



## Sasak Belian as a Life Practice: The Concept of Sickness–Health and the Cosmology of Healing

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### **Abstract**

Every society develops its own understanding of the body, illness, and healing, shaped by historical, cosmological, social, and cultural constructions that are experienced and transmitted across generations. Within the biomedical paradigm, illness is understood as a dysfunction of bodily organs, whereas in traditional societies it is interpreted as social imbalance, moral transgression, or spiritual disturbance. Departing from this ontological divergence, this study examines how the healing practices of the Purchase of Sasak in Lombok construct, articulate, and reaffirm the realities of illness and healing. This study adopts a qualitative research approach grounded in ethnography and supported by a review of relevant literature. Data were collected through participant observation and in-depth interviews, and were analyzed using narrative analysis of ritual healing practices. The findings reveal that the purchase functions as an ontological actor who, through ritual acts, speech, and symbolic mediation, reactivates and sustains the local cosmology. The efficacy of healing does not rest solely on individual intention, but on the repetition of socially recognized practices that shape a shared horizon of belief. Healing within the Purchase practice thus constitutes a relational event that reorders the relationships among the body, community, nature, ancestors, and God. These findings suggest that traditional medicine cannot be reduced merely to a therapeutic technique; rather, it must be understood as a practice that produces and stabilizes the social reality of healing itself. This study contributes to the development of the ontology of medicine and expands our understanding of how healing practices operate within the local cosmology of the Sasak community.

**Keywords:** *Belian Sasak Practice; Traditional Medicine Ontology; Healing Cosmology; Healing Practices*

### **INTRODUCTION**

Traditional medicine is a vernacular cultural practice containing knowledge passed down through generations. In Lombok, particularly in North Lombok, traditional healing practices led by the Belian Sasak still exist and remain a popular treatment option today. This is evident in the widespread use of

Belian Sasak healing practices, which serve as references for the community and are found in almost every village in North Lombok.

Belian Sasak is a term used by the people of Lombok to refer to traditional healing practices. Belian refers to the practitioner, and Sasak refers to the indigenous people inhabiting Lombok Island. Thus, Belian Sasak can be interpreted as the healing practices practised by the indigenous people of Lombok Island.

Belian Sasak healing practices are highly diverse. Some are associated with supernatural practices, employing methods such as herbal concoctions, mantras, rituals, and even sacred sites. Meanwhile, Belian Sasak also employ a variety of media, including water, swords/knives, plants, and ancestral artefacts. Some terms are specifically given, such as Belian. *Bangruq*, namely, a belian who treats people possessed. Furthermore, there are also belian practices directly related to physical treatment, such as Belian Urut. Belian Urut also uses an oil concoction (usually made from plants) that is rubbed onto the patient's body, a recipe passed down through generations (Mulyati et al., 2021). Furthermore, there are Belian Menganak (traditional midwives) who play a crucial role in assisting with pregnancies and assisting with childbirth (Bennett, 2017).

Although traditional medicine has great potential for development, it is often overlooked in health services (WHO, 2013). This condition is clarified by Chance et al. (2025) in their research, which states that biomedical institutions still marginalize traditional medical practices, often even labeling them as unscientific. On the other hand, there is an epistemic bias that devalues local knowledge, hindering traditional medicine's legitimacy and formal recognition within the health system.

This situation was experienced by one of the subjects of this study, Bapuq Turiah, a Belian Menganak from Menggala Hamlet. According to her testimony, she had attended a socialization held by the North Lombok Health Office, through the Pemenang District Health Center. At that time, the health workers firmly asked Bapuq Turiah to stop practising as a Belian Menganak and threatened her with fines if she continued. This was also confirmed by Midwife T (name changed), who admitted that around 2010, in North Lombok, the Health Office intensively conducted counseling and socialization for Belian Menganak. Midwife T was one of the counselors who actively assisted in this process. According to Midwife T, during this socialization, the role of Belian Menganak was limited: they were not allowed to handle pregnant women. This is consistent with Puq Turi's experience, who was not allowed to accompany the birthing process at the Health Center. Apart from that, this socialization provides clear information to Belian Menganak not to carry out the birthing process in their homes. If the Belian Menganak violate, they will be fined.

Although traditional medicine encompasses a diverse array of local knowledge and wisdom that have been preserved from generation to generation, it certainly pales in comparison to advances in medical technology. Moreover, since the last quarter of the 19th century, modern medicine has been successfully developed by improving service quality, scientific research, organization, and the use of complex technology in various healthcare services. Therefore, it is undeniable that modern healthcare has spread to remote areas.

The Indonesian government, through Law Number 17 of 2023 concerning Health, explicitly states the importance of equitable health services in Indonesia. This is clearly evident in Chapters IV and V, which emphasize the comprehensive implementation of promotive, preventive, curative, and rehabilitative efforts, reaching all levels of society, including those in remote, underdeveloped, border, and island areas, and vulnerable groups.

As a result, currently, almost every district and village in West Nusa Tenggara (NTB) has a modern health center with adequate facilities and skilled health workers. Data from the NTB Satu Data portal shows the availability of various accredited health facilities in the West Nusa Tenggara region, including 46 hospitals, 5 regional health laboratories, and 177 community health centers that have been accredited and declared ready to provide maximum service with good service quality (NTB Provincial Health Office, 2024). This number does not include public health services that have not been accredited, nor does it include private health services such as clinics, general practitioners and specialist doctors. In addition, several renowned universities in NTB offer education in various modern health fields, including medicine, pharmacy, nursing, midwifery, analysis, and nutrition. In North Lombok, as of 2023, public

health service facilities include 1 regional general hospital, 8 inpatient community health centers, 33 auxiliary community health centers, and 8 mobile community health centers. Meanwhile, those managed by the private sector are 6 Primary Clinics, 57 General Practitioner Practices, 5 Dentist Practices, 7 Specialist Doctor Practices, and 22 Pharmacies (Central Statistics Agency of North Lombok Regency, 2024).

Although the number of modern health services has mushroomed, according to the National Health Survey (Surkesnas), West Nusa Tenggara province is the province with the highest population access to traditional medicine, with a figure of 39.2%, similar to that of NTT and Papua (Ministry of Health of the Republic of Indonesia, 2001: 37). Meanwhile, Pradipta & Santoso (2024), in their Indonesian Basic Health Survey Report, showed that public interest in using traditional health services tended to increase in 2018 (31.4%) compared to 2013 (30.1%). . Therefore, this phenomenon is becoming increasingly important to analyze in more depth, particularly in relation to how traditional medicine interrelates within society.

Despite ongoing tensions among practitioners, academics, researchers, and global health observers, including among governments, this study sees other opportunities in the phenomenon of traditional medicine. Researchers note that academics, researchers, and even health practitioners have demonstrated the significance of traditional medicine in addressing global health challenges. From a global health perspective, the potential of traditional medicine is increasingly important in supporting primary health care and even other health services. Christian et al. (2024) have emphasized the importance of traditional medicine practices. *Traditional, complementari and integrated medicine (TCIM)* is considered to improve access to healthcare and promote sustainable practices. Several other papers examine the importance of traditional medicine, such as Kazyoba et al. (2022), which examines the role of traditional medicine (especially the use of plants) during COVID-19 across eight regions of Tanzania. A study by Valentini et al. (2024) reported that acupuncture showed promising results in patients with diabetes by improving circulation in the small blood vessels of the vascular system. Furthermore, a study by Schiele et al. (2024) demonstrated increasing interest in Ayurvedic medicine in Germany, citing its holistic approach.

Furthermore, traditional medicine serves as a gateway to a deeper analysis of a particular culture. It possesses instruments, tools, and idioms tied to the body, behavior, and customs, or in other situations, even linked to belief systems and religion. Jean Commaroff (1978; 249-251) explains that the analytical relevance of unraveling traditional healing practices is crucial to a deeper understanding of a society, as it constitutes a codification and interpretation of complex social relations.

Although researchers have uncovered many of the secrets of traditional medicine, many more remain unknown, particularly regarding the philosophical foundations of traditional healing practices. This is because traditional healing practices exist within limited communities. This means that researchers face challenges in penetrating these cultural boundaries to discover the underlying foundations (ontology), how this knowledge is acquired (epistemology), the modus operandi of the healers, and their impact on public health.

Several early studies on Sasak traditional medicine show a varied focus. Some studies highlight the use of plants and ethnobotanical knowledge in traditional Lombok healing practices (Mushollaeni et al., 2018; Zulkifli et al., 2021; Rahayu & Ibo, 2018; Rahayu & Andini, 2019). Other studies examine the Sasak people's understanding of illness and health, including the importance of bodily sensations in defining disease states (Hay, 2001, 2008).

In the context of health practices, several researchers have examined the relationship between traditional medicine and biomedicine in the Sasak villagers' search for healing (Hunter, 2000), as well as the role of traditional midwives in the local health system (Bennett, 2017). The symbolic and spiritual dimensions of Sasak medicine have also received attention, particularly in relation to the use of incantations or mantras in responding to illness (Hay, 2009), magical practices in love relationships among Sasak youth (Bennett, 2000), and the role of spirits, rituals, and the spiritual landscape of life in Sasak society (Telle, 2009; Harnish, Telle, & Budiwanti in Hauser-Schäublin & Harnish, 2014). Furthermore, Sasak traditional medicine has also been studied in the context of economics and tourism, such as the practice of traditional massage developed as a service for tourists (Weiner, 2008).

Considering the literature presented above, it is evident that researchers' focus so far has been on the realms of axiology and praxis. The ontological element in the study of Belian Sasak appears implicitly in several studies but has not been formulated explicitly as a systematic Belian Sasak ontology. For example, Hay (2008) states that sensations (e.g., pain) received by the body can be interpreted differently socially, depending on the socio-cultural context. For example, someone who experiences a sensation of heat in the body is considered by the Sasak community as a warning from their ancestors. The knowledge basis for understanding this disease is not explained or elaborated in depth as an ontological structure within the Sasak cosmology.

Meanwhile, Telle (2009, 2011), despite repeatedly emphasizing how people's sensory experiences of the landscape, their ability to read natural signs, the relationship between humans and nature, and the importance of ritual in Sasak society, rather than explaining it in a systematic ontology, his notes tend more towards phenomenology and interpretation of these various relationships. The focus of his analysis remains on the dynamics of ritual, the living landscape, and the moral relationship between humans and spiritual forces. In the author's view, the Sasak people's orientation toward their living space, which then shapes relationships with nature and a deep understanding of the natural surroundings, is highly influential in how they view illness and healing.

Thus, unlike previous research, this study specifically examines the philosophical foundations of Belian Sasak medicine, questioning how this knowledge is acquired and how these practices are implemented and accepted by the Sasak community. By examining these three areas, this study hopes to uncover the traditional medicine practised by Belian Sasak and provide a comprehensive understanding of this practice.

This research makes important contributions to both society and academia. For the Sasak community and local health policymakers, this research provides a more comprehensive understanding of Belian Sasak medicine as a meaningful system of knowledge and health practices, thus encouraging a more respectful relationship between traditional medicine and modern health services and opening up opportunities for contextual and sustainable integration in primary health care. For example, in the case of Belian Menganak mentioned earlier, integration efforts that often marginalize traditional medicine have disadvantaged traditional medicine in its social standing. Therefore, by understanding the foundations, methods, and practices of traditional medicine, a more humane integration can be achieved. Furthermore, for the academic world, this research is expected to contribute to studies on the ontological and epistemological dimensions of traditional Sasak medicine, as well as offer a philosophical analytical framework that enriches studies of medical anthropology, the philosophy of science, and traditional medicine.

## **METHOD**

### **Research Methodology**

This study employed a qualitative, ethnographic approach. This approach allowed researchers to focus on a deeper understanding of the Belian Sasak traditional healing phenomenon as a social, cultural, and cosmological practice embedded in the community's daily lives. The ethnography was conducted with five research subjects, all residing in different locations. The five research subjects and their respective residences are: (1) Raden Deriyawali or Raden Sunat, a traditional circumcision practitioner who lives in Sukadana Village, Bayan District, (2) Mr. Nasudin, a practitioner who usually treats people who are possessed and lives in Sesait Village, Kayangan District, (3) Inaq Suna'ah, a massage practitioner who lives in Sigar Penjalin Village, Tanjung District, (4) Mangku Gusiman, a mangku and practitioner for various illnesses who lives in Pemenang Timur Village, Pemenang District, and (5) Bapuq Turiah, a practitioner who lives in Menggala Village, Pemenang District.

Field research was conducted through participant observation, in-depth interviews, and direct involvement in various healing ritual situations that allowed for the researcher's presence. The intensity of

the researcher's presence in healing practices varied across subjects, depending on openness, ritual type, and prevailing cultural and sacred boundaries.

### **Researcher Position and Field Relations**

The researcher is part of the indigenous community of North Lombok, born and raised among indigenous people. This cultural proximity provides methodological advantages, including the absence of language barriers, an understanding of symbolic context, and ease of social access. It is widely recognized that many factors hinder the success of health research, including language and cultural differences, a lack of reality-based methods, and limited access to local communities (Walters and Simoni, 2009:71). Konadu (2008) emphasized in his paper that there has been a failure to translate traditional healing knowledge into social practice due to conceptual and contextual errors in several previous ethnographic studies in Africa. Therefore, for the researcher, conducting an ethnography of five research subjects is a reflective effort to understand the social world that has historically and culturally shaped the researcher's life experiences.

However, this cultural proximity does not necessarily eliminate social distance in research. Traditional healing knowledge has an esoteric dimension, so not all aspects of practice are openly accessible. In some situations, researchers are positioned as part of the community, but in others, they are perceived as broader stakeholders who must adhere to certain boundaries. Thus, the relationship between researchers and research subjects is dynamic and situational.

This variation in access to traditional healing knowledge suggests that field data are formed through social negotiation. For example, in the traditional circumcision ritual performed by Raden Sunat, the researcher was present throughout the procession because it is a communal ritual. Conversely, in the Bapuq Turi treatment process, the researcher sought assistance from a female research assistant. Because Bapuq Turi deals with pregnancy and postpartum, observations were conducted with the assistance of a female research assistant due to gender constraints. In this case, in addition to conducting interviews with the Bapuq Turi and his patient, the treatment process also included examining audio and visual recordings recorded by the research assistant.

Furthermore, during the preparation of Mangku Gusiman's medicine at the sacred site, researchers were not permitted to enter or observe the preparation. Meanwhile, Mr. Nasudin confidently demonstrated his treatment process and invited researchers to participate in his rituals.

These differing levels of openness indicate that some ritual knowledge is only conveyed partially and gradually as a trusting relationship develops between the researcher and the research subjects. Therefore, the data obtained do not represent the entire system of acquired knowledge, but rather knowledge negotiated through the researchers' social relationships.

This research also recognizes that the cultural proximity between researchers and subjects has the potential to generate a tendency toward empathy that could be interpreted as a romanticization of local knowledge. Therefore, the practice of belian is not treated as a harmonious and uniform system, but rather as a negotiated practice. Therefore, this research is not intended to demonstrate the effectiveness of healing practices, but rather to understand how the practices of belian are interpreted, negotiated, and implemented in community life.

### **Ethical Limits and Considerations**

As a member of the Sasak community, the researcher was aware from the outset of potential access limitations, particularly regarding certain practices of the research subjects. The researcher also understood that some confidential information, such as mantras, tattoos, and prayers, could not be disclosed in this document. This was understood as part of research ethics and as a respect for the sacred dimension of the belian knowledge system.

Therefore, confidential information, ritual spaces, and specific healing processes are not documented in detail. This research, therefore, does not aim to uncover all aspects of belian practices, but rather to understand the philosophical foundations, methods and media of treatment, and general actions

involved in the belian healing process. Furthermore, this research aims to understand the meaning structures and relational structures that shape these healing practices.

### Data analysis

The data obtained were analyzed using thematic analysis techniques to identify and group key themes emerging from the field data. The analysis was conducted by coding data from observations, interviews, and field notes, which were then classified according to specific recurring patterns in healing practices.

The analytical framework used is based on three perspectives: (1) Medical anthropology, which views medicine as a local knowledge system. (2) Symbolic anthropology, which views medicine not only as a healing practice but also as containing symbolic elements and meanings. (3) Relational anthropology, which understands medicine as a social practice in which the belian, patient, community and environment are interconnected with one another. Through this approach, the methods and media of treatment, as well as the concepts of illness and health in Belian Sasak practice, are understood as representations of the cosmological relationship between humans, nature, and supernatural entities.

## RESULTS AND DISCUSSION

### Research Result

In this section, the researcher first presents the stories of the belian, the subjects of this study. This story summarizes the origins of the belian's knowledge, their beliefs about illness and healing, the healing methods and media they practice, and the relational dynamics they experience. This story is compiled from ethnographic fieldwork conducted by the researcher and interviews with subjects, patients, and actors involved in the believer's healing practices.

#### 1. The Story of Bapuq Turi

Bapuq Turi's full name is Turi'ah (hereinafter, Puq Turi). She is a Belian Menganak from Menggala Timuk Hamlet, Menggala Village, Pemenang District, North Lombok. She doesn't know her exact year of birth. According to her daughter-in-law, she is approximately 70 years old. Despite this, she still appears physically strong; her face is fresh, her teeth are intact, and her grip is firm.

Puq Turi was the son of the late Raden Putralim and the late Bapuq Munisah, both known as Belian. Bapuq Munisah acquired his knowledge from Dende Putrani (Puq Sayut), who also taught it to several other Belian in the area.

Initially, Puq Turi never considered becoming a Belian Menganak. When her mother was still alive, she never even accompanied her because she didn't dare see blood. However, after her mother's death, she said she often visited her in her dreams or heard her voice before going to sleep. *"My mother often comes to me in my dreams. Sometimes I only hear her voice... She is the one who tells me how to deal with pregnant women. She also teaches me prayers."* It was from this experience that she learned about the uterus, pregnancy, childbirth, and mother-child care. She said of her current role, *"This is already part of my body."* Meanwhile, regarding the successor, he only said, *"Knowledge will seek its owner."*

### Practice and Tension with Medicine

Puq Turi practices encompass reproductive health (pre-pregnancy, pregnancy, and childbirth) and maternal and child health after childbirth. During the pre-pregnancy phase, many patients come because they don't yet have children. *"Many women who don't have children come here... If that's the case, it means their wombs are still sleeping and need to be awakened."* He awakens the uterus through massage

and uterine correction, accompanied by secret mantras. Many patients come in despair after being medically diagnosed as having difficulty conceiving.

Tensions began to emerge in Mrs. E's case. As an educated woman and a first-time pregnant woman, she felt anxious about being treated at Puq Turi. However, she didn't dare refuse because her mother had also used Puq Turi's services. She felt hesitant, but also afraid of bad luck against her parents. During her treatment, she experienced no problems and even felt helped.

Treatment usually begins at 7 months of pregnancy. Puq Turi stated that she doesn't dare make contact before the time is right. She massages the head, back, feet, and area around the uterus. She also repositions the baby. She says that if the position isn't corrected, the baby could become entangled in the umbilical cord. For Puq Turi, such cases are common.

When the patient experiences *syringe* (contractions), Puq Turi was called. However, she always recommended that her patients give birth with a certain midwife she already knew. She often forbade patients from giving birth at the Community Health Center (Puskesmas) because their role there was limited. She also worried that patients would be handled by interns who were not yet ready. On the other hand, a Health Service policy around 2010 limited the role of Belian Menganak: they were not allowed to handle home births or take over the medical process. Violations were punishable by fines. For this reason, Puq Turi always took her patients to Midwife T (name changed).

Puq Turi herself admitted that she prefers taking patients to Bidan T because she has the space to care for them. She can enter the delivery room and is often asked to help push the baby out, provide motivation to the mother, help with belts, and so on.

This is where role negotiation comes into play. According to Midwife T, "*Puq Turi is a good person. She's obedient. We can order her around, and she doesn't resist. Unlike the other Belian Menganak, who are stubborn. Sometimes they do as they please, especially when we're not in the delivery room. Some even dare to assist with births when there's no midwife present. Puq Turi used to treat patients at her home. But after I reprimanded her, she no longer dares to handle births at her home.*"

Puq Turi no longer handles home births after being reprimanded by Midwife T. However, during the birth process, even at Midwife T's practice, Puq Turi still carries out her own procedures: bringing water that has been chanted with a mantra, requesting red onions or certain spices. Midwife T allows this as long as it "does not harm the patient."

During Mrs. E's birth, role negotiations between the medical midwife and the traditional midwife occurred simultaneously. In the delivery room, Midwife T led the medical procedures; Puq Turi assisted with pushing, providing motivation, and holding or applying pressure as directed. When the baby was born, Midwife T recorded the birth, while Puq Turi cleaned the blood. In Mrs. E's experience, Puq Turi seemed to be an extension of the midwife, yet still brought her own unique practices.

However, epistemological tensions are evident when patients are faced with disturbances in the labor process. In Puq Turi's view, labor disturbances such as contractions without dilation or dilation without the baby's birth can be caused by *cutting*, differentiated into Sekancing Gumi and Sekancing Batu. He diagnoses through his sense of smell: a mother about to give birth has the "scent of life." If it's absent, he suspects a problem. In the medical system, such conditions often result in cesarean sections. Puq Turi strictly avoids surgery and strives for a natural birth.

Furthermore, after the baby is born, the midwife's duties are considered complete. However, Puq Turi's duties continue. She brings home dirty clothes and the placenta (the baby's younger sibling). In the Sasak culture, the placenta is seen as the baby's sibling. Upon arriving home, she washes the clothes, provides *sembeq* (a mixture of betel, areca nut, gambier, lime) while reciting a mantra, then prepares the burial of the siblings using an earthen jug covered with a perforated coconut shell and fitted with a small hose as an air hole.

At this point, it becomes clear that Puq Turi's practice does not stop at physical actions but extends to symbolic and relational dimensions as well. Tensions with medicine do not always involve open rejection, but rather a negotiation of space, boundaries, and authority. Puq Turi follows formal procedures to remain at her patients' side, while maintaining her own framework of knowledge and ritual.

## 2. The Story of Raden Sunat

Raden Deriyawali was born in 1954 to Raden Indralim and Dende Nurlis. His maternal lineage descends from the Sunat Adat family; his paternal lineage descends from the Maq Kiai family. His childhood was greatly influenced by his educated mother, who taught him to read and write in the Jejawan Sasak script. He grew up reading lontar manuscripts.

In 1962, he attended Embar-Embar Elementary School until third grade, then transferred to Anyar Elementary School and entered sixth grade. In 1968, he completed elementary school amidst an unstable socio-political situation. Before graduating, he was recruited as a village clerk. He held this position for 18 years (1968–1986). Due to insufficient income, he quit and worked as a construction worker and farmer. He married Irayu (1972) and had five children. From his second marriage to Iralis, he had one child.

On July 17, 2000, the position of Amaq Lokaq Sunat became vacant after Raden Marianom (his uncle) resigned due to age. *The village* (traditional deliberation) appointed Raden Deriyawali as his successor. He himself did not know this. When he returned from the plantation, the people greeted him, “*Here comes the new Raden Sunat...*” He was shocked, trembling, and afraid. He even joked that he didn't even dare to cut a chicken for fear of blood, let alone cutting a human body part.

From a company perspective, his appointment was also unusual. Raden Sunat's line is generally paternal, while he came from the maternal line. However, because his uncle had no sons, the maternal line, which had sons, was chosen. Raden Deriyawali was powerless to refuse the gundem's decision. The gundem was indeed attended by traditional elders called *A.maq Lokaq*. Meanwhile, the Decision *Amaq Lokaq* was final. From then on, he was called Raden Sunat Sukadana. In the Bayan tradition, official titles replace real names.

To date, he has served as Raden Sunat for 25 years. His main duties are: *circumcision custom* in traditional language, it is called the task of converting Adam's children to Islam. Until circumcised, a child is considered to be Boda. Therefore, *nyuntangis* an important ritual in the life cycle of the Bayan indigenous people. Raden Sunat who neglects this ritual may be subject to customary fines (sins).

This position is also bound by rules: one must not violate religious or social norms, one must not have two wives, one must not work to the point of exhaustion, one must not have any physical disabilities, especially eye problems, and one must be pure (ablution) before the circumcision. He believes having two wives can disrupt concentration and jeopardize the *nyunatang* process.

Traditionally, he has the right to manage Pecatu Land as a benefit of his position. However, the land is now certified in another person's name. Legally, a certificate from the Ministry of Agrarian Affairs and Spatial Planning/National Land Agency (ATR/BPN) is more valid than a customary communal agreement. Consequently, he continues to carry out his duties without any benefit. He farms and raises livestock to support himself. He believes his rights will be restored in an unexpected way.

Her work area includes Sukadana, Senaru, Sembageq, Batu Gembung, Dasan Gelumpang, Telaga Banyak, Segenter, and Semokan. In a single day, she can handle dozens, if not hundreds, of children. She's even been known to leave early in the morning and return late at night.

### Colossal Ritual of Customary Circumcision

We witnessed the procession live, the *circumcision custom*. A joint ceremony between three families in Senaru Village. Circumcision is a major and expensive ceremony. Not all families can afford it. However, Junaidi, a Senaru resident whose son was circumcised, stated that this ritual is mandatory. “*As the successors of the Bayan Diving tradition... preserving ancestral traditions is not enough just through verbal expression, but must be proven.*” If one does not perform the rituals, one can be marginalized in the customary system.

Preparations begin by determining an auspicious day through consultation with the Amaq Kiai. Typically, during the month of Maulid or after Eid al-Fitr, it is held on a Monday, with Sunday being the Ando Kayuq Aiq. The family ensures rice is available. *Sambic* (rice barn) and carry out rituals *closely* (pounding rice). After that, a *pesilaan* (announcement) will be made to five core actors: Amaq Lokaq Penyunat, Inan Meniq, Inan Nasi, Aman Jangan, and Amaq Pujangga.

15 days before the event, the family hosting it performs a ritual. *sweep* (ancestral grave pilgrimage). Ancestors are notified and invited to attend. "In this Bayan customary ritual, it's not enough to just involve the tangible. We must also involve the intangible..." That's Junaidi's confession. Since then, the family has cooked every day for the ancestors, who are believed to be present.

The day before the summit, the house that was to be *circumcised* was filled with residents. Various rituals are performed before *circumcision*, which is a core ritual. Some of the rituals include *Salvation Trader*, *nenog*, etc. Raden Penyunata himself, before the summit day, had performed the Ritual *Mbukaq Ladiq* (opens the knife) and *so lazily* (sharpening knives) at home. He even "communicates" with his knives, telling them that they will be used to convert Adam's children to Islam. Now he also uses scissors, a medical instrument introduced recently due to the advent of medical treatment.

On the main day, the children who are to be circumcised are paraded seven times around the temple. *Great Struggle*. All family *mento kill* children with *sembeq* collected from the sweeping ritual. After that, Raden Sunat began carrying out the surgical procedure. *circumcision custom*.

He started by chewing betel nut, reciting mantras, preparing *elanas* (turmeric and chili concoction), pour water over which a prayer has been recited, separating the foreskin using bamboo tongs, then cutting it with a knife. The wound is covered with *gauze* and given red medicine. After finishing, the equipment was cleaned, and he received a *kepeng tenun* with traditional expressions. He shook hands with *Amaq Lokaq* as a sign of completion.

After all the processions *circumcision custom* Once completed, the circumcised children are handed over to medical personnel from the Community Health Center (Puskesmas), who are specially provided by the family, but are housed in a separate location from the ritual site. They work after the core customary process is complete: suturing if necessary and administering antiseptic and pain medication. Thus, the customary *nyunatang* (circumcision) does not stand alone but rather works alongside medical personnel.

Rite *circumcision custom*. Not yet. It is considered finished according to custom if the family hosting the event has not yet performed the ritual. *Friday Closes Work*. The *Nutup Gawe* ritual is performed on the first Friday after the main event day. *circumcision custom* is performed. During this final ritual, the family expresses gratitude and apologizes to God, ancestors, and the community. The Bayan community believes that if something (including a ritual) is opened, there must be a closing.

### 3. The Story of Mangku Siman

Mangku Gusiman was born in Tebango Hamlet, Pemenang Timur Village, Pemenang District, North Lombok in 1944 and is now 81 years old. Mangku Gusiman was born to Nurtalip and Inaq Sodoq. In 1980, after her father's death, the village's residents appointed her as Mangku Ayu. She never aspired to be Mangku. However, the company system positioned her as the successor.

This is what makes Mangku Gusiman a unique figure. He is known not only for his healing abilities but also for his position as a mangku, the guardian and leader of traditional rituals. This position makes his healing practice inseparable from the religious and social functions he serves within the Tebango Hamlet community.

Her appointment as Mangku Ayu marked a pivotal moment in her life. According to Mangku Gusiman, customary law required her to undergo a ritual. *Melukatin Muara Telok Kombal*. The *Melukat* ritual is a kind of coronation ritual in which he promises and swears in the name of his ancestors to carry out his duties as a *beautiful bowl*. "Seriously. Then, he was required to practice meditation for 30 days without leaving home. "If it weren't for the power of our ancestors, there's no way we could sit in meditation for 30 days."

It was during this meditation that he claimed to have met *Tau Samar* or invisible person. *Tau Samar*. This is what gave him knowledge and lessons. Since then, *Tau Samar* not has only been present once, but continues to come when he needs guidance, including in medical practice. "It wasn't just me who made the medicine. No. Someone told me. But who it was, we never saw. It came in a dream, but the exact instructions given were for the medicine. That's why I like to be alone. Because I need it."

Mangku Siman lives alone in the rice fields, in a simple *beruqaq* (house of worship) after the 2018 earthquake. Behind the house is a zinc chamber he uses to mix medicine. He removes his sandals before entering, as a sign of respect for the place. He pounded, mixed, and concocted plants that he grew himself there. He said, "Actually, everything around us can be medicine. Nature has provided it, as long as we know the right ingredients." Therefore, various plants around his house, such as betel, moringa, chilies, eggplant, and others, are the source of his concoctions.

Mangku Siman also uses *sembeq* (a mixture of betel, areca nut, and lime) to diagnose the patient's illness. If the mixture is pitch black, the disease is considered severe. If it is red, it is less severe. In addition to the results of the mixture, he waits for clues or vague information. Patients who come usually bring *arches* (consisting of rice, sugar, betel nut, and other household necessities). Patients brought what they could afford, such as rice, betel nut, or basic necessities. He didn't refuse, but he didn't demand it either. *Lelingkur*. It was placed near him while he slept so that he could receive medical advice. The wages were never explicitly stated.

His treatment method combines herbal concoctions, prayers/mantras, and location. For wounds infected with worms, for example, Mangku Siman mixes maja leaves with kerosene and pours it onto the wound. Meanwhile, for stomach aches (the Sasak people usually call it "pam" or "pam").*very*), he mixed pule sap and fig sap with river water from the forest. For fever, he chewed nine betel leaves, nine kencur slices, and nine grains of rice, then sprayed them onto the patient's body.

Apart from the concoctions above, in Mangku Gusiman's treatment, water is always present in his treatment. *"Whatever the disease, water must be there."* Water is used for drinking, washing, or bathing patients. For pedam, a persistent fever, patients are taken to sacred locations. This is because the illness is considered a warning from their ancestors. Mangku Siman frequently performs healing rituals at Batu Beleq Pusuk in Menggala Village, Pemenang District, or Makam Medana in Medana Village, Tanjung District. At these locations, Mangku Siman leads a healing ritual that concludes with the patient being bathed in water infused with mantras.

As a Buddhist, he was visited by many Muslim patients, including religious figures. One patient the researcher met said with disappointment, *"s'I've been to the most knowledgeable doctor in this province, but to no avail. I've also visited the most renowned religious teacher, but there's been no improvement. Finally, I'm here. Let's test this 'Buddhist's' knowledge and see who's stronger! The Muslim teacher or the Buddhist teacher!"* Meanwhile, according to Mangku Gusiman, a well-known Islamic scholar once visited North Lombok. He arrived after seeking medical treatment and other resources, but his health remained unchanged. Then, after drinking the concoction Mangku Gusiman prescribed, seven stones came out of his anus. Mangku Gusiman claimed such a thing could happen.

Throughout his practice, the tau samar remains a source of knowledge. From the time he undergoes the ritual of his appointment as a mangku to the days when patients come to him for guidance, he awaits guidance. He chooses solitude to receive these signs. Nature becomes his laboratory, the zinc chamber becomes his concoction room, and the tau samar provides direction.

#### 4. The Story of Inaq Suna'ah

Inaq Suna'ah was born in 1965 in Lendang Berora Hamlet, Sigar Penjalin Village, Tanjung, North Lombok. She is the daughter of H. Fadli (the late) and Inaq Salmiah (the late). H. Fadli was known as a massage therapist who practised in a gazebo in front of his house. Despite this, H. Fadli's practice continued to attract patients from various areas of Lombok.

Inaq Suna'ah learned massage from her father, H. Fadli. H. Fadli involved himself and his two sisters, the late Inaq Maknah and Inaq Samiah, when treating female patients who needed assistance in sensitive areas. She learned by directly assisting and touching the patient's body. She learned not from written theory, but through repeated practice.

Inaq Suna'ah stated that her massage knowledge was passed down through generations: from H. Fadli, Bapuq Rainah, Bapuq Mahli, and Bapuq Seman. This means that Inaq Suna'ah is the fifth generation to continue the family massage practice and is the primary inheritor of the knowledge and herbs.

Inaq Suna'ah married the late Amaq Nasri and had four children: Zurmiyah, Khadijah, Ilmanwadi, and Susiani. In the process of passing on her knowledge to the next generation (her children), Inaq Suna'ah used her body as a learning medium. *"I often ask my children to watch me while I treat patients. Sometimes I ask them to massage my body for practice. Massage is different; it's not enough to rely on knowledge alone; it requires hands-on practice. They need to feel where the tendons, nerves, muscles, cartilage, and bones are."* He stated that massage skills are not limited to just looking. He emphasized that hands must "know rasa" (feel the body) to identify problematic areas.

From transferring knowledge to her children, Zurmiyah, Inaq Suna'ah's eldest child, has now opened her own practice, which she began in 2019 with Inaq Suna'ah's approval. Meanwhile, her only son, Ilmanwadi, assists her as a technical assistant in the treatment room. Thus, knowledge is transferred through hands-on practice, touch, and repetition within the family home.

Inaq Suna'ah uses manual massage methods to treat fractures, sprains, and nerve disorders. She checks the position of the bones with her hands. She then realigns them through specific pressure and traction.

She uses massage oil as her primary medium. The oil is made from around 140 types of wood resembling human bones, along with other materials such as nyuh mareng. According to Inaq Suna'ah, the wood used to make the oil is inherited from her ancestors. She herself doesn't know the names of the woods. *In the past, my ancestor was held captive by a group of people. He tried to escape and succeeded. In his escape, he arrived at Mount Beleq (Big). There, he met shepherds, caterpillar farmers, and others. They were beautiful and handsome. Their skin was pure white (in an interview, Inaq Suna'ah interpreted this group as spirits). From there, my ancestor obtained herbs (wood) that later became ingredients for making oil. This wood resembled human bones. Some resembled skulls, knee bones, ribs, and so on..."*

For Inaq Suna'ah, oil is a sacred topic. So is its production process. She stipulates that oil production occurs on Friday nights or on major Islamic holidays. She forbids certain ingredients from coming into contact with the ground. She also mandates the burial of coconut pulp and prohibits its careless disposal, as this is believed to bring disaster, causing many people to suffer broken bones.

He kept the "mother oil" as a primary source for when supplies ran out. He stated that the oil could change color if given to the wrong person. He also mentioned that someone who had taken the oil with dishonest intentions was visited in a dream by their ancestors, who asked them to return it.

Indeed, many patients and their families suspect that the essence of Inaq Suna'ah's healing practice lies in the oil. Even Junaidi, one of the patients' escorts, said that "Inaq Suna'ah's treatment is 10% skill and 90% the miracle of the oil used." Hearing this statement, Inaq Suna'ah's family naturally disagreed. They considered the statement untrue. Because it is impossible for a patient with a broken bone to be cured if Inaq Suna'ah lacks expertise, especially in understanding bones, muscles, and nerves.

### **Relational tensions in the practice of Inaq Suna'ah**

Initially, this family's practice began in a small room, a brugaq, in front of the late H. Fadli's house. Then, as the number of patients increased, the practice grew into a complex with inpatient rooms, a prayer room, a ticket counter, an oil-making kitchen, a herbal medicine warehouse, and a parking area.

This development involved new actors. Saipul, for example, Inaq Suna'ah's son-in-law and husband of her eldest child, established a ticket counter system in 2014 to prevent queue conflicts. Saepil then asked Hirjanwadi, a young man who at the time had no fixed income, to manage parking and collect payments from vehicles. Inaq Suna'ah's neighbours then opened food stalls to serve patients' families. Some residents rented parking spaces and boarding houses to patients undergoing long-term care.

This change created new tensions. The family massage practice transformed into an economic ecosystem involving many people. Queue management, parking, and patient distribution were no longer in Inaq Suna'ah's hands, and indeed, Inaq Suna'ah didn't want to be bothered with these matters. She positioned herself as the authority on treatment and oil production. However, her practice space became a social space involving the economic interests of the local community. Thus, the practice, which began as a small family space, evolved into a center of healing activities and a broader space for social and economic interaction.

## 5. The Story of Nasudin

Nasudin was born in Sesait in 1960. He comes from a family of traditional artists. His father was an art studio manager. *Cupak Gurantang* He also plays the flute. Since childhood, he has grown up with a strong narrative about the character Gurantang, the story's hero. *Cupak Gurantang. Since childhood, when he was 10 years old, he had already been involved in traditional theatre.*

As an adult, Nasudin pursued a military career. After joining the Indonesian National Armed Forces in the late 1970s, he served in various regions, particularly border and remote areas. This extensive experience shaped his character, which is firm, disciplined, and open to various local knowledge.

After retiring in 2013, he returned to his hometown. He revived traditional arts and established a studio. Furthermore, Nasudin began practicing his knowledge of traditional medicine, acquired from his experiences serving in various regions.

Nasudin's interest in healing stemmed from his extensive experience interacting with various local traditions during his service. He observed the practices of *sandro* (the term for traditional healers in Sumbawa), the use of spells, and the relationship between natural ingredients and illnesses, which are believed to be sent through certain intermediaries.

He developed a simple but fundamental principle: the cause of a disease indicates the direction of its cure. *"I treat it using simple logic. Whatever makes sense to me, I use it as a cure. For example, there is a disease known as Kaoq Tindoq disease.<sup>1</sup> It's a kind of black magic. The cure is to find a water buffalo sleeping in its wallow. If the water buffalo wakes up when we arrive, take the wood it was sleeping on. That's the cure. But in Lombok, it's hard to find water buffalo. So I looked for a cow. I replaced the water buffalo with a cow. I took the wood used to tie the cow, then sliced it, and pounded it with rice and galangal. I've used the medicine. God willing, it'll be cured.*

This principle also relates to his understanding that something that is a medium for disturbance can also be a medium for healing. The phrase he most often repeats in interviews is *"Yes, old, yes, scoop. What is poison is the medicine.... Moringa can be a vector for disease transmission. But Moringa can also be a means of healing."*

Nasudin's first experience treating a sick person occurred in a military barracks while he was stationed in Kupang. He helped a woman, the wife of a fellow soldier, who suddenly began screaming hysterically, as if possessed. He used only water and prayer. The treatment was successful. After that, he became interested in studying medicine in more depth.

But his healing practice in his hometown truly began when he helped a woman who had been ill for a long time and hadn't recovered. She happened to be the niece of an old friend. The woman hadn't been able to teach for eight months due to an illness that couldn't be explained by medicine. After visiting her, Nasudin became convinced that this illness wasn't a test from God, but rather an additional illness (a disease sent by humans). *"This illness, a test from God, usually lasts three days. At most five days. If it lasts longer, even months, it's cause for concern... Finally, two days after I treated her, the woman returned to teaching at school. Thank God, she's been healthy ever since."*

Nasudin never intentionally declared himself a healer. He always described his role as something that emerged out of circumstance. While events seemed natural, they all seemed orchestrated by the Almighty. Occasionally, Nasudin would take on a role as a healer. However, according to Nasudin, he did indeed have a lineage of a...purchase. *"My grandfather was also a healer. He could cure many illnesses. His name was Nurim, or Bapu Unsam as he was known."* I strongly suspect that Nasudin basically has Belian blood, which has developed over time through his experience and reflection.

### Nasudin's Medical Practice

So far, Nasudin has specialized in treating all kinds of disorders or complaints suspected of originating from jinns/demons or sent by humans. Based on his experience, Nasudin can distinguish

<sup>1</sup>Literally Kaoq Tindoq means sleeping buffalo.

between disorders caused purely by jinns/demons and those caused by humans. These disorders from spirits are divided into four categories. The first is *Bijayan*. *Bijayan* is a person who is possessed, usually during a musical performance, so that the possessed person dances continuously. The second is *issuccess*, namely a person who is possessed and then becomes immune to sharp objects. Third *trance*, namely, people who are possessed by a genie into their bodies. The fourth is *revival*, people who suffer from disorders caused by people's games.

Nasudin's healing practice relies on three main elements. First, Nasudin utilizes various concoctions derived from ingredients directly related to the symptoms or source of the disorder, such as roots, wood, water, or specific plants. The principle of the relationship between cause and cure forms the basis of his practice. Second, Nasudin frequently uses mantras. For Nasudin, mantras are divided into two categories: *incantation* and *praise verse*. *Puji jampi* is a mantra that uses the Sasak language, while *puji ayat* is by saying a sentence. *There is no god but Allah. Every* mantra he recited always ended with the statement of monotheism. Furthermore, Nasudin visualized his mantras in the form of written diagrams.

Third, Nasudin's treatments were carried out through symbolic actions such as bathing the patient, which implied cleansing and purifying the patient's body of disease, the gesture of plunging a knife into water as a sign of killing the disease, holding the crown of the head as a symbol of blocking the disease's entry, or other rituals he imagined as direct interaction with the source of the disorder. Nasudin often combined mantras, potions, and tattoos in his treatments. All were intended as spiritual intermediaries, not the primary source of power. However, for Nasudin, these were merely means.

This is where Nasudin's strength lies. He bases his practice on his belief that sickness, health, and healing are in the hands of Almighty God. After his long wanderings in various regions, he discovered that faith is the key to healing. "*We are only the conditions, only the means. It is Allah who provides the healing.*" This sentence is often said by Nasudin, as if reflecting his belief and understanding of the essence of life, and positioning his knowledge and practice as mere means.

## Discussion

In the previous section, the researcher focused on describing the stories of the belian, hoping to provide readers with a glimpse into the practical life practices of their healing practices. Next, in this section, the researcher will synthesize the above stories into several conceptual flow sections according to the logical and philosophical needs of this research.

### 1. The Ontology of Health and Illness: Cosmology, Relations, and the Structure of Existence

What is illness in the Sasak community's view? In what realm does illness exist? What kind of reality is assumed when someone calls themselves ill? These three questions provide a gateway to understanding that illness is an ontological construct rooted in how a society views its body, nature, and social relations.

Within the biomedical framework, illness is situated within the realm of organs and physiological systems; it is understood as a disturbance in bodily function that can be traced through clear cause-and-effect relationships. However, in many traditional societies, including the Sasak, illness exists within a broader realm—it can manifest as social imbalance, moral transgression, spiritual disturbance, or even as a sign of a broken relationship with ancestors and nature. Therefore, before discussing causes and methods of healing, it is important to emphasize that the essence of illness always exists within a particular realm of meaning, and that realm shapes how illness is understood, experienced, and responded to.

### Sick-Healthy in Modern Grammar

In its development, modern medical science has been greatly influenced by the dualistic philosophy popularized by *René Descartes*, which views material substance and soul as two fundamentally distinct

entities. Through this Cartesian framework, the human body is treated as a material object separated from its spiritual dimension. This separation paved the way for the birth of modern anatomy, physiology, and pathology, while simultaneously encouraging research focused on material and measurable aspects. Within this paradigm, humans tend to be reduced to biochemical systems that can be analyzed as normal or pathological processes based on rational laws of cause and effect (Setyonegoro, 1992:133–134).

However, in the reality of human experience, the disorders experienced are never entirely biological in origin. The experience of illness always involves anxiety, meaning, social relationships, and beliefs that shape how a person understands their body. When the dimension of the "soul" or subjective experience is set aside, an approach that focuses solely on disease as a biological entity (*disease-oriented approach*) demonstrates its limitations. These limitations also leave areas of experience that are not fully explained by biomedical analysis.

This then led to the emergence of a more integrative approach. In his article, George L. Engel (1977) criticized the reductionist biomedical model for viewing disease solely as a biological disorder and ignoring psychological and social dimensions. He then proposed a biopsychosocial model, which holds that illness results from the interaction of biological, psychological, and social factors within an integrated system. Thus, biological reductionism is not a complete picture of human nature, but rather a specific epistemological strategy for explaining bodily disorders.

Later, after studying traditional healing practices in Taiwan, Arthur Kleinman discovered a gap between the biomedical definition of illness and the patient's experience of suffering. He showed that medical diagnoses often failed to capture the sociocultural dimensions of illness. From this observation, he distinguished between *disease, a biological disorder formulated by the medical system, and illness, the experience of illness* felt, interpreted, and negotiated in the patient's life world (Kleinman et al., 1978). The category of *illness* not only adds new terms but also serves as a corrective to biomedical reductionism, which limits illness to bodily pathology alone. Within this framework, *disease* refers to organic disorders that can be explained through biological cause-and-effect relationships, whereas *illness* includes psychological, social, and cultural dimensions that shape the experience of illness (Setyonegoro, 1992:132–133).

However, because each society's experience of the body and disease is different, the understanding of *disease* and *illness* often overlaps. Symptoms considered by one community to be evidence of illness may be ignored by another. For example, symptoms of high fever, chills, cough, and runny nose, which in modern biomedicine were understood as indications of exposure to the coronavirus in late 2019, are believed by some Sasak communities to be a normal condition called *to pack*, namely, recurring disease cycles due to natural seasonal changes. However, this is, of course, different from the perspective of modern medicine. Similarly, in Blum and Blum's (1965:53) account, cases of measles, mumps, and chickenpox in three Greek communities were described as unavoidable "obligatory diseases" and perhaps considered part of the process of maturing.

It is at this point that an ontological distinction becomes crucial: whether humans are understood as stand-alone biological machines or as relational beings whose experiences of pain are always situated within a wider network.

### Sick-Healthy in Sasak Grammar

Meanwhile, the Sasak people view the body as an entity inseparable from the universe. The body, as a *microcosm*, has a broad reciprocal relationship, not only with humans but also with the surrounding nature and even the supernatural world (*macrocosmos*). In Puq Turi practice, for example, the sekancing disease experienced by a mother during childbirth is believed to disrupt human relations. The treatment of the placenta reveals another dimension: humans and the land are understood as inseparably related.

In Mangku Gusiman's view, illness can also stem from a broken connection with ancestors. Therefore, to regain health, the ailing biological body is taken to a sacred place where the ancestors are believed to reside. A similar sentiment is evident in the story of Inaq Suna'ah, who relates that her ancestor received a medicinal potion from Mount Beleq (Rinjani). In this practice, the wood resembling human bones is not merely a metaphor, but a symbolic link between the human body and the mountain.

This phenomenon, according to Mircea Eliade (1958) in *The Sacred and the Profane*, is an expression of the community's religiosity through the concept of hierophany, namely the appearance or manifestation of something sacred as a symbol of omnipotence. In the Sasak community's view, nature is never truly natural; it is always associated with the intervention of divine powers, which were formerly called *Neneq Kaji Siq Kuasa* (Rahim, 2022:24).

According to Lévi-Strauss (1963), this kind of narrative structure demonstrates a similar totemic pattern across cultures: humans place mountains, trees, rocks, or rivers as spiritual landmarks, relying on powers beyond human control. Such structures serve as symbols of societal communication to address questions that cannot be explained empirically.

Thus, in the context of Sasak society, the experience of illness and health is not merely a biological condition, but also an experience lived within a network of social, symbolic, and religious meanings. Therefore, the researcher argues that the ontology of illness and health in Sasak society is shaped by cosmological relations and religious views that connect the body, humans, nature, ancestors, and God. This means that illness and health exist within an ontological realm that does not strictly separate the material and the spiritual, but rather understands them as a single cosmological unity.

## 2. Aetiology of Illness: Dynamics of Disturbance in the Socio-Cosmic Order

While the previous section provided an ontological explanation of what illness is, this section presents the aetiology of disease, as derived from the practices of the belian. As disease is understood within an ontological-relational framework, the author emphasizes etiologically that social, spiritual, and cosmic relationships are key to understanding the causes and effects of disease.

The most popular view for understanding how a society explains the causes of disease is the theoretical classification proposed by Foster and Anderson (1985). This classification emerged after the pair analyzed various traditional medicines from around the world. In their theory, the causes of disease are divided into two categories: naturalistic and personalistic.

The personalistic view holds that illness is caused by the intervention of active agents, whether human beings such as sorcerers or black magic practitioners, or supernatural beings such as ancestral spirits, jinn, or ghosts. This is evident in almost all the practices of the belian mentioned above, particularly those of Nasudin, Mangku Gusiman, and Babuq Turi.

Meanwhile, others believe that disease is caused by disturbances in the natural or bodily systems, and are categorized as naturalistic. Naturalistic theories recognize the existence of a model of universal balance, of which the human body is a manifestation. This model holds that the human body contains elements such as fire, water, earth, and air, which must be balanced according to age. If these elements are out of balance, certain diseases can occur. Therefore, treatment in this model involves restoring the balance between hot and cold, hard and soft. We find this knowledge in humoral pathology, an ancient Greek medical theory which believed the body was composed of four elements: earth, water, fire, and air. This theory has been known since the 6th century BC and remains the foundation of medicine today. In addition to humoral pathology, we also know the concept of balance. *Yin-Yang* in Chinese medicine or theory, *dosha* in Ayurvedic medicine.

In traditional Chinese medicine, we also encounter this balance-based treatment, particularly in the practice of Mangku Gusiman. By examining his herbal remedies, we see how Mangku Gusiman often contrasts the patient's symptoms with the concoctions he makes. For example, a fever is treated with a cooling concoction. This also includes...*very* (Stomach pain caused by difficulty defecating due to hardened stool) is treated with fluids, which, according to Mangku Gusiman's knowledge, are known to contain fiber.

## 3. Belian Epistemology, Healing Praxis and Social Legitimacy

Field data shows that the epistemology of belian develops within the family space, experiences of crisis, liminal events, and social recognition. Knowledge is acquired through the body, dreams, encounters with the unseen, and customary legitimacy. In the practice of Inaq Suna'ah, for example,

knowledge is passed down through touch when her father, H. Fadli (deceased), asks her to treat a female patient. Likewise, she passes on the same knowledge to her son using the same method. For her, the hand must 'know the feeling', that is, recognize the fibers, nerves, cartilage, and bones through repeated bodily experiences. Here, epistemology is embodied: knowledge is not separated from the body that performs it.

Meanwhile, Raden Sunat stated that he had never learned how to cut off a man's genitals. He admitted that he didn't even dare to cut a chicken. However, in his statement, he admitted that he had often witnessed Raden Sunat perform the procedure. *circumcision custom*. This means that his knowledge is shaped by his life experiences in his socio-cultural space.

Meanwhile, liminal experiences become an equally important source of knowledge. Puq Turi never planned to become a belian. After her mother died, she was visited in a dream and heard a voice teaching her how to care for pregnant women. This experience later became the foundation of her practice. As she says, "*This is already part of my body*." He is asserting that liminal experiences have been internalized into practical competencies. Knowledge that originally came from dreams has become skills that work in real situations.

Mangku Gusiman exhibited a similar pattern, albeit with a different articulation. After undergoing the Melukat ritual and meditating for 30 days, he claimed to have encountered Tau Samar, who imparted knowledge of medicine. He said, "*It wasn't just me who made the medicine. No. Someone told me*." Within this framework, the source of knowledge does not stop at empirical observation; it involves relationships with non-human entities. However, these relationships do not exist in isolation, but are legitimized through ritual and customary recognition.

Nasudin began his practice with a crisis: helping a military colleague's wife who was possessed by a spirit with water and prayer. The success of that first experience became the starting point for developing knowledge that he later rationalized into principles. "*yes old, yes bucket*." This means that every cause points to its remedy. Here, it appears that liminal experiences do not negate rationality; they actually trigger the formation of systematic principles.

Furthermore, the authority of the belian is constantly subject to social negotiation. Raden Sunat was appointed without asking; Puq Turi had to negotiate her practice with the midwives; Inaq Suna'ah maintained her core knowledge even as her practice became more economically organized. Their authority is not absolute, but is constantly tested, negotiated, and reaffirmed through patient and community recognition.

Thus, the epistemology of belian is a structure of knowledge born from the encounter between the body, dreams, ancestors, rituals, crises, and social legitimacy. This knowledge is liminal because it moves on the threshold between practical rationality and communication with the unseen; between personal experience and collective determination; between indigenous traditions and modern medicine.

Within this framework, the authority of the purchaser is not an individual claim, but rather the result of internalized experience, tested through practice, and legitimized by the community. Their epistemology is relational: it lives within a network of relationships—with patients, with ancestors, with non-human beings, and with God—that are continually negotiated in the context of ongoing social change.

The continuity of negotiations between traditional medicine practices and ongoing social change is key to this practice's survival today. Belian practices continually transmit meanings and create impressions, shape beliefs, and activate the cosmology of traditional medicine. In every negotiation with social change, rituals not only convey meaning but also produce the reality they claim. In this sense, the act of healing operates performatively: it shapes beliefs, affirms causal structures, and reactivates the cosmology that underlies the practice's legitimacy.

This performative power does not rest solely on individual intentions. In line with Judith Butler's expansion of the idea of performativity in *Gender Trouble*(1990) and *Bodies That Matter*(1993), the effectiveness of an action arises from its repetition and naturalization in social life. The practice of belian continues from generation to generation; it becomes a recognized, repeated, and inherited habit. This repetition builds collective belief in its effectiveness. Healing, in this sense, is not only an empirical event, but also a social effect of the continuously reproduced cultural performativity (Butler 1990; 1993).

This understanding becomes clearer when read through Richard Schechner's perspective in *Performance Theory* (1988). He distinguishes between everyday actions and actions that have become *restorative behaviour*. *Restored behaviour* is an action that is reconfigured, reframed, and heightened in intensity to transcend the everyday (Schechner 1988). The Bapug Turi's assisted delivery, for example, is not simply the technical work of assisting with a birth. It is a symbolically marked act: prayer, massage, burying the placenta, and tying the bebengkeq thread all frame a biological event as a cosmological one. At this point, the healing space transforms into a performative arena.

The arena is not limited to a single location. In Raden Sunat's practice, the grand berugaq serves as a collective stage where traditional circumcision is performed as a rite of passage. In Inaq Suna'ah's practice, a simple, cross-legged sitting space becomes a meeting place for the patient's body, massage oil, prayers, and hopes. The body itself is a performative instrument: the manner of speaking, the calmness, the sincerity, even the habit of drinking coffee before beginning the practice—all shape impressions and construct legitimacy. Here we can recall Erving Goffman's dramaturgical analysis in *The Presentation of Self in Everyday Life* (1959) on how actions shape impressions and organize audience perceptions (Goffman 1959).

But the healing praxis of the Belian does not stop at the formation of impressions. It produces social transformation. Within the framework *The Ritual Process* According to Victor Turner, ritual is a social drama that overcomes crisis and affirms solidarity through the process of *liminality* and the formation of *community* (Turner 1969). Customary circumcision, for example, is a collective event that changes a child's status and strengthens social solidarity.

Something similar can be found in Clifford Geertz's views in *The Interpretation of Cultures*, where ritual unites the lived and imagined worlds, thereby producing a transformation in the sense of reality (Geertz 1973). Thus, healing acts work not only on the biological body, but also on the collective imagination and meaning structures of society.

Thus, healing practices in Sasak society are spaces where bodies, symbols, and communities intertwine. Healing media such as knives, prayer water, potions, oils, and various other media are not simply tools, but symbols brought to life in action. Their effectiveness lies not only in their pharmacological properties or massage techniques, but also in their ability to produce and affirm a shared reality of illness and healing.

It is at this point that social legitimacy comes into play. Recognition for the belian stems not only stems from clinical success but also from their ability to enact, repeat, and uphold the community's cosmology. Each healing act simultaneously strengthens their position in the social field. Thus, healing practices are not simply healing techniques, but rather social mechanisms that maintain, produce, and negotiate the order of Sasak life.

## CONCLUSION

From the overall discussion above, several conclusions can be drawn. First, Belian Sasak healing practices constitute a living knowledge system, a cultural system that combines empirical experience, spiritual beliefs, and social relations into a coherent whole. Belian Sasak healing practices cannot be understood solely through medical-biological categories but must be read within the framework of meanings shaped by the Sasak people's culture and cosmology.

Second, through each subject in this research, we are shown another face of the Belian Sasak healing knowledge system: *Grandpa Tory* affirming birth as a spiritual event, *Circumcision* showing surgical operations *incustomary circumcision* as a locus of rites of passage towards religious maturity, *Mangku Gusimann* negotiating the relationship between the human, spirit, and natural worlds, *Name'ah* establishing massage knowledge in the female tradition, and *Nasudin* combining art, religion, and medicine in one performative practice. All of this demonstrates that, for the Sasak people, the body is a space where social, moral, and spiritual meanings intertwine.

Furthermore, within the framework of medical anthropology theory (Kleinman, 1980), this kind of healing practice shows how the *local health system* is built on *explanatory models* that are distinctive:

models of the causes of disease, methods of healing, and the position of humans in the universe. According to Foster and Anderson (1985), the Belian Sasak healing system brings together two etiological categories, namely *personal* and *naturalistic*.

Furthermore, the Belian Sasak practice confirms Clifford Geertz's (1973) view that culture is a web of meaning woven by humans themselves. Within this framework, healing is not merely a therapeutic act, but a lived symbolic text: prayers, potions, water, thread, tattoos, or massage oils work not merely through pharmacological effects, but through symbolic power that mobilizes the collective consciousness of society.

Thus, traditional Sasak medicine can be read as an arena where science, religiosity, custom, and social relations converge, forming a unique healing universe. It is a medical cosmology that emphasizes the interconnectedness of the body, nature, and the transcendent. In this cosmology, healing is not merely the restoration of organ function, but rather the restoration of relationships: between humans and each other, with ancestors, with nature, and with God.

Ultimately, the Belian Sasak healing system shows us that being healthy means being balanced: being a balanced human being within one's own life space. It reminds us that traditional knowledge is not the antithesis of modern science, but rather an alternative epistemology that fosters awareness of humanity's interconnectedness with the universe. In this sense, as also expressed by the experts interviewed during this research, *purchasenot* just a healer, but a guardian of moral and cosmological order, an interpreter of life who reaffirms the harmony between body, culture, and the universe, a transmitter of ancestral knowledge, and a living archive of the variety of knowledge not recorded in medical manuals.

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