. Nowadays, cupping is a profession anybody can do who has gone through the necessary training and education and who has the proper knowledge of medicine. The cupping instruments are now made in a sophisticated way and consist of small needles, knives, cups, pumps, antibiotics, olive oil, cotton, tissues, and sphygmometers. While some are made at home, most of the cupping instruments are imported from China, which has successfully developed its traditional medicine.⁶²

⁶⁰ Marzia Ahmedi, and Muhammed R. Siddiqui, "The Value of Wet Cupping as a Therapy in Modern Medicine-an Islamic Perspective," *Alternative Medicine*, Vol. 5, No. 12, 2014.

⁶¹ Naseem Akhtar Qureshi et al, "History of Cupping (Hijama): A Narrative Review of Literature," *Journal of Integrative Medicine*, Vol. 15, No. 3, 2017, pp. 172–181.

⁶² Huijuan Cao (et.al.), "Clinical Research Evidence of Cupping Therapy in China: A Systematic Literature Review," *BMC Complementary and Alternative Medicine*, Vol. 10, No. 1, 2010, pp. 70.

Before cupping begins, the cupper and the cuppee pray to God to seek His protection, at least they read the *basmalah*. Some cuppers even offer *ruqya* to their patients to purify their souls and to evict evil spirits that might interfere with the cupping process. The cupper then measures the patient's blood pressure and heart beat. If they are normal, the cupping will be continued. The cupper may also ask whether the patient has a headache or if he is nauseous. If yes, the cupping will not be continued because it may have a negative impact. The cupping begins by sterilizing the surface of the skin where the cupping is going to take place. Some cuppers prefer to use olive oil rather than regular antibiotics. The reason for this is clear, antibiotics contain alcohol, while the use of olive oil has spiritual connotations as the Qur'an mentions its efficacy (QS 95:1). The cup is then put on the sterilized areas and the cupper will decompress the cup. Because of this decompression, the cuppee will feel that his blood pressure moves to that area. The decompression lasts 5 to 10 minutes to ensure that all the dirty blood is concentrated under the cupping spot. Afterwards, the cupper will prick the surface of the skin with a small needle, and the dirty blood will come out. It is said that the quantity of the blood indicates the acuteness of the disease. The more blood, the more acute the disease. When everything is done, the shooting areas will be cleaned with antibiotics or olive oil and the entire process takes about one hour.

Some patients reportedly feel drowsy and weak after the cupping. It is therefore recommended that they should sit for a while and have a sweet drink to recover. After cupping, driving a car and operating machines are strictly prohibited. The aftereffects of the cupping will clear up after a few days. The body will be relieved, pain and fatigue will have disappeared. Within weeks or months, however, they came back. It is said that life style, food consumption, and exercise affected metabolism. Human's body can be compared with a car that needs a regular change of oil after having been used for hundreds of miles. For this reason, it

is recommended to take cupping regularly. For healthy people, cupping may be taken every two months. For the ill, it can be done every two weeks. During one cupping session, one may be cupped in several spots, between 6 to 12, depending on the disease and the patient's complaints. All parts of the body can be cupped but people usually take cupping on the neck, back, waist, pelvis, buttocks, up to the coccyx. Other places may include the feet, thigh, shank, heel, waist, and hands. Some people take cupping for health reasons, while others want to enhance their sexual drive and fertility.

The phenomenon of cupping attracts many segments of the population. Men and women, old and young, rural and urban people came for cupping. Various patients I met in Bengkel Rohani, one of the largest cupping clinics in Ciputat, Tangerang, said that they eventually came to the clinic after having tried various other medicine treatments. The holistic approach towards illness and wellness has become the most important reason for many people to be cupped. In this philosophy, health not only concerns the body, the worldly material, but it is also about *kehidupan rohani*, spiritual life.

While cupping has been well-known in Indonesia long before the coming of the Salafi groups, the Salafis claim that their cupping has been authenticated according to the Sharia. Apart from Muslim consumers, non-Muslims also take cupping. Data on this issue are scarce but based on some information, non-Muslims visit cupping clinics to cure the diseases they suffer from much like Muslims. Concerning this, it is interesting how cupping as a method initially developed by Salafis has gradually attracted larger segments of the population regardless of their religious, social, and economic backgrounds.

Although public enthusiasm about cupping is relatively high, there are still many problems to solve. The biggest problem is that as a

profession, cupping has yet to attain legal status from the authorities.⁶³ This aspect is extremely important as to give a sense of security not only to the cuppers themselves but also to their patients. In the long run, having legal status will provide cuppers with a good career, much like other careers like doctors and nurses. To this end, cuppers, most of whom belong to Salafi groups, established ABI (*Asosiasi Bekam Indonesia*—Indonesian Cupper Association) in 2007. The goal of this association is to standardize cupping and to upgrade the cupper's bargaining position in relation to government's policies. At the same time, it was also established to share information and knowledge with other cuppers. Nevertheless, the road to success is not an easy one.

Ruqya Shar'yya

Ruqya means magical words, spells, or charms to control—and usually dispel or contain—supernatural spirit. The practice of *ruqya* is almost universal. Many societies believe that diseases are caused by *jin*, evil spirits, and black magic.⁶⁴ Many diseases or ailments can be cured by *ruqya* especially evil possession (Ar. *al-shar'u*, Ind. *kesurupan*) and mental disorders. Spiritual and mental disorders usually start when a person starts dreaming of encountering a wild animal, a black jackal or meeting a man with an ugly face. The dream is followed by convulsion, hysteria, and extreme anxiety. These phenomena can hardly be explained by modern medical science. Jin harm people by entering their brain and thus disturb their consciousness. This kind of illness cannot be cured by conventional doctors, but by native medicine men or traditional healers. In pre-modern society, magicians enjoyed a high reputation in society and they had a great

⁶³ See Government Regulation No. 103/2014 on traditional health services (Ind. Peraturan Pemerintah No. 103 Tahun 2014 tentang pelayanan kesehatan tradisional), papers 31-36.

⁶⁴ Montague Summers, *Witchcraft and Black Magic* (Mineola, New York: Courier Corporation, 2012).

deal of prestige.⁶⁵ After the arrival of modernity, their roles gradually declined and magic was replaced by science and technology.

Notwithstanding the domination of science within modern societies, magic has not entirely disappeared. In the early of Islamic history, the Prophet Muhammad prohibited all kinds of *ruqya* as they potentially caused *shirk* (polytheism). The Prophet was concerned with safeguarding the Muslim community's faith and he did not want the *ummah* to return to pre-Islamic traditions. However, when the faith of the *ummah* had been firmly established, he allowed *ruqya*. The main reason for this was that the Qur'an itself contains passages concerned with magical power. The Prophet's Companion, Auf ibn Malik, once asked the Prophet Muhammad about *ruqya*. The Prophet replied: "Show me your *ruqya*. There is nothing wrong with *ruqya* as long as it does not contain polytheism" (narrated by Bukhari and Muslim). In the course of history, the Muslim population has practiced *ruqya* aimed at spiritual healing and evicting evil spirits.

Ruqya made its comeback in Indonesian religious discourse thanks to the Salafi groups who promote it. The Salafis revived *ruqya* as a form of medical treatment for the ill. As I argued earlier, this method is often combined with herbal medicine and cupping. As far as Salafis are concerned, *ruqya* is the invocation of Qur'anic verses in front of sick people in order to cure them. "And, we send down from the Qur'an that which is healing and provides mercy for the believers, but it does not increase the wrongdoers except in loss" (QS 17:82).

According to Hasyim, Salafis are really concerned with *ruqya* as it is part of Islamic teachings. For this reason, they have been trying to re-enter *ruqya* into the Sharia. *Ruqya shar'iyya* can be characterized as follows: The *ruqya* specialist is committed to uphold the Sharia and he or she performs his religious obligations such as performing prayers and

⁶⁵ Nicholas Herriman, "Fear and Uncertainty: Local Perceptions of the Sorcerer and the State in an Indonesian Witch-Hunt," *Asian Journal of Social Science*, Vol. 34, No. 3, 2006, pp. 360–387.

fasting. Furthermore, *ruqya* should be stated in clear and understandable language, most preferably Arabic but using a vernacular language with a clear meaning is justifiable.⁶⁶ Bearing this in mind, vague words like spells or charms are prohibited as they may invoke the involvement of the jin and thus polytheistic powers.⁶⁷ Moreover, it is said explains that the use of certain media such as incense, offerings, and daggers, are strictly prohibited. Their presence may interfere with the consciousness of both the exorcist and the exorcee aimed to request the help of God and God alone. The only justified means, it is argued, is water through which the spiritual power of the prayers is transferred, and subsequently scrubbed on or drunk by the sick.

Along with the growing popularity of *ruqya*, some *ruqya* entrepreneurs offer spiritual healing to the public. The way they market their services is rather provocative and some of them have an eccentric physical appearance such as wearing black clothes, sporting long hair, and a wearing a canine necklace, to convince their patients that they have spiritual power. They charge prime airtime on TV stations to attract customers and claim that they are able to cure any kind of disease. Many people come to them to be cured although they have to pay a huge amount of money. Even though they practice *ruqya* and use various prayers taken from the Qur'an, their *ruqya* is totally against the Sharia. Instead of requesting God's help, they in fact invoke the jin's assistance. According to Hasyim, seeking help from the jin is very common as the latter attempt to lead the former astray from the right path of God. This phenomenon is in fact a form of modern magic practice (Ind. *perdukunan modern*), which Islam strictly prohibits.

⁶⁶ Travis Zadeh, "Commanding Demons and Jinn: The Sorcerer in Early Islamic Thought," No Tapping around Philology: A Festschrift in Honor of Wheeler McIntosh Thackston Jr.'s 70th Birthday, Alireza Korangy and Dan Sheffield (eds.) (Wiesbaden: Harrassowitz Verlag, 2014) p. 131–160.

⁶⁷ *Ibid.*, p. 131-160.

Although Hasyim has practiced *ruqya* for the last two decades, he never has a fixed price. He told me many stories that in earlier times, many pious *ulama* practiced *ruqya* without accepting any payment from their patients. They simply did it to help people and not to look for money. Local patrons or the community where they lived usually took care of a *raqi's* needs. He further said that there is a *hadith* that clearly prohibits accepting money for *ruqya* as it would prejudice the good intentions of the *raqi*. This does not mean that he never accepts anything from his patients. Instead, he would be happy to accept gifts, donations, or even money. He just did not want to have to state a fixed price in advance. In this way, not only could he guarantee the effectiveness of his treatment, having to fix his price would disturb his concentration and profane his intention. He just put a box in his clinic in Makassar where patients can donate their money, usually anonymous, in sealed envelopes. Despite this anonymity, he is hardly ever underpaid. In general, patients know the payment he deserves. Apart from this, when patients have fully recovered he usually gets extra payment and gifts including food and fruits.

People's appreciation of a healer is sometimes beyond modern calculation. In Tangerang, about fifty kilometers to the West of Jakarta, where a native doctor named Abah Atma opened his clinic, a former patient gave him a new permanent building designed with Javanese architecture. It was told that the patient, a Javanese businessman, was extremely grateful when he was fully recovered after having been treated in his clinic. As a result, he dedicated this building to his healer so that the latter could treat more patients. Like Hasyim, Abah Atma never fixed his rates. He just put a big box inside his room where patient leave their envelopes before leaving so that they can give the amount of money they can afford to spend. A thyroid patient from Ciputat told me that he put one million rupiah (around US\$ 90) inside the envelope.

Hasyim was silent when I asked him how he could survive as a healer without fixed prices. He just shook his head. "That's commercialization,"

he said. He said that while payment is inevitable in all human business, commercialization might jeopardize his business. He said that if people measure everything from the aspect of money, *baraka* (blessing) will get lost. He was not sure whether his profession will survive. He was just concerned with the fact that he can help others. In addition, when they know that they were helped and well treated, they will give something in return. That is how his profession will survive. At the end of the interview, he quoted the Qur'anic verse (36:21): "Follow those who do not ask [payment] and they are rightly guided." He said that this verse deals with the Messengers of God, from Adam to Muhammad. They never asked for payment from their people as God will reward them in the Hereafter.

Conclusion

Over the last two decades, the Salafis have developed and popularized a narrative about "Prophet's Medicine" which is based on methods and practices claimed to have been developed by the Prophet Muhammad. The definition of Prophet's Medicine varies widely among Muslim scholars, so that in Indonesia Salafis have had the latitude to re-frame local forms of herbal medicine and curative ritual as "Islamic medicine" even when the practices are still exactly the same as those rooted in other Indonesian traditions.

Salafi promotion of Prophet Medicine cannot be separated from the poor public health services in Indonesia where only wealthy people can afford proper health treatment. Many people even suspect that conventional drugs contain dangerous elements for human health and impure ingredients such as the pig gelatin. These aspects have become the reason for Salafis to promote their brand of medicine.

Prophet medicine attracts a particular segment of the Muslim community who believes that this form of medicine is healthy and pure. Equally important is that, the practice of Prophet Medicine also opens

new economic prospects. It gives jobs for Salafi members as well as other Muslim people who get involved in this activity.

The conceptualization of Prophet's Medicine among Salafis demonstrates that this medical knowledge is open and able to absorb elements from different medical backgrounds as long as they are compatible with Islamic ethics. It is evident that Prophet's Medicine is a mixture of traditional Javanese *jamu* and Chinese and Western traditions.

Salafis also enter into cooperation with other institutions such as universities to make their products fully accepted by the wider Indonesian community. This fact, once again, proves that Indonesian Salafi groups actively participate in shaping the existing religious and social discourses in the country, even as the knowledge they spread as "Islamic" also is shaped by these discourses.

The phenomenon of the Prophet medicine is extremely interesting and yet largely neglected by scholars. Many scholars still focus on the political dimension of Salafi groups and seem to overlook these critical aspects of their cultural reproduction of themselves as Salafi. As a result, studies on Salafism have not been able to look beyond the bitterly contested dichotomies as apoliticism vs jihadism, muslim vs *kafir*, etc. which Salafis utilize in their polemics, but which actually conceal a more complex underlying reality.

Bibliography

- Afdhal, Ahmad Fuad, "Patterns of Innovative Behavior of Community Pharmacists," *Pb.D Dissertation*, University of Minnesota, 1983.
- Afdhal, Ahmad Fuad & Robert L. Welsch, "The Rise of the Modern Jamu Industry in Indonesia: A Preliminary Overview," Sjaak van der Geest & Susan Reynolds Whyte (eds.), *The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology, Culture, Illness, and Healing*, Dordrecht: Springer Netherlands, 1988.
- Ahmedi, Marzia & Muhammed R. Siddiqui, "The Value of Wet Cupping as a Therapy in Modern Medicine-an Islamic Perspective," *Alternative Medicine*, Vol. 5, No. 12, 2014.
- Aspinall, Edward, *Local Power and Politics in Indonesia: Decentralisation & Democratisation*, Singapore: Institute of Southeast Asian Studies, 2003.
- Astawan, Made, *Sehat dengan Hidangan Kacang dan Biji-bijian*, Depok: Niaga Swadaya, 2009.
- Attewell, Guy, "Islamic Medicines: Perspectives on the Greek Legacy in the History of Islamic Medical Traditions in West Asia," Helaine Selin (ed.), *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures*, Science Across Cultures: The History of Non-Western Science, Dordrecht: Springer Netherlands, 2003.
- Azaizeh, Hassan, Bashar Saad, Edwin Cooper, and Omar Said, "Traditional Arabic and Islamic Medicine, a Re-Emerging Health Aid," *Evidence-Based Complementary and Alternative Medicine*, Vol. 7, No. 4, 2010.
- Barth, Fredrik, "Other Knowledge and Other Ways of Knowing," *Journal of Anthropological Research*, Vol. 51, No. 1, 1995.
- Bowen, John R., *Muslim Through Discourses: Religion and Ritual in Gayo Society*, Princeton, N.J: Princeton University Press, 1993.
- Burhanuddin, Jajat & Dina Afrianty, *Mencetak Muslim Modern: Peta Pendidikan Islam Indonesia*, Jakarta: RajaGrafindo Persada, 2006.
- Cao, Huijuan (et.al.), "Clinical Research Evidence of Cupping Therapy in China: A Systematic Literature Review," *BMC Complementary and*

Alternative Medicine, Vol. 10, No. 1, 2010.

Chia, Mantak, *Taoist Cosmic Healing: Chi Kung Color Healing Principles for Detoxification and Rejuvenation*, New York: Simon and Schuster, 2003.

Dhofier, Zamakhsyari, *The Pesantren Tradition: The Role of the Kyai in the Maintenance of Traditional Islam in Java*, Tempe, Arizona: Arizona State University Center for Asian Research, 1999.

Duderija, Adis, "Constructing the Religious Self and the Other: Neo-Traditional Salafi Manhaj," *Islam and Christian-Muslim Relations* Vol. 21, No. 1, 2010.

Eickelman, Dale F., "The Political Economy of Meaning," *American Ethnologist*, Vol. 6, No. 2, 1979.

Elgood, Cyril, "The Medicine of the Prophet," *Medical History*, Vol. 6, No. 2, 1962.

Fealy, Greg, & Sally White, "Consuming Islam: Commodified Religion and Aspirational Pietism in Contemporary Indonesia," *Expressing Islam: Religious Life and Politics in Indonesia*, eds. Greg Fealy and Sally White, ISEAS–Yusof Ishak Institute, 2008.

Frazer, James George, *The Golden Bough: A Study in Magic and Religion*, New York: Cosimo Classics, 1922.

Geertz, Clifford, "The Javanese Kijaji: The Changing Role of a Cultural Broker," *Comparative Studies in Society and History: An International Quarterly*, Vol. 2, No. 2, 1959.

Geest, Sjaak van der, & Susan Reynolds Whyte, *The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology*, Amsterdam: Het Spinhuis Publishers, 1991.

Hasyim, Syafiq, *Islam Nusantara Dalam Konteks*, Yogyakarta: Gading, 2018.

Hefner, Robert W., *Civil Islam: Muslims and Democratization in Indonesia*, Princeton: Princeton University Press, 2000.

Hehmeyer, Ingrid, & Hanne Schöning, *Herbal Medicine in Yemen: Traditional Knowledge and Practice, and Their Value for Today's World*, Leiden: Brill, 2012.

Herriman, Nicholas, "Fear and Uncertainty: Local Perceptions of the Sorcerer and the State in an Indonesian Witch-Hunt," *Asian Journal of Social Science*, Vol. 34, No. 3, 2006.

- al-Jawzīyah, Muḥammad ibn Abī Bakr Ibn Qayyim, *Healing with the Medicine of the Prophet*, Riyadh: Darussalam, 2003.
- Jordaan, Roy E., "Folk Medicine in Madura (Indonesia)," *Ph.D Dissertation*, Rijksuniversiteit, 1985.
- Kokoschka, Alina, Birgit Krawietz & Georges Tamer, *Islamic Theology, Philosophy and Law: Debating Ibn Taymiyya and Ibn Qayyim Al-Jawzīyya*, Berlin: De Gruyter, 2013.
- Lemay, Richard, "Religion vs Science in Islam: the Medieval Debate Around Astrology," *Oriente Moderno*, Vol. 80, No. 3, 2000.
- Madmarn, Hasan, *The Pondok & Madrasah in Patani*, Bangi: Penerbit Universiti Kebangsaan Malaysia, 2002.
- Mahmoud HS, El Sayed SM, "Methods of Wet Cupping Therapy (Al-Hijamah): In Light of Modern Medicine and Prophetic Medicine," *Alternative & Integrative Medicine*, Vol. 2, No. 3, 2013.
- Malinowski, Bronislaw, *Myth in Primitive Psychology*, Westport, Conn.: Negro Universities Press, 1971.
- Mateo Dieste, Josep Lluís, "'Spirits Are Like Microbes': Islamic Revival and the Definition of Morality in Moroccan Exorcism," *Contemporary Islam*, Vol. 9, No. 1, 2015.
- Mears, Leon A., "Rice and Food Self-Sufficiency in Indonesia," *Bulletin of Indonesian Economic Studies*, Vol. 20, No. 2, 1984.
- Morton, Leslie T, & Fielding H Garrison, *A Medical Bibliography: An Annotated Check-List of Texts Illustrating the History of Medicine*, London: Deutsch, 1976.
- Muhaimin, A. G., *The Islamic Traditions of Cirebon: Ibadat and Adat Among Javanese Muslims*, Canberra: ANU Press, 2006.
- Nugroho, Kharisma & Fred Carden. *Local Knowledge Matters: Power, Context and Policy Making in Indonesia*, Bristol: Policy Press, 2018.
- Onghokham, *Dari Soal Priyayi Sampai Nyi Blorong: Refleksi Historis Nusantara*, Jakarta: Penerbit Buku Kompas, 2002.
- Ozturk, Levent, "Prophetic Medicine (*Al-Tibb Al-Nabawī*): Is Historicity or Fiction?" *European Journal of Multidisciplinary Studies*, Vol. 1, No. 2, 2016.

- Pormann, Peter E., & Emilie Savage-Smith, *Medieval Islamic Medicine*, Washington, D.C.: Georgetown University Press, 2007.
- Qureshi, Naseem Akhtar (et.al.), "History of Cupping (Hijama): A Narrative Review of Literature," *Journal of Integrative Medicine* Vol. 15, No. 3, 2017.
- Ragab, Ahmed, "Prophets of Medicine and Medicine of the Prophet: Debates on Medical Theory and Practice in the Medieval Middle East." Presented at the Harvard University, Center for Middle Eastern Studies and Harvard Society of Arab Students, Cambridge, Massachusetts, 2009.
- Rahman, Fazlur, *Health and Medicine in the Islamic Tradition: Change and Identity*, Chicago, IL: ABC International Group, 1998.
- Ramadianto, Adhitya Sigit (et.al.), "Knowledge, Perception, and Attitude of Universitas Indonesia Medical Students toward Complementary and Alternative Medicine," *Journal of Asian Medical Students' Association*, Vol. 4, No. 1, 2015.
- Ramage, Douglas E., *Politics in Indonesia: Democracy, Islam and the Ideology of Tolerance*, London: Routledge, 1997.
- Riaz, Mian N., & Muhammad M. Chaudry, *Handbook of Halal Food Production*, Boca Raton: CRC Press, Taylor & Francis Group, 2019.
- Riswan, Soedarsono & Harini Sangat-Roemantyo, "Jamu as Traditional Medicine in Java, Indonesia," *South Pacific Study*, Vol. 23, No. 1, 2002.
- Saif, Liana, "Between Medicine and Magic: Spiritual Aetiology and Therapeutics in Medieval Islam," Siam Bhayro and Catherine Rider (eds.), *Demons and Illness from Antiquity to the Early-Modern Period*, Leiden: Brill, 2017.
- Schwarz, Adam, *A Nation in Waiting: Indonesia's Search for Stability*, Boulder, CO: Westview Press, 1999.
- Setiawan, Wahyu & Fredy Gandhi Midia, "Community Acceptability to the Salafi Movement," *AKADEMIKA: Jurnal Pemikiran Islam*, Vol. 24, No. 2, 2020.
- Sheehan, Helen E. & S.J. Hussain, "Unani Tibb: History, Theory, and Contemporary Practice in South Asia," *The ANNALS of the American Academy of Political and Social Science*, Vol. 583, No. 1, 2002.

- Speare, Alden & John Harris, "Education, Earnings, and Migration in Indonesia," *Economic Development and Cultural Change*, Vol. 34, No. 2, 1986.
- Stevensen, Caroline, "JAMU: An Indonesian Herbal Tradition with a Long Past, a Little Known Present and an Uncertain Future," *Complementary Therapies in Nursing and Midwifery*, Vol. 5, No. 1, 1999.
- Summers, Montague, *Witchcraft and Black Magic*, Mineola, New York: Courier Corporation, 2012.
- Suryahadi, Asep, Gracia Hadiwidjaja, and Sudarno Sumarto, "Economic Growth and Poverty Reduction in Indonesia Before and After the Asian Financial Crisis," *Bulletin of Indonesian Economic Studies*, Vol. 48, No. 2, 2012.
- Thomas, Keith, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth-Century England*, New Edition, London: Penguin UK, 2003.
- Tirtosudarmo, Riwanto, "Economic Development, Migration, and Ethnic Conflict in Indonesia: A Preliminary Observation," *Sojourn: Journal of Social Issues in Southeast Asia*, Vol. 12, No. 2, 1997.
- Torri, Maria Costanza, "Knowledge and Risk Perceptions of Traditional Jamu Medicine among Urban Consumers," *European Journal of Medicinal Plants*, 2013.
- Tuschinsky, Christine, "Balancing Hot and Cold—Balancing Power and Weakness: Social and Cultural Aspects of Malay Jamu in Singapore," *Social Science & Medicine*, Vol. 41, No. 11, 1995.
- Woodward, Mark, *Java, Indonesia and Islam*. Dordrecht; New York: Springer, 2010.
- Woodyard, Catherine, "Exploring the Therapeutic Effects of Yoga and Its Ability to Increase Quality of Life," *International Journal of Yoga*, Vol. 4, No. 2, 2011.
- Zadeh, Travis, "Commanding Demons and Jinn: The Sorcerer in Early Islamic Thought," *No Tapping around Philology: A Festschrift in Honor of Wheeler McIntosh Thackston Jr.'s 70th Birthday*, eds. Alireza Korangy and Dan Sheffield, Wiesbaden: Harrassowitz Verlag, 2014.