



Acculturation in Javanese Traditional Medicine Practice in Yogyakarta

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Abstract

The rampant practice of traditional medicine in the big cities in Java can not be separated from the influence of globalization. It is advertised through flyers, pamphlets, signage, television and internet. Medical practice can not be separated from the mixture of elements of the local culture, external/ foreign as well as modern practice medical later adopted in order to enhance public interest in their treatment. The purpose of this article is to analyze the practice of acculturation in traditional medicine related to methods, tools, advertising and meaning behind the ways the adoption of other culture into the traditional practice. An integrative ethnographic study was conducted in Bantul and Sleman, Yogyakarta, on traditional healers such as gurah, bekam, metaphysical/spiritual, herbal, traditional massage therapy, as well as hemorrhoids. Other information was obtained from interviews with the patients. Medical pluralism by wrapping traditional therapy combined with health culture from the outside attracts consumers with a dogmatic way was made by Javanese traditional healers. They advertise with testimony on local television with the aim of introducing methods, tools, disease cure rates, so the number of patients increases. Acculturation appears that more and more people believe in the business practices and their treatment.

Keywords: *acculturation; traditional medicine; medical pluralism; Yogyakarta Special Province*

INTRODUCTION

The recent world-wide trend of back-to-nature lifestyle has brought some impacts to traditional healing. Complementary Alternative Medicine (CAM) commonly becomes a choice for those who want to avoid side-effects of pharmaceutical medicine. As a result, the development of alternative medicine in the world has significantly increased. As cited in an article by Hughes (2006, p.550):

In European and North American countries, estimates of CAM usage are normally put at between 10% and 40% of the adult population (Goldbeck-Wood et al. 1996). It was computed that the population of the US were spending \$15 billion per year on CAMs by the end of the twentieth

century (Watkins & Lewith 1997). Professional too appear sympathetic: in the UK, close to half of General Practitioners report a willingness to recommend (or directly offer) CAMs treatments to patients (British Medical Association 2000).

In Indonesia, not only because it is perceived as easier, cheaper and more efficacious, but traditional healing gains more popularity also due to its relevance with back to nature lifestyle. Traditional healing is perceived to not only cure illness, but also give psychological therapy to patients by “healing body, lighten soul, and grow social relation” (Intisari 2004). This is in line with the notion of health in Javanese, where being healthy is interpreted as a result of balance between body and soul (Murniatmo ,

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Rostiyati, Mudjijono 1992, p.31; Triratnawati 2011). Thus, traditional healers do not only play the role of 'doctor' but also act as spiritual healing. The importance of such role increases as in this modern era modernity puts more emphasis on individualism. Consequently, a crave of story sharing (i.e. telling other people one's problem, and receiving advises in return) has increased (Triratnawati, Wulandari, Marthias 2013, p.37). On the other hand, conventional doctors are only perceived to be able to cure one's illness, but not able to heal one holistically (The Duke Encyclopedia of New Medicine, 2006; <http://www.oxfordislamicstudies.com> accessed on 25 April 2015).

The use of traditional healing now increases along with population growth, particularly those of senior citizens who commonly contract degenerative diseases, as this group tend to trust traditional healing more than modern medicine (Triratnawati 2010). In addition, the high cost of modern medical treatment and Javanese common practice to look for simple and cheap treatment as the first step in their health-seeking behavior generate more popularity for traditional healing. Accessibility in terms of low cost and the relative high number of traditional healer is a reason why patients opt to traditional healing, rather than modern medical treatment. When this first step fails, they move to modern medical treatment, and vice versa (Raffaetà 2013; Baer 2011; Lunghelw 2011; Walker 2006).

People living in cities such as Jakarta, Semarang, Surabaya, Yogyakarta where life expectancy is relatively high are not exempted from traditional healing as it also enters their media landscape through the use of advertisement. Increasing life expectancy is also related to improvement of healthcare facilities and adoption of healthy lifestyle (Roosita et al. 2008). The inclusion of life expectancy as an indicator of public health level has made each regional government strive harder to reach higher life expectancy in order to meet national agenda (Gutiérrez et al. 2007; Zhou et al. 2010; Hasan et al. 2009). Yogyakarta Special Region with the highest life expectancy (i.e.: 77 years-of-age for women and 75 years-of-age

for men) indicate good health status of its population. Consequently, with high life expectancy, the number of senior citizen also increases. Senior citizen is a population group with higher risk of six chronic diseases such as: hypertension, cancer, heart disease, and diabetes and others (Russel 2011; Woerdenbag and Kayser 2014). Such degenerative diseases also target this population group in Yogyakarta. A study by Dewi (2013) in Yogyakarta revealed that non-transmittable diseases such as mellitus diabetes were evident among people of lower class. Similarly, in Kompas (2015, p.1-15), it is shown that Yogyakarta population consumes more sugar and fat. As a result, the number of diabetes and cancer cases is also reportedly high.

In 2014, with the hype of national social insurance program through JKN (National Health System), more Indonesian citizens are expected to receive such benefit. The government expects every citizen is included in this system. Nevertheless, not everyone prefers modern medical treatment although it is provided with no cost. Complicated procedure, long waiting hour, and worry of quality of its service results in shifting preference of modern medical treatment from those provided by the state to privately-owned medical enterprise (Ayuningtyas 2014). Therefore, people frequent traditional healing practices even though national social insurance program has existed for more than two years.

One of the media used by traditional healer to be known is television. In public and private broadcast centred in the capital Jakarta, traditional healing and testimony from a 'successful patient' has become a staple. Not only national broadcasting station, but local broadcast also adopts similar approach. One television set per family is common in Indonesia which is the perfect reason traditional healers use it to their benefit. Information about method of healing, tools, probability of actually being healed, cost, and opening hour is usually among the things advertised through television. These traditional healer use television to get the sympathy of audiences in hope they become interested in using their services. Such promises are usually accompanied by an inte-

ractive discussion where traditional healers get to answer questions from prospective patients; hence making these programs popular among the sick.

Traditional healing practices can respond to patients' needs. Traditional healers now also adopt new medical technological improvement along with the use of supporting devices such as medical laboratories commonly used by doctors. Herbal medicine now also comes in capsule form similar to pharmacy-made medicine.

Such change is strongly related to the emergence of acculturation in Javanese traditional healing. Acculturation here refers to a social process which emerges when a group of people with a particular culture encounters foreign cultural element. This foreign element is then accepted and appropriated without losing its original culture (Koentjaraningrat 1990). Acculturation will not exist without what is known as medical pluralism (Hardon, Boonmongkol, Streefland 1995). In the interaction between traditional and modern medicine, acculturation occurs. Nonetheless, such process is not free from contradiction. The modern medicine party usually blames traditional healing, and vice versa; traditional healers often argue that their patients used to be modern medicine patients whose treatment fails. Such controversy leads to a crisis of acculturation.

Cities with a dominant Javanese population such as Yogyakarta has witnessed a harmony between traditional and modern medical system as each understands that their different system (Hardon, Boonmongkol and Streefland 1995). Each understands that they have different market segment and complements each other. Thus, they co-exist in serving community healthcare needs.

Despite the non-existence of valid data, the number of traditional healers in Yogyakarta tends to increase. This is proven by the hype of advertisement in local television. The development of traditional healing form is also related to influences from foreign culture such as modern medicine, Chinese, Arabian and other foreign culture of medicine. Traditional healing tries to appropriate foreign culture without losing its roots. Change in methods is common

in order to fulfill demands of modern and dynamic traditional healing. As an example, traditional massage now comes in 'house of healthy', which combines all kinds of massage method such as reflex, shiatsu, and traditional massage. They are offered in strategically-located places equipped with young, skilful, and modern-looking therapists. However, social interaction between patients and therapist becomes non-existent. These therapists work in a mechanical system where interaction between healers and patients is lost, and replaced by music played in such places.

The development of traditional healing has also continuously experienced a process of acculturation, which is evident in the adoption of modern medical devices such as: stethoscope, use of laboratory result, sphygmomanometer, and X-ray to diagnose an illness. Religious healing now also changes its incantation into prayers following healer and patient's belief.

This acculturation arises as a response from traditional healer to get around changes in the medical field, particularly as a result of modern medical penetration. Because of the encounter between two different elements, contradiction and conflict are bound to arise. Therefore, it is important to understand this acculturation crisis considering its impact on traditional medical system, healers, and patients in modern and traditional medical interaction. In many cases, traditional healing which incorporates modern medical method is perceived as malpractice. However, due to inexistence of strong organization and lack of watchdog, such practices are left unattended. Rarely is such practice brought to trials. Patients rarely complain when healing results in damage and even death. Similarly, Islamic healing (what is usually referred as "healing a la Mohammad The Prophet") which recently also receives immense popularity in Java is increasingly becoming a new skill to be mastered by traditional healers who expect to turn it into business enterprise.

Old pattern in advertising traditional healing known as "*getok tular*" (from mouth to mouth) is now changed into mass media-based advertisement such as radio,

television, internet, and other print media. Using new mode of advertisement, traditional healing is more widespread.

This article focuses on answering this question, i.e.: in what way Javanese traditional medical system appropriates foreign medicine? What element can easily accept acculturation, and which element cannot? The aim of this study is to explore and analyze the process of acculturation in Javanese traditional healing in order to grasp the form of acculturation, which occurs from the mixture of two or more medical culture.

RESEARCH METHODS

This paper is based on a research conducted on Javanese traditional healing in Bantul and Sleman, Yogyakarta since both districts have the largest number of traditional healing compared to other districts in Yogyakarta. These two districts were also selected because of the number of local TV broadcast stations showcasing traditional healing indicates high interest among local population. Besides, there are many traditional healing practices such as *bekam* and *gurah* in Yogyakarta. Moreover, *gurah* is known to be originated from Imogiri – a sub district in Bantul. Therefore, many believe authentic *gurah* is from Imogiri.

Data collection is carried out by the use of qualitative method, particularly integrative ethnography where observation is done to contextualize the studied culture (Silverman 2006). Interviews were done with traditional healers, and their patients. Observation and interviews were conducted with healers in diverse aspects such as: *bekam*, *gurah*, traditional massage, haemorrhoid, water therapy and spiritual healing, as well as other herbal healers in Yogyakarta. Spiritual healers are known to use supernatural method, metaphysics and heresy. However, some call them spiritual or religious (*agamais*) (Praworo 2011).

Data was analysed using phenomenological approach, in order to explore acculturation crisis from both perspectives, i.e. healers and patients. By doing so, acculturation process between modern and traditional medicine from healers and patients'

perspective can be explained well as part of Javanese culture.

RESULTS AND DISCUSSION

Interaction between traditional and modern medicine

Javanese traditional healing has a long history. Although there is no written evidence, various ancient manuscripts prove the existence of Javanese traditional healing through written traditional medicine recipes as well as healing methods such as: *cekok*, *pilis*, and *raja*h – all of which are popular among Javanese (Triratnawati, Wulandari, Marthias, 2014) and *jamu* (traditional herb medicine) (Soeratno et al. 2002).

Dutch colonial rule, which lasted 350 years, brought many influences in traditional healing in Java. The Dutch colonial government introduced modern medicine through their health workers such as nurses who worked in Java to combat infectious diseases (Sciortino 1999). Since then, the government of Indonesia started to adopt it as part of its national medical system. As a result, state-owned healthcare institution started to be built. Hospitals, healing clinic, and primary health centers were built across the country. In addition, health-related education such as medical and public health faculty, as well as nursing schools continued to develop; hence, modern medical experts are continuously produced by the state. Private parties also provide healthcare facilities.

Entering globalization era where information and communication flow is stronger; there are two impacts for traditional healing. First, traditional healing will be marginalized as it is considered irrational, full of superstition, and not evidence-based. Second, on the contrary, with stronger flow of information, traditional healing is able to continue existing due to its blending with modern medicine. One of traditional healing system, which is popular even overseas, is Javanese traditional healing. For centuries, Javanese as a social unit has developed local knowledge related to healing system. Javanese healing system emphasizes on balance related to strong correlation between

macrocosm and microcosm. Macrocosm is outside of human bodies, while microcosm is inside the human bodies. Imbalance on macrocosm will have bad influence in microcosm, which results in illness (Triratnawati 2010).

Understanding medical issues and disease etiology among Javanese is not based on scientific evidence, but based on long-term experiences or experiences passed down from generation to generation (Murniatmo et al. 1992, p.70). The passing from one generation to another renders such system a local tradition which is empirically proven. Healing methods such as *kerokan*, massage, *balsam*, *suwuk* and use of traditional herb drink (*jamu*) represent local wisdom owned by Javanese, which aims to balance microcosm and macrocosm (Triratnawati 2010).

The Javanese keeps changing, and globalization has caused traditional healing to adopt foreign cultural traits such as Chinese, Indian, and Islamic healing methods without losing its original traits. In acculturation process, some of the changes in healing method are a direct way of fulfilling local demand. Such process is a way of strategizing with penetration of modern medical system (Triratnawati 2014).

Among many foreign traits, Islamic healing method has become one of the most adopted traits in traditional Javanese healing. This is understandable as Islam is a major religion in Indonesia. Besides, Islam as a religion as well as a system, which governs all aspect of human life, also provides a set of tool which functions as healing media for its believers. Furthermore, in Islam, medical discourse is integrated as part of its teaching and written in its scripture, as cited in an article written by Al-Yousefi (2012, p.272):

Many verses of the Qur'an (Islamic Holy book) and Islamic prophetic traditions contain both spiritual and physical methods for treating psychological and physical disease. Allah stated the following in the Qur'an : And we reveal of the Qur'an that which is healing and a mercy for believers'. (Surah Al-Isra: 82)

According to Jean-Francois Sobiecki, traditional healing system tends to be developed from spiritual or religious belief system (Nurdiyana et al. 2010). The awareness to accommodate Islamic values in healing practices is represented in various forms of Javanese healing methods. Without losing their identities as Javanese, these healers appropriate Islamic values along with their healing practices. Javanese traditional healers also start to change traditional incantation into Islamic verses (Triratnawati, Wulandari and Marthias 2014). In addition, Javanese traditional healers also adopt other healing methods which are claimed to be originated from *hadits* such as: *bekam* a la The Prophet mixed with massage and Walisongo healing method which mixes meditation, *dzikir*, and *raja*.

Adopting Islamic elements in Javanese healing concept creates new method called acculturation between Javanese and Islamic healing. This acculturation brings its own color in traditional healing. The method emphasizes on spiritual aspect represented in prayers to bring in *karomah* although in practice these prayers are wrapped in Javanese healing method such as meditation, *raja*, *gurah* and massage. In addition to prayers, the factors influencing healing efficacy is autosuggestion, certificate, and *tirakat* used by the healers as well as patients' belief in undergoing healing procedure.

Modern medical method adopted by traditional healer

As an effort to provide healthcare service to the public, traditional healers start to seek innovation in order to attract more clients. They try to adopt modern medical methods in their healing practices. Adopted techniques include use of sphygmomanometer, use of laboratory results such as: blood pressure, triglycerides, and blood sugar level, as well as use of X-ray to diagnose broken bones, use of capsule (with *jamu* inside), use of media advertisement, use of billboard, and modern registration system (using serial number). Thus, traditional healer practice does not have much difference compared to doctor practice.

Such adoption is not aimless since

cultural acculturation occurs in line with the fast improvement of modern medicine which results in marginalization of traditional medicine. Acculturation occurs to many medical elements, particularly those which are popular. Acculturation between traditional medicine and Islamic medicine is evident among traditional healers in Yogyakarta. *Bekam* and *gurah* therapists in Giriloyo Village, Imogiri are usually males, but recently, female therapists are present especially for female patients. It shows how traditional healing incorporates Islamic teaching which usually separates male and female.

In order to meet local demands, *gurah* therapists not only work to do *gurah*, but also to do *bekam*. In addition, they also make their own medicine by putting *gurah* herbal ingredients into capsules for home use. *Sirgunggu* plant as *gurah* ingredient is packaged in capsules to emulate modern medicine. Similarly, in Madura, *jamu* in powder form is not popular since it is bitter. Pill and capsule are used to make it easier to take (Mudjijono, Herawati and Munawaroh 2014).

Generally, *bekam* therapists are trained informally through courses. They then transfer such knowledge to their family members. On the other hand, *gurah* therapists usually learn from Islamic boarding school situated in Giriloyo or from senior therapists. An unwritten rule says that those coming from Giriloyo should only be the one doing *gurah* therapy. However, considering many therapists now open their own *gurah* courses, students come from everywhere. Upon graduating, these new therapists then open their own practices. Thus, *gurah* is not only found in Giriloyo. They argued that being a therapist was difficult as the profession required many spiritual practices (*laku prihatin*). In addition, therapists should also be ready to help others. They cannot rely on their profession, as it is not the ideal job, as they may not always be paid. Therefore, the sole reason to be a therapist should be a desire to help others.

Nowadays, therapists generally have more than one skill. One *gurah* therapist N, for example, also has an ability to analyse an

illness through patient's hand (*rajab*) and through electric current. He is also able to cure various kind of skin disease. Despite this, *bekam* and *gurah* are still his mainstay. Similarly, AB and H also has *prana*. *Prana* is known as *chi* in Chinese healing (Galanti 2008). This ability is usually gained by fasting, going through ascetic lives, and obeying other taboos.

Imogiri as a place known for people looking for *gurah* also has many interesting facts. It is also a popular tourist objects as Islam Mataram kings (Surakarta and Yogyakarta Sultanate) were buried there. Imogiri is thus full of good luck (Kasnyiah 1994). As an example, when planted in Imogiri, *sirgunggu* plant – main ingredient for *gurah* – shows good result. On the other hand, if planted in other places, it does not have similar efficacy in *gurah* healing as the ones planted in Imogiri.

There was one case where N's patient could not discharge mucus after being given *sirgunggu* water unlike other cases where patients normally discharge mucus after only several minutes. There are several possible explanations why such case happened. First, the patient had no mucus. Second, *sirgunggu* liquid was not thick enough. Lastly, the *sirgunggu* used was not from Giriloyo, Imogiri. People in Giriloyo argued that the third one was the likeliest reason such failure had happened. *Sirgunggu* plant in Giriloyo is perceived to be the best in quality compared to other places. They argued that land fertility played an important factor. Old generation in Giriloyo believed that the land of their village had extra value since The Nine Saint (*Wali Songo*) prayed there (*wis mambu donga wali*).

N had another experience where a patient seemed like he was possessed by spirit. He sounded like a raven. N's father who was also a therapist explained that such thing was common. According to him, it happened because the patient had *gaman* in his body. *Gaman* is a weapon to strengthen oneself, but it was invisible. This weapon is usually given by Satan; hence it contradicts Islamic teaching. As a result, the patient reacted negatively towards Islamic prayers used during healing process. In a worse scenario where a

patient cannot receive prayers and/or effects of *sirunggu* plant, he/she can feel nauseous or even pass out.

Not only does *gurah* work for respiratory tract, it also works for chronic diseases. Chronic diseases such as cancer, diabetes (Russel 2011) can also be healed through *gurah*. AB explained when he dealt with a patient who had cyst.

A woman in her thirties came to me with cyst in her back. It was the size of snake fruit seed. As an expert in bekam I immediately did the procedure in four points in her body where cyst grew. We did the procedure thrice until blood which initially was discharged in large quantity became thicker, and gradually decreased in quantity. Afterwards, white fluid was released. In the area where I did bekam we can spot small bumps. I then did "kop" procedure (where blood is released by putting a glass on top of the bumps). This was done twice. During the procedure, patient screamed aloud due to pain. Lastly, white fluid came out. I call it 'mata bisul'.

According to a doctor diagnosis, this patient suffered from atheroma cyst. Meanwhile, traditional healer took it for an ulcer due to consumption of seafood – that is characterized as 'itchy'. Post healing, AB gave her a medication for ulcer, and asked her to visit again after the ulcer broke.

According to D – the patient – she suffered from vertigo followed by an acne-like ulcer on her back. However, it lasted for a month. She went to a doctor, and was suggested for a surgery. She also sought information about atheroma cyst from the internet where she got similar solution. However, she was reluctant and scared to have a surgery. Thus, she followed a friend's recommendation to come to AB place.

Adoption of modern medicine is also done by F who is a haemorrhoid healer. He uses capsules and ointment to make his medicine more attractive. By doing so, he hopes traditional healing can appear modern, practical, and hygiene. Likewise, DP uses capsules for his herbal medicine so it can be more practical and shippable.

Mixture of Islam, Javanese, and Modern Medicine

In various traditional healing practices in Giriloyo, Islamic prayer is a main element. The healer H mentioned that *sirunggu* plant was only a medium, but the most important aspect is prayer. Scientifically speaking, prayer has a positive influence due to its power. It will connect and remind one to larger being; God. It will also soothe one's mind. It gives one a perspective and hope which cannot be obtainable in other ways. The most important thing is prayer makes one surrender (Buttar 2014).

This is where prayer is inserted by traditional healers. Healers usually say prayers in Arabic. Illahiyah healer named GN combines traditional massage, and water prayed by Wali Songo prayer. Patients are also asked to pray according to their beliefs. If a patient is a Moslem, he will help the patient praying in Islamic way. For him, prayer acts like *sugesti* (self-hypnosis) for patient to believe that he will be cured. Patient is also expected to believe that God listens to every prayer. Besides, with prayers, patients become hopeful.

On the other hand, one of the most adopted modern medical elements by traditional healers is the use of X-ray. X-ray result is usually brought by patients to traditional healers. X-ray result shows that patients generally visit a doctor, and are suggested to go to an X-ray examination. Despite not having formal education, traditional healers claimed to be able to read X-ray examination result. Ways of doing X-ray examination is different between traditional healers and doctors. M uses glass affixed to patient body, and then he uses a torch to light through the glass. Furthermore, the result can only be read by someone with inner power (*tenaga dalam*) ability.

In Sleman, AS who is a traditional massage therapist recounted a story where he cured a patient with bladder stone. He was successful in discharging the stone by traditional massage. He could also see through patients heart, whether one is patient or emotional. Mixture of traditional massage and Islamic prayer is key to his healing method. In order to improve his skill,

he also learnt Chinese massage technique. This particular massage technique puts an emphasis on energy power. Healers use this technique for relaxation and stimulation purposes in order to achieve excellent health (Rianto and Sujono 2005).

Adoption of Islamic traits in Javanese healing concept gives rise to new method called healing acculturation of Java and Islam. This healing acculturation brings its own color in traditional healing. Its method emphasizes on spiritual aspect in the form of prayers to incur *karomah* although in its practice such prayers are packaged in Javanese healing methods such as meditation, *rajab*, *gurah*, and massage. In addition to prayers, factors which influence efficacy of a healing method include *sugesti*. Patients are encouraged by healers word and action (Triratnawati, Wulandari, Marthias, 2014). Other ways of increasing patient trust is formal certificate (usually gained from courses) and *tirakat* (effort) done by healers in order to strengthen patient trust.

Islam Medical Element in Javanese Perception

Java-Islam syncretism is not a byproduct of recent globalization, but is a result of long process of Islam entering in Indonesia. It reached its peak in 15th century. Orientation shift in Islamic thought and science to Tasawuf or Sufism made it easier for mubaligh (Walisono) in the midst of spreading Islamic teaching in Indonesia. This was caused by Javanese character, i.e. *Manunggaling Kawula Gusti (anna al-haq)*, which was in line with Sufism.

Javanese cultural values have a strong religio-magic aspect. This is rooted deeply since animism and dynamism period. On the other hand, Javanese unique character – being flexible and open to foreign cultural traits – has not caused Javanese to lose oneself in changes brought by foreign culture. Instead, the Javanese succeeds in maintaining its existence by ‘Javanisizing’ foreign cultural traits by using Islamic symbol in its outer part, but keeping syncretic Java as the soul. Islam is described as a vessel, while Java is its content. The blend between these two cultures leads the construction of cultu-

ral system, social system, and material culture into an acculturation between Java and Islam. This also influences logic of thinking in healing method, which previously was developed in Javanese values.

Good enculturation of Java-Islam syncretism concept gained its currency from Javanese kings. The spirit of *Bhineka Tunggal Ika* also aims at spreading this syncretism values. This spirit is not only meant “although different, but still one”, but is also meant, “despite differences in religion, its nature is one” – aims for highest entity in the universe, God (Amin 2002, p.90).

Enculturation processed by Wali Songo and the kings has formed syncretism between Java and Islam into its current state. As a result, acculturation between Islam and traditional healing practices is not interpreted as a pragmatic effort only to attract consumer through dogmatic way. Instead, it is an inseparable part of each other. Islam is Java, Java is Islam; Islamic teaching is accepted not as a reality which brings about change, but as a reality which continues old cultural tradition. As N said in the following:

In principle, Javanese do not let go of his Javanese-ness, and Moslem does not let go of its Moslem-ness. Because Islam and Java is inseparable and is related to each other. Long before Islam came in, the Javanese actually practice its values and teaching. The concept of living, understanding, and practicing is owned only by the Javanese. As they have practiced Islamic values for a long time, Javanese truly understands and believes in the unity between Allah and human (self). In the context of healing, before gaining popularity for bekam, Javanese has practiced it for a long time too. Then, ruqiyah, what's the difference from suwuk in Java? I think it is the same thing.

In addition, technological improvement demands combination. To obtain legitimacy from the public, it requires three aspects, i.e.: Islamic, Javanese and modern medicine. The three is interrelated. Javanese healing without the other two elements is considered improvident. There are too many rituals for one case. Besides, this form of religio-magic now not only relies on Java-

nese values, but also on Islamic prayers. It is believed that effort without pray will not result positively in healing. Physical effort done as part of a healing method is only regarded to be a healing medium.

Advertising traditional healing through media and testimony

Advertisement in mass media aims similarly, i.e. for something to be widely known. Old form of advertisement used to be done by traditional healers in the 1980s. They used to use radio, brochures, and moving advertisement using cars. During that era, these forms were widely used. However, currently there are many private and local television stations; hence, it makes sense to use them for advertisement purpose. TV station broadcasts patients' testimony in order to increase popularity of traditional healers.

However, not all traditional healers use TV as a media to advertise their service. Others like DP in Sleman who introduces his herbal healing based on his academic research prefer not to use TV. Instead, he uses brochures that are then distributed to his network of university students, mere acquaintances, and neighbours. Internet is also used via WA, Twitter, and e-mails to receive orders from clients in different cities. Using TV is considered to be more expensive; hence, internet is seen as a cheaper option.

Traditional healers are aware that advertisement can improve their income. Not only individual healers, but also healers who own big business use advertisement as a promotion tool. DW – a traditional healing for haemorrhoids, which has many branch offices in Java and Bali – chose local TV station to promote their non-surgical healing method. All of this advertisement in local TV is managed by its central office in Jakarta. Thus, local branch usually do not have any idea of how much TV advertisement costs. They are only asked to do their jobs in preparing for broadcast. This method of advertising demonstrates that in traditional healing, marketing is also an important thing. It also means they provide professional service, which should be valued by mo-

ney. Social purposes like helping people in needs are lost.

The development of advertisement actually follows information and communication technology. The first way of advertising is through *gethok tular* (*mouth to mouth*) (Cokro and Sutarto 2009). Traditional healers still use this method, but they add other modern methods. Through *getok tular*, one gains popularity of his efficacy. Patient then tell other people good things about this healer. The people who hear about this healer are then interested in proving for themselves. Although healing is a personal effort, but healer will gain popularity through this kind of advertisement. By doing so, patients who are healed also act as a traditional advertising tool.

Even though traditional healing is not apt for everyone, many patients are still coming, including patients with chronic diseases. Feeling of 'wanting to try' is done to be cured, but they mostly do it due to *cocok* (apt, suitable) concept (Geertz 1960). Patients think that perhaps traditional healers are well-matched for them. The content of advertisement in media usually informs people about the kind of diseases a healer can cure, methods, tools, name of healer, address, contact number as well as price to pay. Some advertisement often says, "not cured, money returned", while others include former patients testimonies.

The cost of consultation and traditional medicine as well as tools (e.g. holy water) is affordable by patients. It is usually called "*mahar*". The term used is also common for Islamic wedding. In Islamic wedding, *mahar* is paid by groom to bride. However, in the context of traditional healing, it is paid as a cost of consultation and therapy service. It always refers to a relatively high amount of money, for example 3 million rupiahs for cancer. It has to be paid in cash, and not in instalment. Despite the expensive cost, patients are not discouraged. Some even have to owe money to pay the cost.

Healing package like that exists in hospital or GP private practice is also adopted by traditional healers. For example, non-surgical haemorrhoids treatment in Sleman

offers seven (7) choices of healing packages ranging from low-cost (500.000 rupiahs) to high-cost (10 million rupiahs) which claims to heal haemorrhoids with a size of chicken egg. Some traditional healing do not cost expensive. AS who offers *bekam* therapy in Imogiri offers 20.000 rupiahs or whatever his client wants to pay him for his service. He uses brochures affixed to walls or even power poles. However, in practice the more expensive a treatment cost, the more people believe that the treatment will cure them. In addition, if the healer appears many times on TV broadcast, expensive cost will not be a problem. People will be mesmerized by TV appearances. Such condition results in price competition without anyone doubting if this expensive price is all worth it.

Evidence-based modern medicine usually conducts a clinical trial to medicine through laboratory examination. Trials are usually done to rabbits, and then to human to examine side effects of such medicine. Therefore, there are several steps to be done before medicine reach its human consumer. Evidence-based modern medicine are not allowed to advertise. Thus, it is strange that traditional healing can go without clinical trials but can be advertised widely in TV. TV with many audiences can be misleading if traditional healing broadcast only misinform public. Audiences cannot think rationally, but directly go to traditional healers advertised in TV to get treated.

F who advertised in local TV in Yogyakarta and Solo mentioned that the following morning after his advertisement broadcasted, the number of his patients increased significantly (even 50%). New patients came from different areas near Yogyakarta such as Magelang, Temanggung, and Purworejo. People also came to get more information even though they did not directly sign up for treatment. After receiving more information, many visited again with the purpose of getting treatment. Thus, advertising on TV brings in many benefits for traditional healers, for example: some healers even proceed to open new branches in Semarang and Denpasar.

Discussion: Crisis of acculturation in traditional healing

Wong Jawa ora ninggalake Jawane, wong Islam ora ninggalake Islame. This adage means Javanese has always interrelated values. The Javanese has practiced Islamic teaching very well in their lives proven by their strong application of Islamic teaching in daily life. The Javanese is known for their patience, acceptance, introspective, vigilant and apprehensive. These values are in line with Islamic teaching with regards to moral. Therefore, it can be said that the Javanese strongly followed Islam.

The fast development in today's Javanese community does not let the Javanese leave their identity. Likewise, Javanese Moslem does not leave their Islamic root. This way of thinking is the reason of many acculturations happening in Javanese cultural aspects, including in medical field. Javanese will incorporate any element as they are used to take the good from any foreign traits. If there exists any element in their culture which seems ancient, the Javanese will not hesitate to change it into something else. This strong ability to adapt is the base of acculturation process.

Similarly, N stated that technological improvement demanded a mixture of method. If healing relies solely on Javanese method, not many people will believe. This is where Islamic and modern medicine comes in. Islamic element is evident in the way belief in God as The Healer from all illness and that only with His permission, illness can be cured (*kun fayakun*).

In a globalization era, traditional healers acknowledged that without updating their healing methods, people would lose interest. Consequently, foreign medicine traits such as that of modern, Chinese, Arabian, Indian, Japanese and Korean are inserted into traditional healing system. It is not surprising that many traditional healers use modern means in their system.

Commercialization of traditional healing through business advertised in television is inseparable from inexisting regulating on television broadcast. Media, in all forms, transfers significant meaning which facili-

tates communication between government, advocacy groups and the public. Media is a strong power in educating the public on current issues. The use of media effectively can give rise to advocacy efforts to behavioral change and to social mobilization (Ayuningtyas 2014).

Traditional healing advertisement in television does not educate public since interactive discussion where healers diagnose patients without physical examination and laboratory check is not permitted in modern medicine. In addition, traditional healing is not allowed to advertise through television.

Acculturation in traditional healing is also related to strong medical pluralism concept among people living in cities such as Yogyakarta. Medical pluralism acknowledges that modern medical practice has its own weakness; hence, traditional healing comes to play. Each medical system respects each other. In medical pluralism, introduction of foreign medical system is well-accepted by local medicine. This means traditional healing with a long history of existence accepts modern medicine which comes later (Haddon, Boonmongkol and Streefland 1995).

No health system is like water. The systems that interact will also influence each other. Likewise, Javanese medical system is a result of mixture between local and modern, which means traditional medicine, can adapt to the development of modern medicine. No conflict arises when both respects each other. On the contrary, when a system perceives itself to be the better, modern, and more rational, conflict arises. In a society with strong medical pluralism such as Java, conflict can be avoided.

However, in recent development where business aspect of traditional medicine is further emphasized, the principle of helping each other is replaced with buying-and-selling principle. By doing so, intensive communication between healers and patients decreases. Healers act as if they are machines which works mechanically without a sense of humanity. Acculturation crisis will arise in a form of conflict between modern and traditional medicine.

In order to increase income, traditio-

nal healers come with different ways, including advertising in mass media. Regulation is disregarded for the sake of increasing income. On the other hand, public is deceived through advertisement in television. Public is led to falsely believe that if a healer often appears on television, it means he has a potent healing method. Even with only a case of cured patient, traditional healer dares to claim that his healing method suits everyone with similar symptoms.

In the future, media should act its role to educate people through firmly regulating traditional healing advertising and broadcasting alike in TV broadcast. Public attitude in choosing healthcare services should be directed towards services with positive impact.

CONCLUSION

Acculturation in Javanese traditional healing is influenced largely by the way medical pluralism is strongly evident in Java where local and foreign medical element influence each other. Technological innovation also demands a combination of the two elements. If healing methods only rely on Javanese way, many will not put their trust so easily. The addition of Islamic and modern medical element is then used to perfect it. Islamic element appears in the form of praying practice aimed to Allah as The Healer of all diseases. It is also influenced by a belief that only with Allah's permission, a disease is cured.

Traditional healing acculturation in Yogyakarta is thus perceived as inseparable from the process of maintaining old tradition where unification of God and self exists. The emergence of business in traditional healing practices results in many things – one of which is increasing cost. Acculturation crisis occurs in the form of lost interaction and verbal communication between healer and patients; contradictions between doctors and traditional healers and the television that advertises them; adoption of modern medical technique and method in traditional healing without formal training which result low skill.

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