

Ngala Ulam Tradition from a Socio-Religious Perspective: Study in Kampung Genteng, Pasirhuni Hamlet, Laksana Village, Ibun District, Bandung Regency

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Abstract

The article explores the Ngala Ulam tradition, a unique cultural practice deeply rooted in socio-religious contexts. The study focuses on the Kampung Genteng, specifically in the Pasirhuni Hamlet, Laksana Village, Ibun District, Bandung Regency. This socio-religious perspective aims to unravel the intricate layers of meaning embedded in the Ngala Ulam tradition. The research employs qualitative methods, including in-depth interviews, participant observation, and document analysis. By delving into the socio-religious aspects, the study unveils the significance of Ngala Ulam beyond its surface practices. It investigates how the tradition interweaves with local beliefs, community bonds, and spiritual elements. The tradition of treating toothaches with the Ngala Ulam method is a result of acculturation between the local community's beliefs and Islam. This is because before Islam entered Kampung Genteng Dusun Pasirhuni, the community had adhered to a hereditary belief in the methods of treating diseases. The presence of Islam did not clash with the local culture; instead, a fusion occurred, with Islam influencing it. This acculturation can be observed in the medium used in the Ngala Ulam practice, namely the use of cangkarud mulud beads produced from the muludan tradition. Additionally, acculturation is evident in the Ngala Ulam practice, incorporating Islamic chants and prayers. The Ngala Ulam tradition illustrates that community knowledge is a social product. The knowledge and beliefs in the Ngala Ulam ritual are products of the Kampung Genteng community. Although modern medical equipment and systems are known to the community, the people's beliefs in traditional, non-rational treatments remain strong. The continued high trust in the Ngala Ulam treatment is reinforced by factors such as the distance and cost associated with accessing modern healthcare facilities like Puskesmas.

Kata Kunci: *Ngala Ulam Tradition, Traditional Medicine, Socio-Religious Perspective.*

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A. INTRODUCTION

The Islamization of the Sundanese Tatar region by the Banten and Cirebon Sultanates, as an extension of the Islam of Demak and Mataram, led to the "Jawanization" of Sundanese culture (Kahmad, 2009). This created feudal etiquette (manners) in Sundanese society and influenced the dynamics and traditions that emerged.

Traditions, as repeated societal behaviors with intrinsic meaning, are often associated with mystical nuances in various regions in Indonesia (Sembiring & Sismudjito, 2015; Chalik, 2015). Islam in Java, in particular, shows the influence of the mystical tradition of Acehnese Sufi works (Bahaudin, 2015).

Javanese people, who have close ties to tradition and culture, often engage in mystical and supernatural practices. Religious rituals are carried out to achieve safety, health, prosperity and other desires (Koentjaraningrat, 1984). Myths, as false knowledge believed to be true, also play a role in Javanese society, influencing their attitudes and behavior (Harsojo, 1988).

The importance of traditional medicine, especially in the West Java region, is reflected in the high level of public interest in traditional and religious healing practices. This option is often chosen because of the long distance to health services, high medical costs, and dissatisfaction with the results of modern medical therapy (Rahman et al., 2018).

This research is interested in the phenomenon of "*Ngala Ulam*", a traditional treatment for toothache in Ibun Village, Bandung Regency. Even though modern medicine is available, the people of Ibun Village tend to choose traditional ngala ulam treatment rather than modern medical care (Agusmarni, 2012).

Previous research has shown the effectiveness of traditional treatments, such as the cockroach method in treating toothache (Khirzi, 2021). The use of stone cockroaches in health has also been studied with the aim of sustainable animal conservation (Atun et al., 2020).

This research aims to describe the treatment of toothache using the ngala ulam method and analyze more deeply the "ngala ulam" ritual from a socio-religious perspective. The proxemic method is used to interpret the practical meaning of this ritual and understand the socio-religious dimensions involved. It is hoped that the research results will provide insight into the socioreligious principles and meaning of the ngala ulam tradition, contributing to cultural preservation.

B. LITERATURE REVIEW

The Ngala Ulam tradition, a traditional toothache remedy practiced in Genteng Village, Pasirhuni Hamlet, Laksana Village, Ibun District, Bandung Regency, is a unique and culturally significant aspect of local healthcare. This literature review explores related studies and concepts to provide context for understanding the socio-religious perspective of the Ngala Ulam tradition.

Traditional medicine has been an integral part of healthcare in many societies, serving as a primary means of addressing health issues. Various studies have delved into traditional healing practices worldwide, highlighting the cultural, social, and religious dimensions of these traditions. The preference for traditional medicine over modern healthcare in certain communities is often influenced by factors such as accessibility, cost, and dissatisfaction with contemporary medical treatments (Payyappallimana, 2010; Patwardhan & Partwardhan, 2005).

The intersection of socio-religious beliefs with healing practices is a common theme in the study of traditional medicine. Many communities infuse their traditional healing methods with religious or spiritual elements, believing in the efficacy of these practices beyond their physical attributes. This connection between

socio-religious perspectives and healthcare is explored in studies on traditional healing in various cultural contexts (Haque et al., 2018).

Rituals play a crucial role in traditional healing, often carrying symbolic significance that extends beyond the physical act of treatment. The Ngala Ulam tradition, being a specific form of toothache remedy, likely involves rituals and symbolism rooted in the socio-religious fabric of the community. Previous research on the symbolic aspects of healthcare rituals provides a framework for understanding the cultural depth of such practices (Harsojo, 1988).

In the broader context of traditional practices, there is a growing interest in their conservation and sustainable use. Studies like the one by Haque et al. (2018), focusing on the ethnozoology of specific traditional practices, highlight the importance of understanding and preserving these practices within the cultural and ecological framework.

While there is a considerable body of research on traditional medicine, socio-religious perspectives, and the conservation of traditional practices, specific studies on the Ngala Ulam tradition seem to be limited. This highlights a gap in the existing literature and emphasizes the significance of conducting in-depth research on this particular cultural and healthcare phenomenon.

This literature review provides a foundation for understanding the Ngala Ulam tradition from a socio-religious perspective. By exploring related studies on traditional medicine, cultural practices, socio-religious perspectives, and the conservation of traditional practices, this review sets the stage for a comprehensive examination of the Ngala Ulam tradition in Kampung Genteng, Pasirhuni Hamlet, Laksana Village, Ibum District, Bandung Regency.

C. METHOD

The research location is located in Kampung Genteng, Pasirhuni Hamlet, Laksana Village, Ibum District, Bandung Regency. Laksana Tourism Village is one of the buffer villages in the Kamojang Crater Area which borders Garut Regency. This village is quite remote and far from public facilities such as vehicles, schools and health centers. This research uses a qualitative approach. A qualitative approach is used because researchers are planners, data interpreters, and ultimately reporters of research results. This research reveals how the "Ngala Ulam" tradition is practiced in Ibum Village, Bandung Regency. Apart from that, the research revealed socio-religious aspects in the lives of the people of Ibum Village.

The data sources used in this research are divided into two, namely primary data sources and secondary data sources. The primary data source comes from informants, namely the perpetrator, patient and the perpetrator's family. The information extracted is about the background to the practice of ngala ulam, the ngala ulam process and the response of the local community to this practice. Meanwhile, secondary data is obtained from supporting documents, both official and unofficial, from the surrounding community and research results from other

people who are considered relevant. The data analysis process is carried out while in the field and after returning from the field.

D. RESULTS AND DISCUSSION

1. Implementation of the Ngala Ulam Tradition in Kampung Genteng, Pasirhuni Hamlet, Laksana Village, Ibun District, Bandung Regency

Before carrying out the practice of treating toothache using the ngala ulam method, practitioners of ngala ulam treatment must prepare several things, including making *beas cangkaruk mulud*, walnuts and candles. *Beas cangkaruk mulud* is one of the media for the *Ngala Ulam* ritual. This material is made from parts of rice seeds (*Oryza sativa* L) which have become rice. This rice is first washed until clean with three washes. The *langseng* (cormorant) is prepared on a *hawu* (stove) and filled with $\frac{1}{4}$ part of the *langseng* (cormorant) with water. To cook rice, first install a *langseng* (boiler) and store the rice on top with a filter cloth. Two liters of rice can be cooked for 30 minutes. As for making *beas cangkaruk mulud*, rice is cooked specifically without adding any spices or flavorings. After the rice is cooked into rice, this rice is stored in the *congcat* (conical top) of the yellow rice tumpeng where prayers and blessings will be recited on the tumpeng. Other elders make this ingredient in larger quantities in a container containing rice without *tumpeng*.



Figure 1. The shape of the Beas Cangkaruk Mulud

Once cooked, the *tumpeng* is kept right in the middle of the roar of the elders chanting prayers and blessings during the month of *Mulud*. This process is carried out on the 12th or 14th day of the *Mulud* month. As for the Hijriyah calendar, this is done on the 12th and 14th of Rabiul Awal to commemorate the birth of the Prophet Muhammad SAW. Apart from being made for the *Ngala Ulam* ritual, these *Beas Cangkaruk Mulud* beads are also made for other purposes. This is because *Beas Cangkaruk Mulud* is trusted by the people of Kampung Genteng, Laksana Village, Ibun District, Bandung Regency, to eradicate pests in rice fields.



Figure 2. Riungan Mulud

The ritual media consists of *Beas Cangkaruk Mulud* which have been dried in the sun and then roasted until they are black. Another ingredient in making the media is the seed part of the candlenut (*Aleuritas Moluccana*) obtained from the market. The candlenuts are also roasted until they are black. Next, the two ingredients are ground and mixed until smooth, combined (does not crack easily when held) and releases a little oil produced from the candlenut seeds. The ratio of the number of candlenuts and *Beas Cangkaruk Mulud* is 2:1 respectively. As for measuring the amount, the elders use handheld units. So, to carry out the *Ngala Ulam* ritual once for 1 patient, approximately 2 handfuls of candlenuts and 1 handful of *Beas Cangkaruk Mulud* are needed.





Figure 3. Media Materials for the *Ngala Ulam* Ritual

(a) *Beas Cangkaruk Mulud* before roasting, (b) Candlenut before roasting, (c) *Beas Cangkaruk Mulud* after roasting, (d) Candlenut after roasting, (e) Media ready for ritual use

The *Ngala Ulam* ritual is a ritual that is believed to cure dental caries by removing the causes of dental caries until they are clean. When carrying out this ritual, elders and tooth caries sufferers do not need to be under the same roof (just at their respective homes). This ritual can only be carried out by elders who are trusted to know special prayers. The other people who can do it are the descendants of the elder.

Patients with complaints of dental problems who wish to undergo treatment with this ritual are advised to bring ritual materials from home. However, if you don't have the ingredients, the elder will prepare the ingredients for the ritual. The *Ngala Ulam* ritual begins by reciting the Prophet's blessings while clenching the media into an oval shape. The media is then twisted to resemble a caterpillar. Followed by burning the media that has been twisted on a candle. During this burning process, the media used is thought to contain the cause of the sufferer's dental problems in the form of threads. These threads are then burned and are thought to cause dental caries.

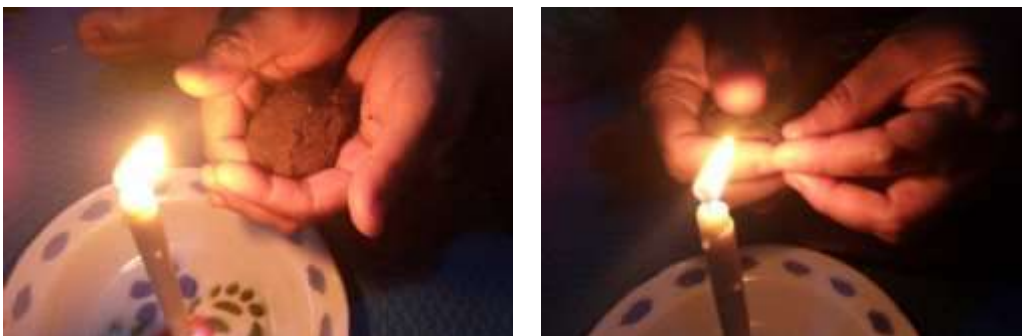


Figure 4. *Ngala Ulam* Ritual Process

The time required for one *Ngala Ulam* ritual for one patient is around 1-3 days. This depends on the level of dental problems that occur in the sufferer. To speed up the ritual, the elders usually ask their descendants for help. By starting with the recitation of special prayers by him and continuing with his descendants to help in burning the threads which are believed to be the cause of dental problems.

2. Implementation of the *Ngala Ulam* Ritual as an Assimilation of Local and Islamic Traditions

Nor Hasan (2018:1-2) states that the existence of Islam in this country (Indonesia) is often described as peaceful (*penetration pacifique*). This is evidenced by society's non-confrontational response to Islamic ideals; they are not disappointed with the presence of Islam. In contrast to India, the Middle East and other African countries which converted to Islam as a result of direct political invasion by Muslim military forces from Arabia, India has never seen such a phenomenon. Thus, Indonesia is the least Arabized Muslim region. In the 8th and 9th centuries, itinerant Sufi teachers from the Middle East introduced Islam to their homeland (Indonesia). As a result of the efforts of these Sufi teachers, subsequent mass conversions occurred. This process provides a very distinctive style of Islam in Indonesia, especially one that is accommodating and inclusive, not syncretic, as Geertz's theory suggests with local culture.

Therefore, the existence of Islam in the archipelago can be proven through direct contact with indigenous traditions that had developed for centuries before the arrival of Islam. This local tradition has a long history and is deeply embedded in the culture of Indonesian society, becoming a source of strength or trust. Islam does not necessarily change or eliminate these customs; rather, he nurtured them until the subsequent process of imbuing society with Islamic ideals. Such an Islamization process can be seen carried out by the Songo saints in the spread of Islam, especially in Java, by allowing the existing community customs to survive while incorporating Islamic ideals gradually and deeply.

As a result, this archipelago's culture underwent a long journey and was influenced by religious values which were then manifested in existing Indonesian culture. Hindu, Buddhist, Islamic and Western cultures are among the most influential. If the original culture of the archipelago before the arrival of Hindu culture was dominated by religious values, solidarity and art, the land of Sunda was colored by religious, solidarity and artistic values. Cooperation and shared responsibility have colored the life of small villages during this time. Animism and vitality were very prominent in Sundanese culture at that time (Elis Suryani, 2010).

In the process of spreading religion, society usually receives at least three types of assessments. First, religion is adhered to without conditions. Second, religion is partially accepted when it is adapted to the needs of individuals or groups. Third, religion is rejected outright. These three domains of religious tolerance apply in Southeast Asia, especially Indonesia (Interrelation of the Sociology of Religion).

Religion is fully recognized; Therefore, religion has become very dominant in human existence. Religious values are not confused with syncretic traditions or core religious teachings because they are universally recognized. This is different from the concept of "partial acceptance of religion". In this scenario, there is a mismatch between religious teachings and local customs that apply in carrying out daily activities. Some community members take a tougher stance because they value local

traditions that are deeply rooted in their lives and reject religious teachings altogether.

Regarding the people of Kampung Genteng, in terms of religion and belief, they adhere to Islam. They carry out their worship in congregation in the mosque which is located in the middle of the settlement. Apart from being a place of prayer, the mosque is also a place for children to study lessons. Apart from that, the mosque in Kampung Genteng is used to hold rituals such as commemorating the birthday of the Prophet, known as "*Muludan*". People in Kampung Genteng, Pasirhuni Village, like other traditional communities, believe in certain days that have magical, religious meaning.

Of the many days, the Prophet Muhammad was born on the 12th of Rabbil'ul Awal, which is popularly called the Prophet's birthday. Considering its very high spiritual value, at this moment the muludan ceremony has been held for generations by serving traditional food called tumpeng. In front of the audience who take part in the muludan ritual, the tumpeng is kept, and after praying, the tumpeng is eaten together, but the tip/top of the tumpeng is taken by a dental practitioner who is then used as a medium to treat people with toothache by means of ngala ulam.

From the muludan ritual tradition, it is very clear that there is acculturation of Hindu culture and animism with Islam. This can be seen from the *congcat tumpeng* (the top part of the tumpeng) which will be a medium for treating toothache, given prayers from Islamic teachings and mantras from animist teachings.

Rites are the anthropological name for ritual ceremonies. There are ceremonies to ward off danger that has been or is expected, ceremonies to treat illness (healing rites), ceremonies due to changes or cycles in human life, such as marriage, early pregnancy, and birth (rites of passage, cycle rites), and ceremonies that are the opposite of custom. When ihram for Hajj or Umrah, it is forbidden to wear clothes that are not sewn (Norbeck, 1974:40-54).

Traditional shamans/doctors carry out ritual treatment by influencing supernatural forces, while logical treatment consists of detecting disease through concrete examinations and administering drugs that can kill the cause of the disease. Therefore, religious rituals and ceremonies, such as the tradition of treating toothache with ngala ulam, seem more economical and pragmatic.

The *Ngala Ulam* ritual is an activity that does not make sense. How is it possible to treat someone's illness without taking medicine and not being touched? Only with prayers and jampe-jampe and using the medium of cangkarud mulud rice combined with candlenuts can the patient feel his toothache subside. This is different from medical treatment which is all visible from diagnosis to taking rational and modern medical action.

This happens because the sacredness of something requires unique treatment. There is a protocol for handling sacred objects. There are rituals associated with handling the sacred. These ceremonies and special treatments defy economic and rational explanation. The tawaf around the Kaaba, for example, is largely incomprehensible from a rational point of view. Typically, religious ceremonies,

offerings, and celebrations are not understood for economic, practical, and pragmatic reasons. In the past, present, and future, religious people and barbaric societies did so. Rites in English refer to religious activities or ceremonies, such as burial ceremonies, baptism ceremonies, sacraments, holy communion, etc., the exact reasons for which are unknown (Hornby, 1984: 733).

In addition, it seems that the reasons for holding ceremonies vary. Arnold van Gennep argues, however, that rites are performed to alleviate life crises, such as maturity, marriage, death, and illness, among others (Malefijt, 1963:190-191). Van Gennep cares only about the causes of this existential crisis. Apart from the form, the frequency and main motivation for ceremonies carried out by religious communities vary from one religion to another. Separate research is needed to determine whether these variations are due solely to environmental factors or also to differences in the thinking styles and cultures of the individuals involved.

Of course, the perspective of religious adherents (phenomenological method) and outside observers (positivistic approach) will also be different. Because something is considered sacred, it should not be treated the same as ordinary objects or profane objects. Certain rules must be observed, and certain taboos must be avoided. Incest, shirk, and adultery are examples of taboos that violate the most basic principles of a religion or group of people's beliefs.

Rituals are associated with supernatural abilities and the sanctity of objects. Therefore, rites or rituals refer to religious ceremonies that are distinct from normal, profane, and ordinary rational and economic actions. The latter has nothing to do with religion or ceremonial/ritual practices. Returning to dichotomous thinking patterns, differences between the religious and the non-religious occur in the anthropological understanding of religion, especially in understanding rituals.

This dichotomous way of thinking is not in line with the facts they deal with, especially the life of primitive cultures filled with rituals. The belief that nature has supernatural powers in the form of dynamism and animism requires rituals to be carried out. Their lives are unambiguous in terms of sacred and profane, rites and daily routines. The many ceremonial ceremonies and offerings in society serve as a reminder that their lives are closely linked to a series of rituals.

Offerings are rites performed on something that is considered important. Their lives are filled with gifts. There are offerings for every important location, including farms, volcanic craters, rooftops, seas, rivers, and so on. In my opinion, the dichotomy that anthropologists understand regarding the religious life of primitive society is influenced by the way of understanding primitive society and culture with the Western dichotomous, dualist and secular views that have been ingrained in their minds.

In anthropological terms, medicine such as Ngala Ulam is known as ethnomedicine, which according to Hughes (Nikles, 2008) is the belief and practice related to a disease that results from an indigenous culture, and is not explicitly derived from the conceptual framework of modern medicine. according to Hughes (Nikles, 2008). According to Kathleen Ryan, ethnomedicine is the study and practice

of traditional medicine, including methods of diagnosis and treatment. Meanwhile, Momon Sudarma (2008) refers to a treatment model that is widely used by a particular community or society. Along with this understanding, disease is a form of individual cultural perception in accordance with the cultural beliefs of the community.

Viewed from an ethnomedical point of view, *Ngala Ulam* therapy is basically a cultural heritage of an ethnic or religious group which is passed down from generation to generation, such as acupuncture, reflexology (China), Yoga (India), humoral pathology (Greece), lossyah (Islamic), bone fracture massage (Sundanese), and others. It could also be said that complementary therapy refers to traditional medicine that is based on a particular cultural system.

The therapeutic practice of *Ngala Ulam* strictly adheres to the traditional healing practices of animism and ancestor worship. This is the same as what Hmong animism does in America, which consists of the unseen world (spirit) and the real world. This group believes that each individual consists of three souls. After death, a person undertakes a journey of the soul (*ruh*) to join the ancestors, then another soul incarnates (reincarnates) into a new individual, and another soul protects the body in the grave. If during life the soul is snatched by spirits from the unseen world, then a person will become sick. To cure it, a shaman is called to undertake a spiritual (soul) journey into the supernatural world and negotiate with the spirit to restore the soul (Gardner, 2007).

What is practiced in the *Ngala Ulam* ritual is similar to what is done by the Somali community which is based on oral tradition, traditional Somali medicine existed a thousand years before Islam influenced Somali society, Somali society is Muslim, so Somali traditional medicine is heavily influenced by Islamic teachings. In the view of Somali people (especially traditional medicine experts), 'disease' was sent by Allah SWT to atone for human sins (*kifarat*), and it is Allah who basically has the authority to cure humans from an illness (Pirajno, 1986). The medical practices used by Somali traditional medicine experts are isolation, religious rituals, dancing, herbs, scarification, and fracture reduction. Isolation is used for patients suffering from tuberculosis, leprosy and chicken pox. Religious rites are used for "psychosomatic" symptoms. Dancing is recommended for dealing with mental illness. Herbal medicines are intended for respiratory diseases, stomach ailments and snake bites. From a sociological perspective, the practice of traditional medicine in Somalia has similarities with the *ngala ulam* treatment tradition in Pasirhuni Village, namely that the practice of *ngala ulam* treatment is the result of a combination of religion and local culture that existed before Islam was present in the community.

3. Social Construction in the Ngala Ulam Tradition

Social construction in the sociological tradition is known as the three-stage legal theory developed by August Comte, namely the theological, metaphysical and positivist stages. In August Comte's terms, the practice of dental treatment using the

ngala ulam method is included in the theological stage. Society at the theological stage believes in the existence of unseen or supernatural powers that arise from the power of supernatural substances, namely powers from outside humans through spiritual figures who are emulated by society.

The people of Kampung Genteng live their social life in the context of toothache therapy which continues to influence theological thinking. In theological thinking, especially the phase where humans try to explain natural events by referring to supernatural things. The residents of Kampung Genteng are people who associate all phenomena with magical or supernatural forces. Therefore, people's actions in the practice of treating health problems faced by individuals or families through non-medical methods or "smart" people are called by some people as shamans. Traditional methods continue to exist despite the dominance of the modern healthcare world, with an increasing number of healthcare facilities and specialists. As patients, people still believe in this traditional treatment approach.

On the basis of empirical research, Sociologists show how the interaction of classes, professional interests, power, gender and ethnicity enters into the formation of knowledge about and treatment of illness and disease. Sociologists point out the social production and distribution of illness or disease. they show how disease can be understood, treated, and experienced differently by showing how disease is produced within social organizations rather than solely by nature, biology, or individual lifestyle choices.

Sociologists claim that biological knowledge can be explained sociologically, to show that knowledge about health and disease is created in political, social and cultural environments. no scientific knowledge of disease was previously value-free. Our knowledge of health and disease, professional organizations related to it, and responses to bodily conditions, are shaped by a society's history and a person's place in society. Sociologists study health and disease not only because they are fundamentally interesting and important to human existence, namely disease, suffering, and death, but also because they help us understand how society functions (Kevin White, 2011).

The people of Kampung Genteng in their daily lives are dominated by agricultural activities with generally relatively low economic conditions. This condition makes high-quality medical services less affordable, and the location of the Community Health Center is quite far so that affordable alternative treatment becomes an option.

Such a situation, according to the Marxist perspective, highlights the importance of economic interests in both the etiology and treatment of disease. Marxists argue that medicine is an important function in capitalist society; drugs add misery to their predicament, which is the result of capitalist efforts to maximize profits. According to these Marxists, the capitalist side of society is the most effective way to fight disease.

Meanwhile, the people of Kampung Genteng with family values, full of sincerity and a spirit of mutual cooperation are in conflict with capitalist values. The

medical profession in a capitalist society is to seek maximum profits, while shamans or the practice of treating toothache in Pasirhuni aims to sincerely help the underprivileged, there is no economic value and no orientation towards material gain.

This Marxist viewpoint differs from Talcott Parsons' alternative health analysis, which argues that modern societies, despite having capitalist economies, have non-capitalist social structures. He argued that the medical profession was one such institution. The medical profession is motivated by motivations other than purely financial gain, but there is also the motivation to care for people. This profession provides important non-economic responsibilities, acting in the best interests of the entire society, treating patients for their illnesses, and utilizing the most advanced scientific knowledge. They can be thought of as a counterweight to competitive capitalism, without which the market would crush the individual.

Additionally, Parsons emphasized that medicine is an important institution for managing deviance in contemporary society. Apart from being a trusted institution based on scientific medicine, it also "straightens out" individuals who tend to deviate from their social roles. Although he had a more favorable view of medicine than a Marxist, he believed that medicine served a social function beyond its claim to be a scientific institution that simply treated disease. Parsons' analysis shows how the medical profession exerts control over individuals who tend to deviate and develop symptoms of disease as a reaction to social pressure.

The concept of the sick role developed by Parsons was valuable in challenging the idea of illness as natural and biological, but its scope was limited to acute attacks of illness. In his 1950s publications, Parsons' "consensus" view of modern society as stable was not as precise as he believed. Likewise, the picture of the altruistic work of the medical profession is not as persuasive as it is made out to be.

4. Religious Aspects in the Ngala Ulam Tradition

The overall concept of disease can be defined as a condition where there is an imbalance between the individual and the environment. Therefore, it can also be seen that if a person does not maintain balance both towards himself and his environment, it can be said that the body's organisms are not functioning properly and the individual will get sick (Suganda et al., 2018). Dysfunctional bodily organisms must be normalized again by means of treatment, both in the traditional and modern sense.

The arrival of illness in a person is a destiny from Allah. While seeking treatment to cure an illness, it is also in the context of God's destiny to be healthy again. This is actually the logic of the dialogue between the Prophet SAW and his companions regarding the destiny of illness and the destiny of healing. The arrival of a disease is God's destiny. Meanwhile, all forms of efforts to obtain healing are also part of God's destiny. Human efforts to obtain healing, thus, receive spiritual encouragement from the Prophet Muhammad and are related to provisions from Allah. Abu Khuzaimah is quoted in the Musnad Ahmad, Sunan Tirmidhi, and Ibn

Majah as asking, "O Messenger of Allah, can the ruqyah we use, the medicine we take, and the precautionary measures change Allah's will?" Indeed, it was all part of God's plan, he said" (al-Jauziyah, 2008; Widarda, 2022).

In relation to the position of the parties who are the guardians of the 'cure' of a disease, Islam itself gives a high position to these people, such as healers in the classical term or doctors in the modern term. The science of medicine occupies a high position in Islam, second only to the science of Fiqh. This means showing a high degree of knowledge related to this medical science. It has been narrated from Imâm asy-Syafi'i, as written in the Book of Ta'lim Muta'allim (Zarnûji, n.d.), he said:

الْعِلْمُ عِلْمَانِ: عِلْمٌ فِيهِ لِلْأَدْيَانِ وَعِلْمٌ طِبٌّ لِلْأَبْدَانِ

Meaning: "There are two sciences: the science of jurisprudence for religious matters, and the science of medicine for bodily matters."

The author provides an interpretation of "the science of medicine for this body's affairs" on a very broad scale of meaning and type, as it relates to the healing of the human physical dimension. This medical science can be in the traditional sense or in the medical world in the modern sense. The ways in which a community develops types of traditional religious medicine, as for the treatment of diseases, this is also included in the type of medical science as intended by Imam Syafi'i.

In the traditional medicine knowledge system of the Sundanese people, the existence of community knowledge about the components of traditional medicine is a cultural heritage passed down from generation to generation from the older generation to the newer generation (Suganda at all, 2018). It is common for Sundanese society to teach the younger generation that their parents taught them about the use of certain plants as medicine. Disease disorders in the Sundanese community that are usually treated with medicinal plants include heat or fever, cough, stomach ache or diarrhea, toothache, dizziness, painful rheumatic pain, gout or muscle aches, wounds or ulcers, and lethargy or lack of energy (Suganda at al., 2018). Apart from using various plants for medicinal purposes, the position of a 'therapist' who can be a medium for healing, through certain practices of reciting verses from the holy Koran, is an inseparable part of traditional religious healing traditions.

Some people don't pay attention to the health of their teeth and mouth. Teeth and mouth are the "entrance" for pathogens and bacteria to enter the body and affect the health of other body organs. Toothache is a common complaint in both children and adults, and if left untreated until it becomes severe, it can affect quality of life, causing pain in other parts of the body, discomfort, disability, acute and chronic infections, eating and sleeping disorders, and risk of hospitalization, while medical costs will also increase proportionally to the severity of the complaint, resulting in reduced learning time for children (Sari et al., 2021).

People will usually seek therapy for toothache. Prescriptions for generic or patented drugs that are widely used today, as well as traditional medicine, can be used to provide treatment. According to Djojosugito, traditional medicine in traditional communities is divided into two categories, namely traditional medicine

or concoctions and traditional treatment procedures (Sari et al., 2021). Traditional medicine is widely used today because according to several studies it has very few negative effects and can still be digested by the body. The use of natural ingredients as medicine and for other reasons is likely to spread, especially considering the back-to-nature movement and the prolonged economic downturn which has reduced people's purchasing power. Traditional medicine and herbal medicine are widely used by the lower middle class, especially for preventive, promotive and rehabilitative purposes. On the contrary, many people believe that the use of herbal or traditional medicine is safer than modern medicine (Firmansyah et al., 2017).

Judging from Djajosugito's view, the treatment of toothache in the ngala ulam tradition is part of the traditional treatment method because even though there is "cangkaruk mulud beas from the rice plant (*Oryza Sativa*) which is roasted alternately with candlenut (*Aleuritas Moluccana*) until it is blackish-brown, then ground until smooth," but not used as a concoction for patient consumption. However, the media of burning ulam is carried out after reciting special prayers accompanied by shalawat and reading short letters in the Koran.

E. CONCLUSION

The tradition of treating toothache using the *Ngala Ulam* method is a tradition resulting from acculturation of local community beliefs with Islam. This is because before Islam entered Kampung Genteng, Pasirhuni Hamlet, the people had adhered to a belief that had been passed down from generation to generation regarding procedures for treating illnesses. The presence of Islam is without any conflict with local culture, there is even a mixture and Islam colors it. This acculturation can be seen from the media used in the practice of Ngala Ulam, namely using mulud beas cankarud which is produced from the muludan tradition process. Apart from that, acculturation can be seen from the practice process of *Ngalam Ulam* using mantras and prayers from Islamic teachings. The Ngala Ulam tradition illustrates that community knowledge is a social product. Knowledge and belief in the *Ngala Ulam* ritual is a product of the Kampung Genteng community. Even though modern medical equipment and systems already exist and are known to the public, people's thoughts and beliefs are still quite strong towards irrational traditional medicine. This high level of trust in the practice of Ngala Ulam treatment is strengthened by the fact that health facilities such as the Community Health Center are quite far away and require quite a lot of money.

REFERENCES

1. Agus, B. (2006). *Agama dalam Kehidupan Manusia: Pengantar Antropologi Agama*. Jakarta: RajaGrafindo Persada.
2. Agusmarni, S. (2012). *Gambaran Health Belief Model Pada Individu Penderita Diabetes Yang Menggunakan Pengobatan Medis dan Alternatif*. Retrieved from: <http://www.satuharapan.com>
3. Ali, Z. (2002). *Agama, Kesehatan dan Keperawatan*. Jakarta: Trans Info Media.

4. Al-Jauziyah, I. Q. (2008). *Praktek Kedokteran Nabi*. Yogyakarta: Hikam Pustaka.
5. Atun, A., Komalasari, D. T., Noviasari, H., Nurkholifah, S., & Umami, M. (2020, March). Kajian etnozoologi kecoa batu (*Nauphoeta cinerea*) dalam upaya konservasi hewan berkelanjutan. In *Prosiding Seminar Nasional Pendidikan Biologi*.
6. Bahaudin, B. (2015). Mistik dan Politik: Praktek Perdukunan Dalam Politik Indonesia. *Jurnal Keamanan Nasional*, 1(3), 365-386.
7. Chalik, A. (2015). Sintesis Mistik Dalam Kepemimpinan Politik Jawa. *Jurnal Review Politik*, 5(2), 254-278.
8. Firmansyah, E. K. (2017). Kearifan Lokal dalam Pengobatan Tradisional Masyarakat Desa Lumbungsari, Kecamatan Lumbung, Kabupaten Ciamis. *Metahumaniora*, 7(1), 65-81.
9. Hanani, S. (2011). *Menggali Interelasi Sosiologi dan Agama*. Bandung: Humaniora.
10. Haque, M. I., Chowdhury, A. A., Shahjahan, M., & Harun, M. G. D. (2018). Traditional healing practices in rural Bangladesh: a qualitative investigation. *BMC complementary and alternative medicine*, 18, 1-15.
11. Harsojo. (1988). *Pengantar Antropologi*. Bandung: Bina Cipta.
12. Hidayat, A. A. (2019). *Khazanah Terapi Komplementer Alternatif*. Bandung: Nuansa Cendekia.
13. Kahmad, D. (2011). *Sosiologi Agama: Potret Agama Dalam Dinamika Konflik, Pluralisme dan Modernitas*. Bandung: Pustaka Setia.
14. Khirzi, S. A. (2021). *Pengobatan Alternatif Sakit Gigi dengan Menggunakan Metode Kecoa di Desa Ceut Paya Kecamatan Muara Satu Kota Lhokseumawe Provinsi Aceh* (Doctoral dissertation, Universitas Sumatera Utara).
15. Koentjaraningrat. (1984). *Kebudayaan Jawa*. Jakarta: PN. Balai Pustaka.
16. Notoatmojo, S. (2003). *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.
17. Novitasari, A., & Artaria, M. D. (2015). Pengobatan transfer energi sebagai salah satu metode pengobatan tradisional dalam penyembuhan penyakit. *Masyarakat, Kebudayaan dan Politik*, 28(1), 50-62.
18. Patwardhan, B., & Partwardhan, A. (2005). *Traditional Medicine: Modern Approach for affordable global health* (pp. 1-172). Switzerland: World Health Organization.
19. Payyappallimana, U. (2010). Role of traditional medicine in primary health care: an overview of perspectives and challenging. *横浜国際社会科学研究所= Yokohama journal of social sciences*, 14(6), 57-77.
20. Rahman, M. T., Sulthonie, A. A., & Solihin, S. (2018). "Sosiologi Informasi Pengobatan Tradisional Religius" Kajian di Masyarakat Perdesaan Jawa Barat. *Jurnal Studi Agama dan Masyarakat*, 14(2), 100-111.
21. Sari, F. A., Putri, M. H., Praptiwi, Y. H., & Sirait, T. (2021). Gambaran Pengetahuan tentang Penggunaan Obat Tradisional untuk Pengobatan Sakit Gigi Pada Masa Pandemi Covid-19 di Kelurahan Sukaluyu Kecamatan Cibeunying Kaler Kota Bandung. *Jurnal Kesehatan Gigi dan Mulut (JKGM)*, 3(2), 5-10.
22. Sembiring, S., & Sismudjito. (2013). Pengetahuan dan Pemanfaatan Metode Pengobatan Tradisional pada Masyarakat Desa Suka Nalu Kecamatan Barus Jahe. *Perspektif Sosiologi*, 3(1).

23. Sholikin, M. (2010). *Ritual dan Tradisi Jawa*. Jakarta: Narasi.
24. Sudarma, M. (2004). *Sosiologi untuk Kesehatan*. Jakarta: Salemba Medika.
25. Suganda, D., Riyanto, S., & Darmayanti, N. (2018). Kosakata Etnomedisin Dalam Pengobatan Tradisional Sunda: Kajian Linguistik Antropologi. *Metalingua*, 16(2), 153-165.
26. Suryani, E. (2011). *Ragam Pesona Budaya Sunda*. Bogor: Ghalia Indonesia.
27. Wahid, M. A. (2017). Larangan Menggunakan Barang Haram Sebagai Obat. *Tahdis: Jurnal Kajian Ilmu Al-Hadis*, 8(1).
28. White, K. (2009). *Pengantar Sosiologi Kesehatan dan Penyakit*. Jakarta: RajaGrafindo Persada.
29. Widarda, D., & Healing, S. (2022). *Metode Penyembuhan Warisan Para Nabi serta Wali*.
30. Zarnûji, S. (tt). *Ta'lim al-Muta'allim*. Surabaya: Mahkota.