

**Practicing the Prophet's Medicine: Health, Illness, and Islamic Therapeutics in Indonesia**

by

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## **Abstract**

This dissertation examines emergent practices of “Islamic therapeutics” (pengobatan Islam) in Yogyakarta, Indonesia. As everyday and embodied manifestations of Islamic revival movements, “Prophetic” and “Islamic” approaches to health, healing, and medicine have in recent decades been on the rise amongst Muslims around the world, with particular interest in cupping (Arabic: hijama, Indonesian: bekam), Qur’anic healing or therapeutic Qur’an recitation (Arabic: ruqya, Indonesian: ruqyah), and the use of herbal medicines. For Muslim Indonesians battling an epidemic of chronic diseases and skyrocketing healthcare costs, traditions of Islamic ethical self-formation in which Muslims strive to emulate the Prophet Muhammad’s model of humoral “balance” and moderation have become especially salient, and the field of Islamic therapeutics has become a key site of experimentation with religious and ethical approaches to cultivating healthy, virtuous selves. By bringing these practices into conjunction with biomedical treatments as well as Chinese and Javanese forms of traditional medicine, patients and practitioners go beyond reviving Islamic traditions to invent new synthetic approaches. In Indonesia, this revival has also taken place against a backdrop of deeper histories of interconnections between health and Islam, especially among “traditionalist” networks of Muslims. These networks, institutionalized in Islamic boarding schools (pesantren) have long included texts on health, medicine, and prayer, and many kyai, the leaders of pesantren, have been renowned for their healing abilities and practices.

Drawing on 12 months of ethnographic and archival research in Indonesia and the Netherlands, this dissertation traces diverse Indonesian Islamic approaches to the cultivation of health and the treatment of disease. In particular, it draws on extended fieldwork in four “healthy houses” (rumah sehat) in and around the city of Yogyakarta, Indonesia, in which practitioners of Islamic therapeutics work with patients and teach workshops. Key interlocutors include both revivalist or Salafi and traditionalist Muslim practitioners of Islamic therapeutics, as well as both male and female practitioners and patients. In bringing together these diverse approaches to Islamic therapeutics, this dissertation contributes to broader understandings of Islamic traditions as heteroglossic, explorative, and dynamically engaged with ongoing forms of experience – embodied, empirical, and even experimental. I suggest that Islamic therapeutics are variously constituted through articulations of “tradition” (Prophetic, Islamic, ancestral) and “experience” (embodied, experimental, and empirical) directed toward a telos of human flourishing in the form of healthy Muslim personhood.

## **Introduction: Islamic Therapeutics, Muslim Flourishing, and “Healthy Houses” in Indonesia**

“For every disease, God sends a cure.” A Muslim Indonesian stroke patient quoted this hadith (tradition) of the Prophet Muhammad to me, as we sat on the verandah of an herbal medicine practice in central Java. But then he paused to elaborate: “It is just up to us humans to do the research to discover the cure.” For Muslim Indonesians battling an epidemic of chronic diseases and skyrocketing healthcare costs, the field of Islamic therapeutics has become a key site of experimentation with religious and ethical approaches to cultivating healthy, virtuous selves. Patients and practitioners of Islamic therapeutics address a perennial question in Muslim traditions: How does one strive for human perfection, modeled on the form of the Prophet Muhammad, in the face of suffering? Drawing on 12 months of ethnographic and archival research, *Practicing the Prophet’s Medicine* examines the complex entanglement of tradition and experience in the evolving articulation of specifically Muslims forms of human flourishing.

In the last two decades, in the aftermath of the fall of the Suharto Regime (c. 1967-1998) and the rise of Islamic revival and reform movements, Indonesia has witnessed a widespread surge of interest in “Prophetic medicine” (tibb al-nabawi), an umbrella term that encompasses a range of practices traced to the pious example of the Prophet Muhammad. Practitioners have revived “Prophetic medicine” therapies attributed to the Prophet Muhammad, such as cupping and therapeutic Qur’an recitation, and use them alongside biomedical, Javanese, and Chinese approaches to health and healing. The majority of patients using these approaches suffer from chronic and non-communicable diseases: high blood pressure, high cholesterol, diabetes anxiety

and depression, which many Indonesians understand as diseases of excess and imbalance or simply “diseases of modernity” (Ferzacca 2001). In this context, traditions of Islamic ethical self-formation in which Muslims strive to emulate the Prophet Muhammad’s model of humoral “balance” and moderation have become especially salient, with inexpensive practices of cupping, fasting, and herbal supplementation taking on renewed relevance. By bringing these practices into conjunction with biomedical treatments, as well as Chinese and Javanese forms of traditional medicine, patients and practitioners also go beyond reviving Islamic traditions to invent new synthetic approaches.

Although these practices have risen to new prominence in recent years, they have done so against a deeper history of interconnections between health and Islam in Indonesia. In particular, networks of “traditionalist” Islamic learning, institutionalized in Islamic boarding schools (pesantren), have long included texts on health, medicine, and prayer, and many kyai, the leaders of pesantren, have been renowned for their healing abilities and practices. While some practices are embraced by revivalists and traditionalists alike – therapeutic Qur’an recitation being a key example – other practices, such as those that make explicit use of unseen (ghaib) forces, are deeply contested.

## Methods

This dissertation draws on twelve months of ethnographic research in the city of Yogyakarta, Indonesia from May 2017-May 2018; preliminary research in the summers of 2012 and 2014; and more than two years of experience working as a teacher at Gadjah Madah University from 2008 through 2010. It also draws on archival research conducted in Indonesia and the Netherlands, both in the Indonesian National Library (Perpustakaan Nasional Republik

Indonesia) as well as in the archives and library of the University of Leiden. My ethnographic research consisted of long-term immersion in four different Islamic therapeutics practices (“healthy houses,” discussed in greater detail below) where I worked closely with six practitioners and their patients. Each of my primary research sites employed a unique admixture of health cultivation practices, diagnostic strategies, and medicines. For example, one set of practitioners I studied with practiced cupping and therapeutic Qur’an recitation (ruqyah); another focused on herbal remedies and spoken and written prayers (du’a); a third combined cupping with Traditional Chinese Medicine. Beyond work at four primary sites, I conducted follow-up interviews with practitioners and patients, and attended training sessions and conferences in both Yogyakarta and Jakarta. I participated in several WhatsApp groups for Muslims interested in learning more about Islamic therapeutics, and also joined a local volunteer group that offered free cupping and therapeutic Qur’an recitation at neighborhood mosques. At each of these sites, I worked with both male and female practitioners and patients, enabling me to observe the complex roles of gender in these spaces.

### “Islamic therapeutics”

This dissertation examines a range of approaches to what I am translating as “Islamic therapeutics,” *pengobatan Islam* in the original Indonesian, including both revivalist and traditionalist interlocutors. Both revivalist/Salafi<sup>1</sup> Muslims *and* traditionalists use the term

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<sup>1</sup> On the development of the term “Salafi” and problems with its application in studies of Islam, see Lauzière 2016. Few of my interlocutors identify as Salafi, though others might identify them as such; in Indonesia, as elsewhere, the term has taken on polemical overtones. I often use the terms “reformist” or “revivalist” because they are more descriptive: they relate to Muslims who believe that Islam as it has come to be practiced by most Muslims (and especially traditionalists such as those affiliated with Nahdlatul Ulama) has become corrupted, requires reform and revival, and urge “a return to the Qur’an and the Sunnah.” This distinguishes them from traditionalist Muslims who generally locate authority in continuous chains of transmission (silsilah) going back to the Prophet (although they

“pengobatan Islam” to describe what they do, even though the precise contents of their practices may vary widely. Although “pengobatan Islam” is sometimes translated to Islamic medicine (as in the case of the Islamic Medicine Expo, to which I return below), I have chosen to use the term “therapeutics” as a more expansive term to encompass the wide array of practices and approaches considered here. The Indonesian term “pengobatan” places emphasis on the *practice* rather than any particular *substance* (whereas English “medicine” is polyvalent in a different manner, slipping between the “field of medicine” and “medicine” as an object that can be consumed).<sup>2</sup> Similarly, “therapeutics” as a term evokes medicine as a process rather than as an object: medicine as something you do rather than something you consume. Numerous practices - rather than substances - have been crucial in the (re)formulation of pengobatan Islam that I study here, from reciting the Qur’an to evict harmful spirits to the use of wet-cupping (hijama or bekam) to treat high blood pressure or pain. “Therapy” is a popular loanword in Indonesian (“terapi”), and one that many of my interlocutors use to describe what they do. Finally, the term “therapeutics,” rather than “medicine” has historically been used for treating both the body and the mind. That is, “therapeutics” as a term is not confined to “psychology” or “medicine” as the terms are commonly used in the modern period, just as the practices I study here do not correspond neatly to the domains of “medicine” or “psychology” as they have come to be circumscribed.

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would also say that they follow the Qur’an and the Sunnah). Of course, it is important to remember that “reformist” and “traditionalist” are ideal types; many Muslims may not fit easily into either category.

<sup>2</sup> The circumfix (peng—an) is a grammatical structure in Indonesian that is used to make a noun (in this case, obat - “medicine, potion”) into a word indicating “Having to do with [base], affairs dealing with [base] (Sneddon 1996 p. 45), and in this case taking a material thing (obat, medicine) and turning it into a process (medicinal treatment, therapy - Echols and Shadily 1989 p. 394)

### “Not (Just) Doctors, Not Dukun”

The term “Islamic therapeutics” is also useful to distinguish the practices examined here from other approaches to health, illness, and healing, especially biomedicine and the healing practices of Javanese healers sometimes called “dukun.” Although all practitioners with whom I worked drew on either biomedical and/or certain “traditional” tools and practices (from blood pressure gauges to herbal medicines), and some had medical degrees and training in “traditional” healing modalities, they all narratively framed their work as distinct from biomedicine and traditional medicine in that it was specifically and distinctly Islamic. Most of my interlocutors conceived of their work as complementary rather than alternative to biomedicine, and many defined themselves firmly against traditional healers known as “dukun.”

My interlocutors in the field of Islamic therapeutics unanimously affirmed the usefulness of biomedical approaches to health and healing; indeed, many had trained in fields such as medicine (kedokteran), nursing and pharmacy. I never heard an Islamic medicine practitioner counsel a patient against going to a doctor or taking medication; instead, they offered concepts and practices intended to supplement, rather than replace, biomedical approaches. At the same time, critiques of biomedicine were common, either implicit or explicitly stated. Many of my interlocutors saw current biomedical approaches as necessary but not sufficient for true health. The expense of biomedical treatments and harshness of many medications were two common criticisms, along with the contention that biomedical treatments did not remedy the underlying causes of ill-health. Interlocutors often framed their work in terms of “holistic health” (kesehatan holtistik) suggesting a model that would attend to physical, social, and especially spiritual dimensions of health, in contrast to biomedical approaches (kesehatan medis), which they saw as narrowly concerned with physical health.



In contrast to the generally favorable attitude towards biomedicine, my interlocutors' attitudes toward the "traditional" Javanese medicine of the "dukun" ranged from ambivalence to outright hostility. The term "dukun" has generally referred to a broad class of "traditional" healers and wonder-workers in Java, from the generalist (dukun biasa) to traditional midwives (dukun bayi).<sup>3</sup> By the time of my fieldwork, and among my mostly middle-class, city-dwelling interlocutors in Yogyakarta, "dukun" had become a synonym for charlatan or sorcerer, with strong connotations of backwardness if not outright malicious intent. None of my interlocutors identified as "dukun," although a few acknowledged having ancestors who might have been identified as such. Instead, the term "orang pintar" ("clever person") was the preferred, morally-neutral term used for healers of supernatural ability. My reformist interlocutors uniformly rejected dukun and other forms of "traditional healing" as un-Islamic idolatry (syirik) and sorcery (sihir), and saw much of their own work as specifically directed at combating dukun and similar persons. On the other hand, my traditionalist interlocutors were more varied in their attitudes to supernatural healing practices, as I discuss in the chapters that follow (especially Chapters 1 and 3); nonetheless, none would have identified as "dukun," or even as "orang pintar." Rather, they were adamant that their practices were specifically *Islamic*.

### Tradition, Experience, and Muslim Flourishing

In this dissertation, I suggest that Islamic therapeutics, as a range of connected-yet-distinct practices very much in-formation, is a fruitful ethnographic field for exploring the question of what makes a religious tradition. The question "What is Islam?" - the title of Shahab

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<sup>3</sup> For Geertz's classic account of dukun in mid-century East Java, see Geertz 1960, especially Chapter 8, "Curing, Sorcery, and Magic." For more recent ethnographic accounts, see Ferzacca 2001, Daniels 2009, and Sartini 2017. For an intriguing counter-history of the term "dukun" as a Persian loan-word referring to "Sufi Healers," see Nourse 2013.

Ahmed's 2016 tome on the subject – has been pervasive in academic studies of Islam in the past decade. I read it not long before I left for fieldwork in 2017, and the arguments and discussions he engages undoubtedly informed my approach to fieldwork, particularly about the relationship between discursive traditions and experience. In the field, I saw that discussions about how to *be* Muslim were of utmost importance for my interlocutors in the world of Indonesian Islamic therapeutics. For them, dealing as they did with sickness and health, materiality and embodiment were inescapable. By focusing on practitioners and patients as they strive to revive Islamic traditions of promoting health and curing disease, material and embodied dimensions of making and re-making tradition rise to the fore. What this helps to make evident, I suggest, is the crucial role of experience- embodied, experimental, and esoteric – in the (re)production of Muslim religious traditions. In this dissertation, I explore how Islamic therapeutics are variously assembled through co-constitutions of tradition and experience, directed toward a telos of Muslim flourishing. Here, I pause to examine more closely the “keywords” that animate this statement: “tradition,” “experience,” and “Muslim flourishing.”

“Tradition” is a particularly complex and polyvalent term, both within my field sites as well as within anthropology and the study of Islam. The English term “tradition” translates a variety of terms from my research, which I briefly survey here. Prophetic “traditions,” in the form of hadith – sayings, actions, and tacit approval or disapproval of the Prophet Muhammad – which have been major sources of authority for Muslims since the early centuries of Islam (the diverse roles of hadith in Islamic therapeutics is the focus of Chapter 2). Beyond the Prophetic, “tradition” can also reference a range of inherited knowledge-practices from other pious Muslim ancestors (the “salaful saleh” in Indonesianized Arabic- important themes in Chapters 1 and 4). “Tradition” also operates as a contrastive term, used to refer to the opposite of the “modern.”

“Traditionalist,” in Indonesia, has come to reference the practices of Muslims affiliated with Nadhlatul Ulama, an organization founded in 1926 response to the “Modernist” organization Muhammadiyah (traditionalist approaches to Islamic therapeutics feature prominently in Chapters 1 and 3). In this case, “traditional” denotes that which needed no name until the advent of the “modern.” That the English term “tradition” can translate so much is instructive, both about the conditions of my field research as well as the diverse uses to which anthropologists and historians have put it.

As Raymond Williams notes in his *Keywords*, the English “tradition” is “a particularly difficult word.” The Latin noun from which it derives has four senses, he explains: “(i) delivery, (ii) handing down knowledge, (iii) passing on a doctrine, (iv) surrender or betrayal” (Williams 1976 p. 319). Zareena Grewal (2011) argues for the recuperation of “tradition” as an analytic term for anthropologists and historians. Grewal traces usages of the term, from Alfred Kroeber’s “internal handing on through time” of culture traits (Kroeber 1948, p. 11 cited in Grewal 2011, p. 169), to Talal Asad’s naming of Islam as a “discursive tradition” (Asad 1986), one of the most enduring interventions in the anthropology of Islam. As Grewal argues, Asad’s work effectively shifted focus away from attempts to taxonomize approaches to Islam (often in terms of binaries such as “oral/literate, rural/urban, local/universal, and syncretic/authentic”). Instead, Asad successfully “redirected scholarly attention ...[toward] a more rigorous conceptualization of tradition, as a set of discourses connected to an exemplary past and to interpretations of foundational texts that Muslims draw on in their ordinary lives” (Grewal 2011 p. 169). Efforts to study Islam as a discursive tradition have often had the salutary effect of shifting away from attempts to essentialize Islam and towards the study of how Muslims (and sometimes non-

Muslims) have made and re-made Islam through debate, contestation, and creativity.<sup>4</sup> Emphasis on the discursivity of tradition emphasizes the active, rather than passive, and heterogeneous, rather than homogenous, senses of the word: tradition less as a static object, handed down from generation to generation, and more as an active, open-ended process. While Asad's formulation of Islam as a discursive tradition has been remarkably enduring, scholarly engagement has generated numerous important critiques, some of which are crucial for my own work. Here, I briefly mention three scholars whose work I have found generative: Shahab Ahmed's emphasis on *explorative* as well as normative modes of Muslim discourse, Amira Mittermaier's articulation of Islam as a specifically *heteroglossic* discursive tradition, and finally Shahzad Bashir's insistence on attending to temporality and an understanding of Islam as a *networked* tradition.

Shahab Ahmed's *What Is Islam*, in reviewing the influence of Asad's discursive tradition, identifies in the literature a "tendency to over-emphasize prescription and orthodoxy in the conceptualization of Islam" (Ahmed 2016 p. 281). Instead, Ahmed suggests an analytic that makes space for both "prescriptive" and "explorative" modes of authority in Islam, where the explorative "is operative in human and historical Islam in the search for meaning and value in the projects of philosophy and Sufism, and in the prolific range of exploratory discourses and practices – poetry, art, music, etcetera – that these projects informed" (Ahmed 2016 p. 283). This emphasis on "prescriptive" and "explorative" modes of being Muslim has been taken up by scholars studying Muslims in a range of settings (see for example Taneja 2018). Nonetheless, I identify a few limitations that are worthy of note here. First, it assumes the continuity and fixity

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<sup>4</sup> John Bowen's 1993 monograph *Muslims Through Discourse: Religion and Ritual in Gayo Society* is one excellent example of an ethnography rooted in this framework. It is also germane to the present study, especially as it deals with debates among traditionalist and modernist Muslims over healing practices (see especially Part Two: Powerful Speech and Spirit Transactions). I return to this work in Chapter 3, Healing with The Hidden.

of the “normative”, rather than conceptualizing norms as things that must be actively *made and sustained* (as in the model of religious authority Ismail Alatas (2021) proposes). Furthermore, this approach is still limited to the extent that it assigns “prescriptive” and “explorative” modes to different social fields (Salafi vs. Sufi social groups, for instance), making it all-too-easy to slip back into the troubled orthodox-heterodox dichotomy. Instead, I am interested in how the “normative” and the “explorative,” rather than being confined to different social fields, can be understood as mutually constitutive.

Amira Mittermaier argues that Asad’s “discursive tradition” is “necessary but not necessarily sufficient,” arguing instead for “approaching Islam as a heteroglossic field in which multiple discourses, logics, and imaginaries converge and undo each other” (Mittermaier 2013 p. 276). In her study of Muslim charitable giving in Egypt, for example, Mittermaier explores the complex interplay of divine economies *and* capitalist logics, using the concept of heteroglossia to draw attention to “continuities, convergences, and radical departures, all at once” (Mittermaier 2013 p. 276). Although she does not discuss it directly in such terms, there is an implicit temporality to this approach, which I see as complemented and extended in Shahzad Bashir’s web-based work *A New Vision for Islamic Pasts and Futures* (2022). Bashir’s work offers a generative model for scholarship on Islam by foregrounding temporality and the networked nature of tradition. He proposes a conception of Islam as

Made of objects and narratives, moving and put into patterns, that converge on vanishing points. Pursued from evidence in time and space, Islam is an abstraction that we posit through reflecting on a vast net of interconnected traces. These traces project understandings of time that appear different depending on the vantage from which they are seen. Time conditions beholders as much as what is observed—it is elusive precisely because it is ineluctable.

This foregrounding of temporality and the network enables an “historical perspective in which a tradition is not a solidity but always an argument that occurs among people active at a given juncture in time... In diachronic terms, a tradition is always an argument posited imaginatively in hindsight” (Bashir 2022, Epilogue). For my interlocutors, locating themselves in relation to certain past ideas, individuals, and practices is a crucial part of (re)producing Islamic therapeutic traditions, and a theme to which I return. In this respect, this dissertation might be said to be an “ethnography of historicity” in the larger field of “anthropology of history” (Taneja 2017, Palmie and Stewart 2016) in the sense that it contends with how people locate themselves in relation to specific temporal horizons. In reaching back to texts and ideas of pre- and early-modern times, like the works of Avicenna, and notions of distinct “humors,” many practitioners and patients seek to work towards a future in which biomedical practices are informed by Islamic histories. Many of my interlocutors are particularly concerned with specifically Prophetic histories – narratives of the lives of the Prophet Muhammad and his companions (especially in hadith form) play key roles in discussions of what makes a therapy Islamic. Furthermore, concerns with making sense of pre-Islamic (supra Islamic?) knowledge – Greek humors, Javanese wisdom, Chinese philosophy, biomedical research – animates contemporary Islamic therapeutics. The “when” of Islamic medicine, one might say, is as much an issue as the “how” of it.

To these emphases on exploration, heteroglossia, and networked temporality, I add a focus on experience as a salient analytical category. In particular, I am interested in the ways in which tradition is *always already* informed by experience, as experience is an important part of the formation of traditions before they are received, and continues to inform how they transform over time. I propose that the study of Islamic therapeutics offers opportunities for exploring the

heteroglossic and explorative construction of tradition through experience, and experience through tradition.

Throughout my fieldwork, patients and practitioners of Islamic therapeutics touched on the keyword of “pengalaman,” or “experience.” From the discussion of symptoms, to the narration of life histories, to the accumulated knowledge of years of practice, to the experience of ancestors passed down and modified, “pengalaman” was a recurring theme. Significantly, the modern Indonesian “pengalaman” derives from a Malay loan-word from Arabic stemming from the root ع ل م (‘ayn, lam, mim) “علم ‘ilm: knowledge, learning, lore; cognizance, acquaintance; information; cognition, intellection, perception, knowledge; (pl. علوم ‘ulūm) science” (Hans Wehr 4<sup>th</sup> ed p. 743). Indeed, myriad relationships between experience and knowledge animate my fieldsites, and constitute important themes to which I return throughout the dissertation. As I discuss in greater detail below, many of my interlocutors see their work less as “healers” than as “teachers,” and conceive of their primary task in treating patients as the transmission of Islamic knowledge, or “ilmu.” Experience – embodied, experimental, and even sometimes esoteric - plays a key role in both the generation and transmission of these forms of ilmu or knowledge-practices.

Of course, experience has been extensively theorized, from classical philosophers writing in Greek and Arabic, up through the modern period (for example, for classical Arabic philosophy, see Janssens 2004; for modern Euro-American approaches to “experience,” see Jay 2005). In the (modern, western) academic study of religion, “religious experience” has also been a fecund category of analysis, going back to William James’ *Varieties of Religious Experience* (1917 [1902]). Turns to embodiment as a paradigm, phenomenological approaches, anthropologies of sensation and the sensorial, and embodied ethics have all been significant in

the development of anthropological approaches to religion and experience. One especially important precursor for my purposes is Saba Mahmood's now-classic account of women in the Egyptian "piety movement." Mahmood draws attention to the "mutually constitutive relationship between body learning and body sense" where "bodily acts – like wearing the veil or conducting oneself modestly in interactions with people (especially men) – do not serve as manipulable masks in a game of public presentation, detachable from an essential interiorized self. Rather they are the *critical markers* of piety as well as the *ineluctable means* by which one trains oneself to be pious" (Mahmood 2005 p. 158 italics in the original). For my interlocutors engaged in Islamic therapeutics, the body is also a site for producing piety, as in practices such as cupping (bekam or hijama) and Qur'an recitation (ruqyah). However, in addition to being the site of pious self-cultivation, I am also interested in how embodied experience contributes to ongoing, dynamic processes of defining and transmitting tradition.

The approaches to Islamic therapeutics I examine here provide generative opportunities for examining the diverse ways in which embodied experience plays a constitutive role in the (re)formulation of tradition. In the health-cultivation practices I examine in this dissertation, the body is both a site of inscription (i.e., a site for training oneself to be a pious, healthy Muslim) but also of production (i.e., reading signs from the body is also an important element in determining *how* to be a pious, healthy Muslim). Sensation and the sensorial are critical, even (perhaps especially) in contexts where therapeutics engage with the category of the "hidden" (gaib), forces that are beyond the reach of ordinary human perception (this is the focus of Chapter 3). An unexpected theme that emerged from through research was the use of empirical observation and experimentation in the development of Islamic therapeutics; significantly, this theme emerged from both traditionalist and revivalist/Salafi contexts. The role of



experimentation in the production of tradition takes a particularly marked form in the case of mujarrabat, which I examine in depth in Chapter 1. These collections of “prayer-recipes” include many examples drawn from the genre of khawāss al-Qur’ān, the hidden properties of specific verses of the Qur’an, used as practical prayers (including in healing contexts), that are attributed to the experimental efforts of pious persons (salaful saleh). In another context, a Salafi interlocutor used experimentation to develop a protocol for cupping practices, which he sees as an important part of the “medicine of the Prophet” (tibb al-nabawi, which I discuss in greater detail in Chapter 2). Although parts of his approach are attributed to hadith reports (narratives of the Prophet), such as the recommendation to do cupping on certain dates, he also drew on experimental evidence in developing the method that he and other members of his association teach at workshops.

I am interested as well in the role of experience not only in the formation but also in the transmission of Islamic therapeutic traditions. Authority from embodied experience is a subtle but pervasive theme throughout this dissertation, especially as it intersects with gender. Many of the female therapists with whom I worked grounded their authority as Muslim therapists in their personal experiences (“pengalaman pribadi”), whether as patients or relatives of patients who had suffered illnesses and found relief through Islamic therapeutics (I return to this theme in Chapter 4). Embodied experience is also the means of transmitting the knowledge (ilmu) that constitutes Islamic therapeutic traditions. This mode of explicitly embodied learning was named at such at one of my fieldsites, the herbal practice of Ibu Ayu. Ibu Ayu explained how she had begun learning how to heal from her father at the age of seven, by “nyantrik” (Javanese), “learning by doing,” as an English-speaking Javanese friend glossed it at the time. This emphasis

on experiential learning extended to other field sites, where workshops and in-person trainings played important roles in promoting the spread of different approaches to Islamic therapeutics.

If “Islamic therapeutics” names the diverse practices examined in this dissertation, then “Muslim flourishing” might be said to be the telos toward which these practices aspire. What does flourishing look like in a specifically Islamic framing? Muslims in different historical and cultural settings have articulated many answers to this question, from the eudaimonia (“sa’ada”) of al-Ghazali’s *Alchemy of Happiness* (Kimia al- Sa’ada), to the modern Javanese concept of “slamet” (a state of “well-being, security, and freedom from hindrances of both a practical and spiritual kind,” Beatty 1999 p. 30). Many of my interlocutors in the world of Islamic therapeutics articulated their goals in terms of promoting “holistic health” (kesehatan holistik), health that was physical, social, and spiritual. Implicit in each of the approaches to Islamic therapeutics that I study here are many distinct-but-related approaches to “Muslim flourishing” and “well-being”: embodying Qur’anic virtue to reap rewards in this world (the dunia) and the afterlife (akhirat); in humoral terms as an ethic of striving for “balance;” as a network of relationships (including to the divine) built through technologies of the “hidden” (al-ghaib); as a “fortress” (benteng) safe from colonization by spiritual forces. Each of these articulations of “Muslim flourishing” are themselves, of course, historical assemblages, informed by diverse influences and material realities.

### Fieldsites: Healthy Houses

The majority of my fieldwork took place in “houses of health” or “healthy houses,” small, often home-based health centers where patients would come to consult with practitioners. In Indonesian, these are “rumah sehat,” although often my interlocutors used Javanese words,

“griya” or “omah” in place of the Indonesian, “rumah” for “house.” Very occasionally, practitioners would refer to their practice as a “klinik,” using the Indonesian loan-word from the English “clinic.” The resonances of this terminology bear some discussion. In calling them “rumah sehat,” Islamic therapeutics practitioners emphasized both their similarity to and difference from hospitals, “rumah sakit” or “sick houses” as they are called in Indonesian (this term, in turn, a likely literal translation of the Dutch “ziekenhuis”, literally sick house.) The use of the term “house” is also particularly apposite, as these businesses are often physically located in the family home of the practitioner(s), and sometimes were run by husband-wife teams. As home industries, “healthy houses” straddle the categories of private and public space: located within a family’s home, but catering to the general public. They also, at the time of my fieldwork, largely evaded state regulation and oversight.

Many practitioners of pengobatan Islam describe their work as comprised of two goals: promoting health *and* curing disease. In keeping with the aim of “promoting health,” rumah sehat are often spaces of education and proselytization as well as of treatment; several of the “terapis” with whom I worked saw themselves as teachers as well as health-care practitioners, and often as preachers as well. Some terapis hold lectures and seminars in their “rumah sehat” as we shall see; educating patients and indeed the general public about approaches to specifically preventive health is often described as a key feature of their work.

My primary interlocutors identified less as “healers” than as “teachers,” either in a formal school (as is the case with the pesantren-affiliated individuals, and those more loosely engaged in traditionalist networks) or in the manner of more independent “preacher” (da’i), or “teacher” (ustad), a term embraced by many Muslim leaders, especially those with a reformist or Salafi orientation. Many of my interlocutors would object –indeed, many have directly argued - that the

only “healer” in their practices is God, and that humans like them are merely instruments of God’s compassion and mercy (I return to this theme below). Embodying and transmitting Islamic knowledge (*ilmu*) is, rather, their primary work. Many interlocutors who I began by thinking of as “patients” also turned out to be just as aptly described as “students” – in undergoing many Islamic therapies, learning about how to conduct the therapies themselves, on themselves and on others, was a central part of the process of becoming well. Indeed, this was especially the case with ruqyah, where many professional practitioners emphasize that learning to do “independent ruqyah,” or ruqyah on oneself, as a critical part of therapy. The interconnectedness of learning and healing has taken a more corporate form in trainings and certification series carried out by organizations like the PBI (Perhimpunan Bekam Indonesia, or Indonesian Bekam Association), and even un-affiliated practitioners, like Pak Zain (discussed more below), support their practices by giving workshops and lectures for a fee. Given this emphasis on *learning* as much as “healing,” I quickly learned that the simplest way to engage was to become a student, attending trainings, workshops, and practice sessions alongside other patient-students.

Given the embodied nature of the practices in this study, I also realized within the first few months that if to be a patient is to be a student, to be a student also entails being a patient, and I made the choice to undergo many of the therapeutic processes as I studied them. Beginning with Ummi Mirah, I began getting cupped by a variety of bekam practitioners, in addition to accompanying friends to their sessions. Although certainly not without limitations of its own, this level of participation helped give me a literal feel for these therapies; I found that in some cases, being vulnerable in this way with my interlocutors also helped me to express non-verbally my commitment to study (giving new meaning to “skin in the game”), as well as respect for them as therapists. In addition to cupping, I also underwent other treatments when they were

recommended by my interlocutors, including acupuncture (via a “bekam sinergi” practitioner), herbal supplements, and dietary changes to better “balance” my health. Significantly, the fact that I had no major health problems at that time was not a barrier to becoming a student/patient: since working asymptotically toward “balance,” rather than remedying specific kinds of disease, was usually the stated goal, all student-patient-practitioners continually strove to monitor their own health states and provide correctives as necessary.

Although I visited eleven different spaces where Islamic therapeutics were practiced over the course of my fieldwork in Yogyakarta, I concentrated on four specific field sites.

### **Ummi Mirah and Ustad Irham’s Bekam/Ruqyah Clinic, Reformist and Salafi Networks**

One of my primary “nodes,” Ummi Mirah’s “Bekam/Ruqyah” clinic, is located in downtown Yogyakarta, a few streets away from the Sultan’s Palace. Indeed, she counts some of the palace attendants, (*abdi dalem*) among her patients. Ummi Mirah is in her mid-50s, with two young adult children in their late 20s and one grandchild; she refers to herself as a “housewife with a side job as a bekam/ruqyah therapist” (“*Ibu rumah tangga dengan pekerjaan samping sebagai terapis bekam/ruqyah*”). She has been practicing as a professional bekam/ruqyah therapist (*terapis*) since 2005. She has a warm, gentle presence, gifted at putting patients at ease. Ustad Irham is younger, in his early 30s, with three young children. His kind, round face seems always on the verge of smiling; with a perpetual twinkle in his eyes, he is quick to laugh. Indeed, he and his colleagues often joke about how loud his laughter is. Both Ummi Mirah and Ustad Irham dress in a manner consistent with Salafi reformists. Ummi Mirah usually wears *jalabiya*, a long flowing covering that exposes only the face, rather than the smaller *jilbab* that many

Indonesian Muslim women wear; she often chooses to pair dark garments with bright accessories, such as the pink, sparkly sneakers that are her favorite. The jalabiyya is closely associated in Indonesia with “Arab-style,” Salafi reformists, as well as Muslims who identify as “hijrah,” or persons who chose to “move away from ignorance (jahiliyyah)” to become better Muslims.<sup>5</sup> Indeed, Ummi Mirah describes herself as a hijrah, and frequently narrates how her own experiences with jinn possession led her to become a better Muslim and therapist (I return to this in Chapters 2 and 4).

Ummi Mirah and Ustad Irham consider themselves “pioneers” of the movement to revive Prophetic medicine (tibb al-nabawi) in Central Java; both had studied with the locally prominent preacher Ustad Fadhlan and remained part of his network.<sup>6</sup> Ummi Mirah and Ustad Irham originally met when Ummi Mirah was a patient with jinn possession. Ustad Irham comes from a family of Muslim modernist scholars and preachers; he attended Muhammadiyah schools and studied Islamic education (Pendidikan Agama Islam) at university. Ummi Mirah, on the other hand, has only a high-school degree, but has studied on her own and with teachers such as Ustadz Fadlan. Ummi Mirah and Ustad Irham are also embedded in wider networks of teachers and students of Prophetic medicine, with significant connections to the nearby city of Solo, as well as with practitioners in Semarang, Jakarta, and Surabaya. Ustad Irham lives in Solo, and commutes to Yogya daily for his work. Several members of his family are renowned bekam/ruqyah practitioners in their own right. In Ustad Irham’s words, each of these practices is unique (“semua punya warna sendiri;” literally, each has its own color).

For the past several years, they have shared this “clinic” space in Yogya, where they work with an apprentice and receptionist, Pak Nur. As the title of the clinic suggests, it is based

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<sup>5</sup> For more on the emergence of “hijrah” as a term in Indonesia, see Sunesti et. al. 2018

<sup>6</sup> For an ethnographic account of Ustad Fadhlan from the early 2000s, see Daniels 2009 pp. 74-48.

on two practices: bekam or cupping (hijama in Arabic), and ruqyah or therapeutic Qur'an recitation (I explore cupping in more depth in Chapter 2, and ruqyah in Chapter 4). In general, Umami Mirah treats female patients, and Ustad Irham treats the male ones, but they also sometimes work together, or, under certain circumstances, will treat patients of the opposite sex. They often work together on new or particularly challenging cases. For example, one morning in September 2017 I arrived at the clinic to find both of them in the front room with a new client; the young man had persistent searing pain over his left eye that several doctors assured him had no discernible medical basis. Both Umami Mirah and Ustad Irham spent at least an hour chatting with the new patient about his medical history, family, and work life. They ultimately diagnosed this as a case of jinn possession, which they began to treat with a combination of Qur'anic recitation and dialogue with the jinn after the patient had entered a trance state, aimed at persuading the jinn to leave his "host." Ustad Irham described this approach as "kasuistik" (casuistic,) case-based reasoning drawing on analogy with previous cases and experiences.

Umami Mirah and Ustad Irham draw upon biomedical diagnoses and lab results ("hasil lab") in formulating diagnoses and treatment plans. While they see their work as, for the most part, easily integrated with biomedicine, Umami Mirah and Ustad Irham vehemently reject practices they deem "kejawen" (Javanist) and redolent of "syirik" (polytheism). The patient-intake form they use outlines further just what kind of risk the "syirik" of such amulets constitutes: the possession of such objects not only constitutes the sin of polytheism, but also makes the owner susceptible to jinn possession and sorcery; I return to these themes in Chapters 3 and 4.

## **Pak Zain and Bu Zakirah’s Healthy House and “Synergistic” Therapeutics**

Bu Zakirah and Pak Zain are a young couple in their mid-20s who have established a small “rumah sehat” practice in their house, a small, one-story home in a recently constructed housing complex (perumahan) on the south side of Yogyakarta, in an area with many Salafi Muslim families. Both are trained in biomedical sciences at the college level; Bu Zakirah graduated with a degree in midwifery, and Pak Zain with a degree in pharmacy. Like Ummi Mirah and Ustad Irham, Bu Zakirah and Pak Zain are Salafi in appearance and religio-social orientation. Bu Zakirah is among the small minority of Indonesian Muslim women who wear a niqab- a cloth covering of the lower portion of the face, below the eyes – when in the company of unrelated men, while Pak Zain is bearded and wears trousers that do not reach past the ankles (isbaal). However, unlike many of my interlocutors in the world of reformist/Salafi Islamic therapeutics, they follow a specifically “synergistic” approach to Islamic therapeutics that integrates Prophetic medicine with traditional Chinese medicine (TCM). In particular, they are both passionate advocates for the use of TCM theories and practices in the promotion of health and treatment of disease, making extensive use of acupuncture, cupping, moxibustion, and herbal medicines. They are also adamant that these practices can be part of a specifically Islamic framework, a theme to which I return in Chapter 2.

Both have a soft-spoken demeanor and tend to be rather reticent, something that they relate to their “cooler” temperaments (mizaj) in humoral terms. Pak Zain speaks of how it is challenging for him to speak publicly, and he and Bu Zakirah focus more on teaching small groups of students and treating patients than they do on the kind of public “preaching” (dakwah) to large groups of some other Islamic therapeutics practitioners. Nevertheless, they welcomed me into their practice to observe and learn; I attended several of their small-group seminars for



women, on topics ranging from acupuncture and cupping and Chinese herbal medicines to more specific classes on “cosmetic acupuncture” and treatments for diabetes.

They also moderate several WhatsApp groups that are used as forums for learning about Islamic therapeutics, through which they field questions and encourage discussion. It is on this forum that their students practice the tongue diagnosis of TCM on their own friends and relatives; on many days, I would open the app to see pictures of tongues and accompanying discussions of what kind of “syndrome” they might indicate. It was through Bu and Pak Z’s practice that I became acquainted with wider networks of Muslims interested specifically in “synergistic” Islamic therapeutics in Yogyakarta and beyond. For example, another student from one of Pak Zain and Bu Zakirah’s classes invited me from time to time to lectures and workshops in the area held by teachers and preachers from other cities in Java.

### **Pak Hakim’s House and Pesantren Networks**

My primary interlocutor in the world of traditionalist Islamic therapeutics, Pak Hakim is the product of a peripatetic pesantren education, having studied at several pesantren in both East and Central Java; he also attended law school and is licensed as an attorney (*advokat*), although he has not practiced law in many years. Now in his late 50s, his work consists of teaching at a nearby pesantren and treating patients. Both activities take place in the front sitting room of his house, a simple, one-story concrete building a short walk from the pesantren where his brother is *kyai* (leader of the pesantren). This is a “traditional” pesantren that focuses on the teaching of classical texts (*kitab kuning*) and has a special interest in environmental issues (labeling itself an “eco pesantren”). This pesantren is part of a broader network of traditionalist schools, and I interviewed several other practitioners of traditionalist approaches to *pengobatan Islam* who were

affiliated with “related” schools in Central Java. Pesantren themselves have spiritual genealogies, with the founder of one school having been known to study at another; furthermore, the families of prestigious kyai often intermarry, so the “ndalem” (kyai’s close kin group) of one pesantren is often related to many others. Several key interlocutors in the world of traditionalist Islamic therapeutics were in the network of Pak Hakim’s brother’s pesantren.

Pak Hakim terms his approach to healing “Islamic therapeutics” (“pengobatan Islam”), whose origins he traces to the Prophet Muhammad, arguing that it was originally taught to Muhammad by the Angel Gabriel. At the same time, Pak Hakim is sure to underline that his approach is constituted in relation with knowledge that is outside the realm of narrow Prophetic history of seventh century Arabia. Galenic medicine clearly informs many of the classical medicine texts he consults, including al-Suyuti’s *Al-Rahmah fi Al-Tibb wa al-Hikmah*. The concept of four elements – air, fire, water, and earth, classically Galenic concepts and frameworks - are evident in his medicine (pengobatan). In our conversations, Pak Ahmad has drawn explicit comparisons between “Greek,” pre-Islamic knowledge and knowledge that is “originally Javanese” (asli Jawa); if classical authors like al-Suyuti could accept Galen, he argues, why shouldn’t Javanese Muslims accept their own pre-Islamic heritage?

According to Pak Hakim, the main difference between the medicine of doctors and Islamic therapeutics is that doctors may draw on medicine from many sources (“banyak sumber”); those who practice pengobatan Islam “cannot draw on sources randomly” (“tidak bisa mengambil sumber secara sembarangan”) Rather, this kind of medicine is rooted in several relationships, especially the links between a teacher and a student (“keterikatan murid/guru”). In explaining his approach to me, Pak Hakim has referred to the web of relations that is necessary for the healing process as a “constellation of total relations” (“konstelasi hubungan mutlak”).

Relations between a healer and his teacher (and predecessors back to the Prophet himself), the healer and the patient, the patient and his/her relatives, friends, etc., and all of these individuals with God are clearly of utmost importance to this process.

Pak Hakim has emphasized the importance of the spiritual lineage (“silsilah”) through linkages between students and teachers. The texts he uses, on their own, are necessary but not sufficient to transmit knowledge of healing. They must be supplemented by spiritual activities (“laku spiritual”), particularly fasting and refraining from sleep, and knowledge “keys” (“kunci-kunci untuk penerapan”) that are not contained in the text. These additional practices and supplementary knowledges are passed down from teacher to student; according to Pak Hakim, his practice was passed down through al-Suyuti. Although Pak Hakim’s teacher has passed away, Pak Hakim has explained to me that he continues to communicate with him during healing sessions. In sessions I have observed, Pak Hakim has evoked the presence of his teacher with the use of fragrant oils; he has also conducted whispered consultations with him, always over his right shoulder. I take up these practices, and the healing practices of other traditionalists, in Chapter 3.

### **Ibu Ayu’s Jamu House, A Boundary Case**

A fourth “node” is the practice of a renowned herbalist (“ahli jamu”) I call Ibu Ayu, who is originally from Pati, a regency in the northern part of Central Java, and has extensive ties to herbalist practices and industries in the city of Semarang. Ibu Ayu sells herbal medicine and consults with patients in a shop and café that is also her home on the north side of Yogyakarta. She grows her own organic products on a farm outside Semarang, and is the head of a local organization for herbalists. This “node” is less explicitly Islamic than my other two primary field

sites, and I initially hesitated to include it as a primary site. Herbal medicine is not always obviously connected to Islam in the public imagination in Indonesia; on the surface, there may seem to be little that is “Islamic” about preparing and consuming herbal medicines. However, as I spent more time with Ibu Ayu I began to see connections to my other fieldsites. From my earliest conversations with Ibu Ayu, it became apparent to me that she understands her herbal treatments to be both efficacious in biomedical terms (she routinely cites recent studies and teaches in a local University’s pharmacy program) while also being divinely inspired and rooted in the traditions of the Prophet Muhammad and the Wali Sanga, the “nine (Sufi) saints” credited with spreading Islam in Java. In my first conversation with her, Ibu Ayu emphasized that her knowledge is “from God (Allah),” and she refers to her consultations as a form of “ibadah” or worship of God (Allah) (she does not charge directly for her consultations for this reason, but only for her herbal medicines).

After visiting regularly for over two months, I finally discovered that she, like Pak Hakim, makes extensive use of do’a (prayers) and rajah, inscriptions consisting of disconnected Arabic letters, in her healing practice, but that she conceals this from her patients out of concern that they may misunderstand and label this practice “syirik” (polytheism). I discovered this only after showing Ibu Ayu images of a manuscript I had examined in the archives of the Museum Sonobudaya, a “primbon jampi jawi” from the 1940s. This primbon (a genre of texts that are collections of “useful information,” related to the mujarrabat I examine in Chapter 1) consists of recipes for medicines for common illnesses, mainly consisting of herbal ingredients and rajah in the form of line drawings and disconnected Arabic letters. When I showed it to her, Ibu Ayu, non-plussed, explained to me that she and her father before her have combined herbal knowledge with extensive use of Islamic prayers. Through oral history interviews with her, I learned more

about how she learned her pengobatan from her father, a policeman, former pesantren student, and healer (called an “orang pintar,” clearly a euphemism for a dukun) who at the time of my fieldwork had recently passed away at the age of 89. Ibu Ayu’s medicinal practice is in some respects a boundary case, demonstrating the limits of what might be termed “Islamic therapeutics,” and yet is still connected via shared networks and practices to my other sites.

### Positionality and the Politics of Healing

In approaching fieldwork, I resolved not to overdetermine the role of politics in what I was seeing, to over-politicize Islam and Muslims as my country has been doing for decades, and white western scholars have done for centuries. The first phase in building relationships with my interlocutors involved what I came to jokingly refer to as the “#not all Americans”/“#not all Muslims” conversation, where I attempted to distance myself from Islamophobic Americans (Trump’s “Muslim ban” of 2017 having been recently in the news, for instance) and my interlocutors emphasized that they were not violent extremists, or “teroris.” This choreography of dealing with our respective projected preconceived notions - what I thought my interlocutors assumed about me as a white American woman, and what they thought I assumed about them as Indonesian and Muslim - cast the geopolitics of our interactions into sharp relief. For example, a few months into fieldwork with him, Ustad Irham mentioned that at first, he had wondered if I was working for the CIA. He laughed as he said it, but the weight of history hung heavy over his laughter, both of us painfully aware of my country’s habits of interference abroad.

In this context, I was loathe to emphasize politics, either domestic or global. I wanted to make space to explore the myriad aspects of Islamic therapeutics beyond the obviously “political,” and so I tended to avoid jumping to politics in my fieldwork, and even when writing

about it when I returned to the United States. Although I could not have stated it so eloquently at the time of my fieldwork, I now see a convergence between my approach and Amira Mittermaier's discussion of politics in her essay "Beyond the Human Horizon" (2021). In this essay she revisits some of her earlier work in which she "highlight[s] the latent political stakes in practices that are not manifestly political," such as in dream-visions (Mittermaier 2011) and in certain Muslim charitable practices (Mittermaier 2019):

What is tricky about this move is that the anthropologist acts as an interpreter and risks obscuring what might be most important about these practices to those undertaking them... Calling something 'political'... is not necessarily a redemptive move but can also be a mistranslation, a failure to take something seriously on its own terms—or, one could even say, it is extractive, instrumentalizing, an act of epistemic violence... Equating 'the political' with 'all that matters' can stand in the way of true listening (p. 22-23)

Mittermaier's emphasis on "true listening" beautifully articulates what I strove, however imperfectly, to do throughout fieldwork: to be fully present with interlocutors and as alert to their experiences, goals, and concerns as possible.

And yet, of course, politics are unavoidable. One afternoon, after discussing recent inflammatory actions of President Trump, and her own dissatisfaction with the current Indonesian administration, Ummi Mirah gave me a "#2019 Ganti Presiden" ("Change the President in 2019) T shirt. The "#2019 Ganti Presiden" campaign, intended to express disapproval of President Jokowi without naming a specific replacement, had been launched by Mardani Ali Sera, a politician from the Islamist "Prosperous Justice Party" (PKS), and had gained support among other Islamist parties, such as PAN and PBB; the hashtag went viral on Twitter before going "analogue" in the form of T-shirts emblazoned with the slogan. At the time, I remember freezing, and thinking "I have no idea what to do with this." When I returned home at the end of the day, I hid the shirt at the bottom of my suitcase.

Indonesian politics were rarely spoken about directly in my fieldsites, but allusions were not uncommon. Divisions and animosities expressed towards “other kinds of Muslims,” the “bad Muslims,” often mapped quite clearly onto ongoing divisions between reformists and traditionalists. Disparaging comments about the beards of Salafis from the mouths of traditionalists, and allusions to the black magic (sahir or santet) of traditionalist kyai made by reformists, gave voice to a widening political and social chasm in Indonesian society. I arrived shortly after the Salafi-reformist “212 movement” had successfully called for the imprisonment of Ahok, the Christian Chinese-Indonesian Vice President, for alleged blasphemy; I left not long before President Jokowi narrowly won a second term in office, a win that many ascribed at least in part to his increasingly close ties to the traditionalist organization Nahdlatul Ulama. Reformist and traditionalist social circles were, for the most part, quite separate. My interlocutors moved in different worlds, and to travel from one to another, on a motorbike in the space of minutes across a small city, not infrequently gave me a sense of vertigo.

In what follows, I attempt to balance honesty about tense political contestation with the ability to attend to for other themes as well – quieter but no less vital dimensions of lived experience. Of course, there *are* sometimes political dimensions to things which are not obviously political. For example, there is an implicit politics in my selection of field sites and interlocutors. I aspire to follow Shahzad Bashir in committing to

A politics in which all expressions pertaining to Islam are taken seriously while being shorn of totalizing privilege. Prominently in this regard, I seek to decenter Islam from a geographical identification with the Middle East, articulation through men’s authority alone, and the presumption that premodern expressions are more authentically Islamic than those contemporary to us ... My point is not to exclude anything but to avoid giving automatic privilege to some. I advocate treating all possibilities of Islamic expression as significant yet subject to displacement by equally compelling alternatives.<sup>7</sup>

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<sup>7</sup> <https://islamic-pasts-futures.org/chapters/introduction/islam/>

In including both traditionalist and Salafi-reformist perspectives, my aim is to re-present diverse, compelling articulations of what it means to cultivate health in a Muslim way, to center each of these practitioner’s understandings of why their practice is Islamic, while not foreclosing the added dimensions of my own analysis. I have also made a point to include, and highlight, women practitioners of Islamic therapeutics. This is a corrective to the sense from the ethnographic literature that Islamic therapeutics are the purview of men, and that when practiced by women, such therapeutics are somehow inherently heterodox, as in the case of zar rituals (one notable exception is Flueckiger 2006). At least in Java in the early 21<sup>st</sup> century, this is manifestly not the case; I found women practicing Islamic therapeutics at nearly every site I visited, and especially in reformist and Salafi settings where gender segregation was enforced. In beginning to attend to gender as a dimension of Muslim approaches to health and healing, this ethnography contributes to a broader project of “de-universalizing male normativity” in studies of Islam (Ayubi 2020).

### Healing Because of God

For all their innumerable differences, my Islamic medicine interlocutors are united in one thing: their emphatic insistence that it is not they, but God who heals. When visiting practices of Islamic therapeutics, this insistence quickly becomes familiar – numerous variations on the theme of “It is not I, but God who heals – I am only God’s instrument, or His medium, but the power of healing is all God’s.” In a longer conversation, Umami Mirah once explained that there is a good reason she refers to herself only as a “therapist,” and never as a healer (*penyembuh*): to do so would be to claim power that is only ever the purview of God, never of humanity. Umami Mirah and Ustad Irham, along with many other practitioners of Islamic therapeutics, like to cite the Qur’anic verse “And when I am sick, it is He who heals me” (QS 26:80). Not insignificantly,



this verse appears in a portion of Surat Ash-Shu'ara in which Ibrahim/Abraham repudiates the idolatry/shirk of his neighbors and professes his tawhid or monotheism – a conjunction that underlines the entanglement of healing and questions of syirik, idolatry or infidelity to God.

But what does it mean, in day-to-day life, to say that it is God who heals? What courses of action are best suited to the enactment of this assertion? My interlocutors from across the theological-political spectrum unanimously agreed that this does *not* entail turning away from medicine, but rather mandates seeking out the best and most efficacious treatments available. There is at the same time, however, a moral imperative for the Muslims with whom I worked to frame the seeking of such treatments in a broader understanding that both illness and healing come from God. It is perhaps not surprising, then, that so many forms of Islamic therapeutics are enmeshed with practices of remembering God (dhikr, zikir), naming God (i.e., pronouncing the bismillah, reciting the asma al-husna, God's most beautiful names) and embodied affects of repentance/return to God (tawbat- literally meaning turning in the Arabic). Indeed, in many contexts these forms of remembering, naming, and returning are themselves understood to entail healing power – to remember, name, and turn toward God are in and of themselves to embody an ethical good, and thus to heal. Cultivating a relationship to God - guided by Prophetic norms and traditions in their myriad forms - is thus central to the Islamic therapeutics examined here, and it is a theme to which I return in the chapters ahead.

### Chapter Overview

“Chapter 1: Things Which Have Been Tried (Mujarrabat)” aims to situate healing within a wider historical landscape of Islamic(ate) devotional knowledge-practices. It does so through attending to a somewhat obscure feature of that terrain: the genre of “mujarrabat,” literally

meaning something that has been tried or tested. This term refers to collections of (often esoteric) information that blur the boundaries between prayer and recipe, ritual and prescription. They focus on the “virtues” (fada’il) and hidden “properties” (khawass) of certain verses of the Qur’an, providing insight into the daily, lived experience of Muslim devotional practice. They also draw attention to specifically empirical and experimental dimensions of Islamic prayers.

“Chapter 2: Healthy Like the Prophet,” examines the genre of texts called “Medicine of the Prophet” (al tibb al nabawi), briefly addressing their formation before turning to how they – and hadith about health more generally – are being cited and used by current practitioners of reformist Islamic therapeutics in Java. In particular, I look at cupping practices (hijama/ bekam) and explore how two different emerging “schools of thought” (madhab) of cupping make differing use of traditions (hadith) and experimental knowledge in support of their respective methods.

“Chapter 3: Healing with the Hidden” turns to “traditionalist” Muslim approaches to healing in Java, focusing in particular on the work of one scholar/healer, Pak Hakim, and outlining how his approach to Islamic therapeutics (pengobatan Islam) participates in the spirit world, the “alam ghaib.” I examine how esoteric healing practices (glossed ilmu hikmah) are both peripheral to the world of traditionalist Islam embodied in the pesantren (Islamic boarding school) while also elaborating upon and extending key traditionalist concepts and practices. More broadly, in exploring the role of spirit neighbors and the spiritual realm, I also begin to examine some of the polemics that have emerged between traditionalist and reformist Muslims about these practices.

“Chapter 4: Ruqya and the Refusal of Inheritance” examines a very different mode of engagement with the unseen: reformist/Salafi practices of ruqyah. I examine how technologies of

jinn exorcism in Indonesia are used to do different kinds of historical work, namely both to cut and to connect. Specifically, I argue that ruqyah as I saw it practiced constitutes a process of affective, genealogical, and historical renunciation and re-alignment, or therapeutic history-work.

Finally, the dissertation closes with an epilogue, “Prophets, Prayers, and Herbal Lore,” in which I reflect on a “boundary case” in the world of Islamic therapeutics, the herbal practice of Ibu Ayu, as an occasion for considering complex entanglements between transmitted knowledge and unfolding experience centered in the embodied person.

## **Chapter 1: “Things Which Have Been Tried” (Mujarrabat): Practical Prayers in Printed Collections**

This chapter aims to situate healing within a wider historical landscape of Islamic(ate) devotional knowledge-practices. It does so through attending to a somewhat obscure feature of that terrain: the genre of “mujarrabat,” literally meaning something that has been tried or tested. This term refers to collections of (often esoteric) information that blur the boundaries between prayer and recipe, ritual and prescription. These collections are both devotional and practical in nature, confounding received categories like “religion” and “magic.” Often composed of portions of the Qur’an, written or spoken, materials (such as paper, ink, leaves) and instructions for where and how to use them, these collections are much like prayer recipe books. In the late 20<sup>th</sup> century in Indonesia, print copies of these texts proliferated, offering possible solutions to spiritual and mundane problems alike. In this chapter, I examine how these texts attest to ways in which Muslims have situated Qur’anic language in their everyday lives, including in situations of illness. I also suggest that these texts offer insight into both religious and cultural history. As records of the kinds of knowledge Muslims have found “useful,” they gesture to the kinds of situations, problems, and challenges they faced or expected to face. They also offer insight, however partial and obscure, into the daily, lived experience of Muslim devotional practice.

Mujarrabat are texts that are collections of fragments that their authors found to be useful. The unifying feature of the genre is that they take the power of the Qur’an and Qur’anic language to be foundational, and applicable to a range of everyday problems and challenges. Although many collections include extra-Qur’anic prayers (often in the form of zikir, wirid, and

salawat), and material things, especially amulets (azimat, zimat), every collection I have consulted begins with the Qur'an, often with the portions of the Qur'an that are foundational to ritual practices like the ritual prayers (salah/salat), prayers for the major holy days (Eid al-Fitr and Eid al-Adha) and funeral prayers for the dead. But mujarrabat also invoke Qur'anic passages for more mundane situations. The most widely circulated passages among high- school age pesantren students, for instance, are intended to gain the attention of love interests. Parents exhausted by an infant who refuses to sleep may also turn to mujarrabat; Qur'anic language that promises to soothe a fussy child is a prayer born of desperation familiar to parents everywhere. Mujarrabat borrow passages from the Qur'an and deploy them for problems that may seem to have little relation to their referential Arabic meaning. The power of mujarrabat comes from the Qur'an, but the texts promise useful knowledge of the kind that will stave off cataracts, ameliorate a headache, calm a child, or make a connection with a romantic interest. They bring together longstanding traditions of "Qur'anic theurgy" (Zadeh 2014) with the everyday concerns of the people who use them. They merge Qur'anic language with an ethos of experimentation: *these words spoken with these materials once solved this problem; perhaps they will again.* As such, mujarrabat beautifully reveal the entanglements between categories that much scholarship presumes to be distinct: religion and magic, prayer and recipe, received tradition and experimentation.

This chapter traces the relationship between these categories using five popular mujarrabat printed in Java during the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. Although these texts come from one place in a relatively narrow period, they are best viewed as part of a larger array of mujarrabat published across the Muslim world since the early modern period, which in turn participate in older traditions of scholarly inquiry into the "virtues" (fada'il) and special

“properties” (khawass) of the Qur’an.<sup>1</sup> The purpose of this chapter is not a Linnaean attempt at categorization. Instead of attempting to label particular mujarrabat passages as “orthodox” or “magic” or “religion,” I am interested in calling attention to what they *do* – namely, to cultivate certain kinds of Muslim flourishing through the co-constitution of tradition and experience.

### The Genre of Mujarrabat

Literally meaning “tried” or “tested,” the label mujarrabat has been applied to diverse texts. In the classical period, “mujarrabat” texts were essentially collections of medical case studies. For example, the illustrious scholar ar-Razi (d. 925) authored one such compilation, which deals with a wide variety of medical issues from ophthalmological problems to joint pain and gout (Millán 2010). However, by the early modern period the term had become more closely associated with Arabic texts of an esoteric or occult nature, what O’Connor calls the “genre of occult medicine, the kutub al-mujarrabāt, ‘books of the tested,’ that is, magical techniques ‘tested’ by experience, such as the *Mujarrabāt* of Aḥmad al-Dayrabī (d. ca. 1151/1739) and Abū ‘Abdallāh Muḥammad b. Yūsuf al-Sanūsī (d. 895/1490)” (O’Connor 2016). In a similar vein, mujarrabat texts in modern Southeast Asia have occult or esoteric connotations, often focusing on the hidden, powerful qualities of language - especially verses from the Qur’an, Arabic letters, and written symbols. As Martin van Bruinessen notes in his survey of texts in the pesantren

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<sup>1</sup> Another topic worthy of study beyond the scope of this chapter would be to probe the particularities of how, in Java, “mujarrabat” came to overlap with the genre of “primbon,” itself a term for collections with its own complex history. Here, however, I limit myself to recent examples of print mujarrabat from the 20<sup>th</sup> and early 21<sup>st</sup> centuries. According to Martin van Bruinessen, at least in the late 20<sup>th</sup> century, “There is no clear line dividing *mujarrabat* booklets from *primbon*, collections of ‘useful information’, which may comprise the same sort of magical formulas, besides lists of auspicious days and hours, rules of thumb for divination (using dreams, the day on which a woman’s period begins, etc), lists of supererogatory prayers, etc.” Van Bruinessen pp. 261-2. Nancy Florida provides the following definition for “primbon”: “*Primbon* (from *rimbu*, Kawi for ‘to secrete, to save away’) designates a body of texts that form compilations of various forms of esoteric knowledge, with Sufi knowledge featuring prominently among them.” (Florida 2018, p. 181 footnote 51).

milieus, printed booklets called mujarrabat aimed at a broad audience were increasing in popularity at the time of his writing in the 1990s. These texts draw on older traditions of “tibb” (medicine) and “hikma” (wisdom), including texts by authors as varied as Ibn Qayyim al-Jawziyya, al-Ghazali, Jalal al-Din al-Suyuti, and al-Buni, texts that are not typically part of formal pesantren curricula but that circulate widely in pesantren networks.<sup>2</sup> As van Bruinessen points out, print mujarrabat of the later 20<sup>th</sup> century came to be so popular and widely distributed that “these simple texts may be of greater influence in shaping popular religious attitudes than the more serious works studied in the pesantren” (van Bruinessen 1994 p. 261-2). Although these texts have become extremely popular, it would be an error to assume a priori an opposition between scholarly and popular approaches; as we shall see, some of these mujarrabat texts are authored by scholars even as they are intended for a popular audience.

Van Bruinessen categorizes mujarrabat under a wider heading of “extra-curricular” texts that are “devotional, ritual, and magical” and also as “Islamic magic” (van Bruinessen 1994 p. 261). In doing so he joins a long line of western scholars who have framed similar texts – and the practices to which they refer – as “magic,” and relatedly, as “marginal” and “popular folk traditions.” Scholarly discourses of “magic” have been particularly pervasive in studies of Islamic approaches to health and healing, and as such deserve greater attention here,

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<sup>2</sup> “Hikmah” traditions and practices are the subject of Chapter 3. “Santri commonly draw a strict distinction between tibb (‘medicine’) and hikma (‘occult sciences’), although to most modernists both are magic and unacceptable. ... Defenders of tibb proudly argue against the modernists that it was one of Ibn Taymiyya’s chief disciples, Ibn Qayyim al-Jawziyya, who wrote a major work in this discipline, *At-tibb an-nabawī*. And even hikma is not so far removed from the orthodox mainstream as modernists would have it: the great Ghazali wrote a book on magical squares, *Al-awfaq*, that is still widely used in Indonesia, while the prolific Jalal ad-Dīn Suyūfī wrote *Ar-rahma fi ‘t-tibb wa al-hikma*. The most influential works of hikma, however, are those by the 12th/13th-century North African Shaykh Ahmad b. Alī al-Būnī: *Shams al-ma arif al-kubra* and *Manba usūl al- hikma*. These and similar works (available in local editions) are widely used in Javanese pesantren, although they do not form part of the formal curriculum and will rarely be taught by the kyai himself. They occupy a central place in peer learning, however. Older santri often experiment together with the various magical techniques set out in these books” van Bruinessen 1994 p. 261-262.

especially since Euro-American scholarly discourses of magic have themselves been extensively re-examined in the last several decades. As Randall Styers has argued, the category of “magic” has been constructed as modernity’s other, antithetical to religion, rationality, and science, even as a category it can be internally incoherent (Styers 2004, see also Meyer and Pels 2003). As scholars such as Kimberly Stratton (2007) have demonstrated, the term “magic” has its own history and genealogy from antiquity. In the modern period, discourses of “magic” took on new functions; as a “discourse of exclusion” (Otto 2016) charges of magic and/or sorcery were often used by European elites to discredit marginalized groups (women, colonized people, the poor); conversely, as a “discourse of inclusion,” discourses of magic have also been (re)claimed by certain groups in the modern era (see, for example, Bever and Styers 2017).

In addition to the broader challenges of the category of “magic,” it presents specific problems in the context of Islamicate knowledge-practices. The closest Arabic term, “sihr” (as well as its Indonesian cognate *sihir*) is far from an exact equivalent, having, especially in the modern period, connotations of specifically sinister intent.<sup>3</sup> Significantly, identifying traditions like those encompassed within *mujarrabat* texts as “magic” smuggles in problematic assumptions: that they are necessarily heterodox, or opposed to the religious mainstream; that they are “popular” rather than learned or elite. Although this may sometimes be the case – practices such as those outlined in *mujarrabat* collections are certainly contested – it should not be assumed a priori that they are “heterodox” and contrary to elite scholarly practice, and sometimes they are manifestly neither of these things.

The power of the Qur’an – the theme around which much of this chapter turns – is particularly problematic to frame as “magical.” As O’Connor notes in her *Encyclopedia of The*

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<sup>3</sup> For one recent treatment of the problem of “magic” and Islamicate knowledge practices, especially in the context of West Africa, see Marcus-Sells 2022.



*Qur'an* entry on “Popular and Talismanic Uses of The Qur’an,” the Qur’an is “the verbal and material object which is perhaps the most universally accessible vehicle of divine blessing and amelioration to Muslims” which is “at the same time a vehicle of worship and of spiritual and material action, encompassing parameters most often inappropriately segregated by scholarship as religion and magic” (O’Connor 2016). The case of “Qur’an ingestion,” or practices of consuming the Qur’an (often by reciting the Qur’an over water or by washing surfaces inscribed with verses and then drinking the ink solution) which is included in many mujarrabat, provides an instructive example.<sup>4</sup> In his article on the subject, Travis Zadeh outlines how many anthropologists and historians working in Islamicate societies have for many decades assumed that traditions of Qur’an ingestion “are located on the margins of orthodoxy and are interconnected with so-called folk traditions derived from local, popular expressions of devotion and belief,” as well as the assumption that these practices are a “late innovation” that are found only on the “periphery of the Islamic world.”<sup>5</sup> With respect to the heterodoxy or orthodoxy of Qur’an ingestion practices, Zadeh points out that Muslim attitudes have varied substantially over time and space, but at least some practices (reciting the Qur’an over water and then drinking it, for example) have tended to be accepted by the majority of Muslim scholars, even modern Wahabi scholars. With respect to the historicity of Qur’anic ingestion, Zadeh argues that “rather than a late innovation, traditions of Qur’anic theurgy can be dated to the earliest record of Islamic intellectual history” (Zadeh 2014 p. 101-102).

Rather than get lost in a quagmire of categorization, I choose to begin by approaching these texts on their own terms. Following the texts themselves, I choose to approach them as

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<sup>4</sup> For a more general semiotic pragmatist analysis of ingestion and other practices with material writing, see Keane 2013. I return to the issue of “Qur’an ingestion”, specifically in the context of drinking “air doa” or water over which the Qur’an and other prayers have been recited, in an ethnographic context in Chapter 3.

“devotional” rather than as “magical,” namely as a type of prayer, or du’a. The English term “prayer” is commonly used to refer to two separate Islamic rituals: salah (In. salat) and du'a (In. doa or do’a). Salah is the ritual prayer incumbent upon all Muslims that is performed five times a day. Du’a is an umbrella term for non-obligatory invocations, supplications, and recitations, often comprised of Qur’anic or other Arabic language, even when offered by non-native speakers of Arabic. Du’a, in both written and oral traditions, have long been overlooked by historians and Islamic studies scholars, as Zachary Wright notes in “Secrets on the Muhammadan Way” (2018). One notable early exception is Constance Padwick’s survey *Muslim Devotions: A Study of Prayer-Manuals in Common Use* (1961). In this work, she remarks wryly that “it seemed to the present writer that in Islam, as in any other faith, a stranger desiring not to remain a stranger could best feel the pulsing life of religion through a study of the devotions actually in use” (Padwick 1961 p. xi). Padwick notes the composite quality of many of these texts, commenting “many Muslim devotions have the character of a mosaic of tiny distinct fragments... while the prayers of some of the saints show a spiritual individuality, the great mass of these devotions is built up of well-tried small items arranged in ever new patterns - traditional prayers of the Prophet, forgiveness-seekings, refuge-seekings, cries of praise...” (Padwick pp. -Xxvii-xxviii). On the other hand, du’a have been far more extensively studied by anthropologists. For example, John Bowen’s *Muslims Through Discourse* examines in intricate ethnographic detail the debates raging between Gayo traditionalist and modernist Muslims in the late 20<sup>th</sup> century over the nature of different kinds of powerful speech, especially do’a, and the ethics of Muslims’ use of such power (Bowen 1993). In her recent ethnography of prayer and poetry among Muslim women in contemporary Iran, Niloofar Haeri argues “an ethnographic study of do’a ... helps us better understand the complexity of Muslim subjectivity” and multiplicity in Muslim

relationships to God, arguing further that, through studying *do'a*, she finds that “the relationship to God is not unchanging and monolithic, and therefore God does not remain one thing” (Haeri 2020 p. 100). This chapter, in taking a textual approach to a specific sub-genre of *do'a*, extends these ethnographic works’ attentiveness to subjectivity and relationality in Muslim prayer practices, while operating within a textual and historical frame.

### Key Terms in Mujarrabat Collections

More specifically, in addition to naming themselves collections of “prayers” (*do'a*), these collections repeatedly reference three other key terms of note: the “excellences” or “virtues” of the Qur’an (*fadā’il al-Qur’an*), the “properties” of the Qur’an (*khawass al-Qur’an*), and the “benefits” of the Qur’an (*fawā'id al-Qur’an*). These terms are important in the texts’ own framing: most of the *mujarrabat* collections I examine here refer to these terms in framing what they are and do, either in introductory remarks or as the headings of chapters. Better understanding of the histories and usages of these terms is important, I suggest, in order to grasp how *mujarrabat* authors relate these texts to other Islamic traditions. Following Shahzad Bashir’s suggestion that a tradition is “an argument, posited imaginatively in hindsight” (Bashir 2022), attention to these terms’ fields of reference aids us in comprehending the “arguments” that *mujarrabat* text authors are positing for their readers.

The *fadā'il al-Qur'an* (Arabic, from the singular *faḍīla*; “(moral) excellence, an excellent quality, or exquisiteness”) is one of the genres of *fadā'il* literature that emerged in the second/eighth century, drawing on Qur’an and hadith and concerning “the superior qualities of individuals and groups, places and regions, or actions and objects” (Enderwitz 2018). Generally speaking, *fadā'il al-Qur'an* are collections of hadith reports specifically concerning the sacred text, and thus are explicitly metapragmatic in nature. *Fadā'il al-Qur'an* cover topics ranging from

“On the excellence (*fadl*) of the Qur’ān and on that of learning and teaching it”, “On the excellence of reciting the Qur’ān and listening to its recitation”, “On the behavior necessary to the one who recites the Qur’ān”, “On the purchase and sale of volumes in which the Qur’ān is preserved and what is reprehensible in it”, “On the possibility of decorating and embellishing the Qur’ān with gold and silver” etc (Martini 2020 p. 336). Some of the topics within this genre concern specific chapters or verses from the Qur’an, such as the opening chapter, Surah Al-Fatiha, or certain verses from Surah Al-Baqara (the Cow) including the “Throne Verse” (discussed in more detail below). A chapter on the *fadā’il al-Qur’an* is included in some of the early hadith collections, such as that of Bukhari (d. 256/870), and independent works titled *Fadā’il al-Qur’an*, such as one written by Abū ‘Ubayd al-Qāsim b. Sallām al-Harawī (d. 224/837), were written around the same time.<sup>6</sup> *Fadā’il al-Qur’an* are also included in other genres, for example sometimes appearing in exegetical works (*tafsir*) on the Qur’an.<sup>7</sup>

The *khawass al-Qur’an*, on the other hand, refers to the “occult properties of sympathetic and theurgical nature attributed to the Qur’ānic text and its parts (letters, words, verses, entire suras)” (Martini 2020 p. 323). The *khawass al-Qur’an*, as has been recently argued by Giovanni Martini, is conceptually related to the *fadā’il al-Qur’an*, and yet distinct from it. They share “the idea that the Qur’ānic text, of divine and not human origin, possesses in every single part peculiar qualities of spiritual order” (Martini 2020 p. 337). However, the *khawass*, unlike the *fadā’il*, do not generally base their authority on hadith; rather, “the effectiveness of the recipes described therein is supported by their ... attribution to charismatic figures ... and, at the same time, on the basis of their ‘proven effectiveness’ based on empirical experience (*tajārib*);

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<sup>6</sup> Martini 2020 p. 336. On the analysis of *fadā’il al-Quran* texts as historical sources for the early centuries of Islamic history, see Afsaruddin 2002.

<sup>7</sup> The *Tafsīr* of al-Thalabi (d. 1035) is one prominent earlier example; see Saleh 2004, p. 103-108; cited in Martini p. 336, f.n. 38

(Martini 2020 p. 337). Of the khawass al-Qur’an, according to al-Suyuti, “most of what is passed down on this [discipline] is based on the experiences of pious men (*wa-ġālib mā yuḍkar fī dālik kāna mustanadu-hu taġārib al-ṣāliḥīn*)” (Martini 2020 p. 338-9). As a genre, khawass al-Qur’an emerged somewhat later than fadā’il al-Qur’an, with important works such as the *Kaṣf al-sirr al-maṣūn wa-l-‘ilm al-maknūn fī ṣarḥ ḥawāṣṣ al-Qur’ān* by al-Ḥakīm al-Tamīmī (d. unknown. Possibly fl. end of 4th/10th century). Other works from the genre have been attributed to Abu Hamid al-Ghazali (d. 1111), copies of which were in wide circulation by at least the 8<sup>th</sup>/14<sup>th</sup> century, although this attribution has been contested by some scholars.<sup>8</sup> Khawass al-Qur’an have been included in numerous kinds of other texts, such as texts on medicine (tibb, especially tibb al-Nabawi or Medicine of the Prophet, see Chapter 2), and texts of esoteric or “occult” knowledge (‘ulum al-gharib or al-ghaib or hikmah, see Chapter 3). Their authority is based on both the piety of their attributed source, and that person’s empirical, even experimental, experience.

A third “key term,” mentioned by some of the texts examined here but not others, is the “fawā’id al-Qur’an” or the “uses” or “benefits” of the Qur’an (Arabic, singular fā’ida, pl. fawā’id). This term appears to overlap substantially with “khawass al-Qur’an,” at least among the texts I have examined; recipe-like, it usually directs the reader how to make use of a specific portion of the Qur’anic text (written or recited) in conjunction with certain materials and procedures, to achieve a certain end, “if God wills.” To my knowledge this term has not received systematic scholarly analysis; as a recent blog post on the subject articulated, “habitually ignored

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<sup>8</sup> Martini 2020 p. 352. Martini refers to al-Ghazali as a “founding and tutelary figure” of the khawass al-Qur’an.

by catalogers and researchers alike, fawā'id reveal the intimate concerns of manuscript copyists and of the wider societies in which they lived.”<sup>9</sup>

Attending to the fawā'id, along with fadā'il and khawāss, of the Qur'an enables scholars of Islamicate societies to better comprehend the role (either idealized or actual) of the text in everyday life. It thus joins the expansive project of studying the “living Qur'an” that has been an important feature of Indonesian Islamic studies scholarship in recent years.<sup>10</sup> Furthermore, close examination of fawā'id, fadā'il and khawāss of the Qur'an within mujarrabat texts offers an opportunity to explore the particularly heteroglossic quality of the Qur'an in daily, devotional practice, while exemplifying the complex, dialogic relationship between tradition and experience that is a key theme of this dissertation.

### Collections of Collections: Personal Collections, Archives and Libraries

My interest in mujarrabat first arose through my fieldwork, in the context of interviews with one teacher at a local pesantren. This teacher, Mas Arief, was younger than many of my interlocutors, just 24 at the time of my fieldwork, and he enthusiastically agreed to discuss and share his interest in ilmu hikmah, or esoteric wisdom traditions. Mas Arief, it transpired, had been collecting hikmah for many years, since his own days as a pesantren student. Although Mas Arief had collected hikmah on a number of topics over the years, he had a particular interest in practices that are geared toward inviting dream-visions of the Prophet Muhammad. After I told Mas Arief about my interest in traditionalist Muslim approaches to health and healing, he shared

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<sup>9</sup> This particular blog post, on the Hill Museum and Manuscript Library (HMML) website, examines the fawā'id in a West African manuscript intended to protect the user from being enslaved in the trans-Atlantic slave trade. Ali Diakite and Paul Naylor, “Postscript — A Fā'idah” posted January 3, 2021, accessed June 7, 2023.

<<https://hmml.org/stories/postscript/>>

<sup>10</sup> See, for example, Sahiron Syamsuddin 2007.

with me several practices he had collected over the years, both in handwritten notebooks and printed books and booklets he had collected. Through discussions with Mas Arief, I also came to learn more about how mujarrabat collections reflect a wider practice of collecting ijazah (certificates), specifically ijazah for different kinds of hikmah. As Mas Arief and other hikmah specialists explained to me, a teacher must grant a student an ijazah for the ilmu hikmah (often glossed as prayers or incantations) to be effective. Without the permission of a proper teacher, who had themselves received such an ijazah, it would not “work.” Thus, the effectiveness of a particular hikmah practice is contingent on a proper chain of transmission, resembling in some respects a genealogy (silsilah – a topic to which I return in Chapter 3). As a teacher, Mas Arief told me that he would often grant his students ijazah for hikmah after exams and at the ends of terms as a reward and an incentive to continue studying hard. For example, he had recently taught his students a recitation for improving one’s memory. Furthermore, he commented that students sometimes learn hikmah from each other, and through more informal means (the varied healing uses of ilmu hikmah in practice are the focus of Chapter 3, which takes an ethnographic approach rather than a primarily textual one).

He explained to me the practice of giving pesantren students a printed booklet that collected prayers and prayer practices that graduates of the pesantren might need to use in their lives after leaving school; as he put it, pesantren graduates would be expected to be religious leaders in their communities, and thus should be prepared to assist with important life events (i.e. weddings and funerals) as well as ordinary and everyday ones. Mas Arief shared a prayer collection booklet from his own pesantren, a bit worn from frequent use. This booklet began with basic, everyday prayers: prayers to be said while performing ablutions (In. wudu, Jv. wudlu) before ritual prayer (salat) as well as during and after salat, prayers for fasting (puasa), for holy months

(bulan-bulan mulia), for preparing a corpse for burial (jenazah), for marriage (nikah) pregnancy and childbirth (hamil dan melahirkan), illness and death (sakit dan kematian). There are also litanies (Ar. wurd pl. awrad; In. wirid pl. wiridan), sholawat and ratib, and daily prayers (do'a-do'a harian) for everyday circumstances, such as before sleeping, after waking, before studying, when dressing, leaving the home, entering the mosque, visiting one who is sick, experiencing a calamity (musibah), or wishing for safety (keselamatan). This pesantren prayer collection exemplifies the multifarious nature of such collections, in which prayers related to health and illness, conditions of the body and the person are interspersed among the many situations, challenges, and transitions humans may face. Though not a mujarrabat, as a collection of prayers drawing on Qur'anic and other Arabic language, similarities between this prayer collection and the mujarrabat to which we will shortly turn underline the importance of approaching them as a subset of textual approaches to everyday Muslim devotional practice.

Mas Arief also introduced me to the vast and varied terrain of published mujarrabat collections, available in bookshops, bookstalls, and bookfairs. He loaned me several booklets he had collected himself, and I began collecting mujarrabat booklets when I encountered them; two such booklets are included below as case-studies. I also searched for such texts in more formal collections, in the (post)colonial archive and library collection of Leiden University, as well as in the National Library of Indonesia. Both Leiden University and the National Library of Indonesia have mujarrabat in their holdings, in both manuscript and print form. The Leiden collection includes several prayer collections (some of which might be categorized as mujarrabat) from the colonial period taken from religious figures suspected or convicted of organizing against the colonial regime, of which the notebook of Imam Bonjol is a prominent example.<sup>11</sup> The National

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<sup>11</sup> Intriguingly, the prayer book includes wifiq or "magic squares."



Library of Indonesia's collection includes a mujarrabat manuscript from the family of the late Abdurrahman Wahid, the former president of Indonesia descended from a family of pre-eminent kyai and the founders of the largest traditionalist Muslim organization, NU. In its ongoing effort to preserve and make accessible Indonesian manuscripts, the Indonesian National Library (Perpustakaan Nasional) has also published editions of relevant texts, most recently a mujarrabat from Pesarean, Tegal.<sup>12</sup> Although these manuscripts are beyond the scope of this chapter, they merit further examination and study, and attest to the longevity of this genre, and its persistence in manuscript as well as print forms. That these manuscripts have been preserved also speaks to how they are valued by (post)colonial and national institutions.

One additional text, bridging manuscript and print media, merits mention here: the text most often called "Mujarrabat al-Dayrabi," a text focusing on the "great benefits, special properties, and secrets of the Quranic verses" ("fawā'id jalīlah wa-khawāṣṣ wa-asrār lil-ayāt al-Qur'ānīyah"). This text is attributed to Aḥmad b. 'Umar al-Dayrabī al-Shāfi'ī al-Azharī, who died in Cairo on 27 Sha'bān 1151/11 December 1738. According to Brockelmann, al-Dayrabi also composed works on marital law and the law of inheritance. Al-Dayrabi's Mujarrabat seems to have, if anything, gained popularity with the arrival of print media; printings of the text are known to have been made in Mecca, Lucknow, Rabat, and Cairo, as well as Bombay; this last version, a lithography printed in Bombay in 1895, at Hasani Press, was translated into Jawi (Malay in modified Arabic script) by Awang Kenali, also known as Tok Kenali (Proudfoot

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<sup>12</sup> Abdallah and Imroh, eds, 2021. "Suntingan dan alih bahasa teks mujarobat dari Pesarean, Pagerbarang, Tegal." Perpustakaan Nasional Indonesia.

According to the authors of the edition, the text is still used in Pesarean to this day, for example, in choosing a good day to plant, hold an event, or to build a house, and how to make amulets (jimat) to improve one's fortune or to get rid of bad luck ("Naskah ini juga masih dipergunakan sebagai pegangan dalam menentukan suatu hal, seperti: penentuan hari untuk bercocok tanam, memulai hajatan, membangun rumah, pemakaian jimat untuk mendatangkan keuntungan atau membuang kesialan dan lain sebagainya.")

1994). Intriguingly, Mujarrabat al-Dayrabi appears in at least one “subversive” prayer notebook from the early 20<sup>th</sup> century: an ijazah for Mujarrabat al-Dayrabi is included in the notebook of K.H. Muqri Labuan, a prominent figure in the Communist Revolt of 1926 in Banten, according to Helmy Faizi Bahrul Ulum (2018). The popularity of the text seems to have continued to the present day, at least among some readers; I met several santri who had copies of the text, and a new Indonesian translation, published by Wali Pustaka press, has appeared in bookstores in recent years.

### Indonesian Print Mujarrabat, 1980s-Present: A Brief Overview of the Case Studies

I now turn to five case study mujarrabat, three of which are from the Leiden University collection, and two that I purchased myself in Yogyakarta during the period of my fieldwork. Although the choice of case studies was somewhat constrained by access, I have tried to include a diverse sample to attest to the variety of approaches this genre includes, including texts authored by traditionalist pesantren kyai (Case Studies 1 and 5), a pop-psychology informed approach to “Islamic healing” (Case Study 2), a text foregrounding Javanese mysticism (Case Study 3), and a translation from Arabic purchased at a Salafi bookstore (Case Study 4). The texts are arranged in order of their publication, with the earliest text published in 1988, and the most recent in 2017. I draw close attention throughout to how the author-compilers of these texts use introductory and/or closing remarks (their “paratexts”)<sup>13</sup> to explain and situate their collections for the imagined reader. These texts all draw on the genres of the fadā’il and khawāss al-Qur’an extensively; some include fawā’id al-Qur’an as well. Following Pollock and Ricci, these prayer

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<sup>13</sup>On prayer booklets and paratexts, see Raia, A. (2022). “Easy to Handle and Travel with: Swahili Booklets and Transoceanic Reading Experiences in the Indian Ocean Littoral.” In Thumala Olave, M.A. (eds) *The Cultural Sociology of Reading*. Palgrave Macmillan. On paratexts, see also Genette, G. C. (1997). *Palimpsests: Literature in the second degree*. University of Nebraska Press.

booklets can be understood as “cosmopolitan-and-vernacular” (Pollock 2006, Ricci 2011; see also Raia 2022), while offering small windows into the history of print culture and the Islamic revival in Indonesia.

#### Case Study 1: Mujarobat Komplit (1988) – Leiden Collection

This mujarrabat highlights the elite-popular connection embodied in many such collections: it is authored by a learned scholar, a kyai and pesantren founder, draws from numerous texts from the classical period of kitab kuning, but is written in such a way as to be accessible to a wide audience. Although the Arabic portions of the text are not given in Romanized transliteration, meaning that the booklet is intended for those familiar with reading the Arabic script, throughout the Arabic text is written with complete vocalization, meaning that even if the reader is unfamiliar with the specific Arabic words and grammatical constructions being used, they can still pronounce the Arabic properly. A close reading of the paratextual components of the booklet – the introduction and closing – in particular highlight the relationship between the author and reader that the text itself is intended to establish: specifically, a teacher-student relationship that is part of a larger economy of virtue in which blessings are exchanged.

KH Subki Masyhadi (d. 2011) the author of this booklet, was an NU-affiliated scholar, teacher, and pesantren founder from Central Java. According to an obituary published online, he was a prominent member of NU and founder of a pesantren in Pekalongan, Central Java (Pengasuh Pondok Pesantren Al-Masyhad). According to a biographical sketch collected for the Ministry of Religion, he traced his ancestry to Sunan Gunung Jati, one of the Wali Songo or “Nine Saints” of Java, figures credited with initially spreading Islam on the island, and authored over 100 works, many of them translations of Arabic texts. He was also known as a specialist in

the science of Arabic grammar (nahw) and was known for teaching Tafsir Munir (a work of Qur'an exegesis - Fahrudin 2013).

The booklet opens with a portrait of the author, as well as an introduction, stating the author's motivations for writing and publishing this work, as well as making a request of the reader. The text begins with the bismillah, and thanks for God (Allah – specifically, “He who said: ‘and we have sent down that of the Qur'an which heals’ a quote from the Qur'an) and blessings on the Prophet Muhammad. After this opening, Masyhadi begins by stating that reading/reciting the Qur'an brings “many rewards” (pahala), great benefits and uses (faedah dan manfaat), in addition to containing many virtues, properties and secrets (fadhilah dan khasiat serta asrar -rahasia-rahasia kandungan). Because of this, he felt the need to explain (menerangkan) its virtues and properties (fadhilah dan khasiat), so that Muslim brothers and sisters might pay attention to and make use of them (untuk dapat diperhatikan dan diambil guna oleh Sahabat-sahabat kaum muslimin dan muslimat.) He also expresses his wish that, before God (di hadapan Allah Ta'aalaa) this writing constitutes lasting good works (amal-amal jariyah) and useful knowledge (ilmu yuntau'fa'u bihi), citing the following saying of the Prophet (hadith):

“When a child of Adam (anak Adam) dies, all their good deeds (amalnya) come to an end except three: ongoing charitable donations (sadaqah jariyah) such a building a mosque, an Islamic school, or home for orphans, useful knowledge (ilmu yang bermanfaat) such as teaching the Qur'an and knowledge of the shari'a and composing texts (kitab) containing benefits for this life and the next (bermanfaat di dunia dan di akhirat), and pious children (anak yang saleh).”

For this author, both the writing and the reading of this mujarrabat constitute good deeds (amal), not only connecting the author and the reader, but the rewards (pahala) of such good deeds both in life and after death.

Throughout this introduction, by alluding to the merit or rewards (*pahala*) entailed in reading, writing, or reciting the Qur'an itself, or in teaching and learning about it, the author participates in the Islamic discourse of *hisāb* in an Indonesian vernacular register. *Hisāb*, meaning “account to be rendered to God” is a term that appears in the Qur'an and is often used to refer to the “reckoning” all humans will face on the Day of Judgement.<sup>14</sup> In particular, many Muslims believe that two accounts will be kept of deeds throughout their life: one account of good deeds, and one of bad, and that God will punish and reward them accordingly for those deeds.<sup>15</sup> Anthropologists have recently highlighted the role of *hisāb* and modes of accounting for virtuous deeds in a variety of Muslim social settings, including in Indonesia.<sup>16</sup> Here, discussion of the rewards or merit earned in engaging with the Qur'an (whether reciting, writing, teaching or learning about it) serves to concretize and define the holy text's worth within an economy of virtue, even as such concrete methods of accounting remain in tension with the inscrutability of God's justice and mercy.

The introduction (*mukaddimah*) also requests that the reader prepare to read the text in a specific way. “The author asks the reader, before reading this book (*kitab ini*) to recite (*membaca*) Surat al Fatiha once, Ayat al-Kursi once, Surat Al-Ikhlās eleven times, and Al-Mu'awwidhatain (*qul a-'uudzu bi rabbinnaas... dan qul a'uudzu bi rabbil falaq ....*) once, giving the rewards or merit (*pahala*) of reciting these verses to the author, his parents, and his teachers

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<sup>14</sup> As Gardet notes, in the Qur'an, “the expression *yawm al- hisāb* (XL, 27; XXXVIII, 16, 26, 53; cf. XIV, 41), “the Day of the Rendering of Accounts”, is synonymous with *yawm al-dīn*, “the Day of Judgement.” L. Gardet, 2012 “*Hisāb*”, in: *Encyclopaedia of Islam, Second Edition*, Edited by: P. Bearman, Th. Bianquis, C.E. Bosworth, E. van Donzel, W.P. Heinrichs. Consulted online on 24 May 2023.

<sup>15</sup> Of course, different Muslim schools of theology (*kalam*) offered diverse answers to the question of how the Divine would reward or punish good or bad deeds, and understandings of God's justice and mercy. For more, see Gardet, 2012.

<sup>16</sup> For recent ethnographic approaches to accounting of virtue and reward (*hisab*, *pahala*) in Indonesia, see Birchok 2022, and Ibrahim 2018. For a broader analysis of such modes of moral accounting in Egypt, see Mittermaier 2013.

(pahala bacaan tersebut dihadiahkan penulis, kedua orangtua dan guru-guru penulis). For this, he thanks the reader, who he names as “saudara berganda” or siblings. The introduction closes with more Arabic phrases, first from the Qur’an and then from the hadith. “My success lies with God alone. In Him do I trust and unto Him do I turn” (Qur’an Hud 11:88, echoing as well 42:10 and 7:88-9; translation from the Study Qur’an). As the Study Qur’an notes, this is “a well-known expression in everyday Muslim discourse employed in many diverse contexts; it conveys the idea that no matter what one does, it is ultimately up to God whether it will be successful and carry a blessing in this world and in the next” (Study Qur’an p. 583, footnote to 11:88). This verse is followed by “There is no power and no strength except by God, the lofty, the great” (la hawla wa la quwwata illa biAllah l-‘aliyyi l-‘azīm), a popular phrase from the hadith, sometimes referred to as the *hawqala* (I will return to this phrase again, used in another mujarrabat collection, below). By ending with these quotations, the author redirects the reader’s attention to God’s agency and power, framing all human actions as contingent in nature. Finally, the author grants the reader an “ijaza” or authority to use the contents of the books, with the following “statement” (pernyataan): “I give an ijaza to use the contents of this book to Muslims (saudara kaum Muslimin) who own this book (buku/kitaab).” This approach of granting a blanket ijaza to owners of mujarrabat texts is not uncommon in books from this period; one other author even printed an ijaza as a modern “certificate” in the front of his mass-produced text.

Through this introduction, the request for verses to be recited for him, and the granting of this print ijaza, the author strives to establish a tie with his reader, in an attempt to overcome some of the anonymity imposed by the technology of mass printing. The author returns to this connection between himself and the reader in the conclusion, where he states that he hopes that the readers (addressed directly as “you”: Anda sekalian) will make use of it (mengamalkan) in

accordance with what is needed (sesuai dengan apa yang dibutuhkan). He also hopes that the reader will pray for the author to “achieve his goals or desires (kesampaian hajat)” experience “salamat” in this world and the next (di dunia dan di akhirat), and finally that he will have a good death (husnul khatimah) (Masyhadi p. 134) Here, the act of reading, learning, and making use of knowledge forms a bond through which blessings flow in both directions: from the author/teacher to the reader/student and also from reader/student to author/teacher. In this respect, it could be seen as an attempt at translation, in print form, of the general murid-murshid relationship that animates Sufi lineages, as well as the more regionally specific relationship between kyai and santri.

Following the introduction, the chapters are arranged from general to specific, turning first to the general topic of the “virtues of the Qur’an” (fadhilah al-Qur’an) before proceeding to discuss both the virtues (fadhilah) and hidden properties (khawass) of specific chapters (ayat) and verses (sura). The opening section on the general “virtues of the Qur’an” (fadhilah al-Qur’an) quotes several hadith in full, giving first Arabic then Indonesian translations. The hadith emphasize the importance of reciting the Qur’an first in general terms, relating that “The Prophet Muhammad (PBUH) said: Whosoever wishes to speak (berdialog, yatakallama) with God (Allah), [should] recite the Qur’an” and that “The best of you is the person who studies the Qur’an and then teaches it” (Masyhadi p. 5) These hadith also account for the virtue of the Qur’an by emphasizing, often in numeric terms, how both listening to and reciting the sacred text constitutes “good deeds” (hasanah – kebaikan), and, in Indonesian translation, earns one rewards or merit (pahala). One such hadith outlines an arithmetic of virtue, where reciting each letter of the Qur’an (such as alif, lam, or mim) constitutes a good deed, and each good deed earns a ten-

fold reward.<sup>17</sup> The author also discusses how reciting the Qur'an compares to other virtuous actions, such as performing a cycle of ritual prayer (salah), citing a hadith that relates that studying one verse of the Qur'an is better than one hundred cycles of ritual prayer. Furthermore, these texts emphasize the importance of not just reciting and studying the Qur'an but also teaching it, again in numerical terms; for example, another hadith relates that teaching one verse of the Qur'an to one's children (anak) is better (lebih baik baginya) than fasting during the day and praying at night for one hundred years, and better than giving one hundred dinars in charity (sadaqah) to the poor.

The text then turns to the “fadhilah” and “khasiat” of specific verses from the Qur'an; for the sake of brevity, I will focus here on the bismillah (a phrase repeated throughout the Qur'an and frequently in the lives of Muslims) and the Fatiha (the first chapter of the Qur'an, one recited in many contexts). The bismillah – “bismillah al-rahman al-rahim”- “In the name of God, the Merciful, the Compassionate” – occurs at the opening of almost every chapter of the Qur'an, and is of tremendous importance in everyday ritual practice. It is a phrase that punctuates the lives of pious Muslims, often recited when beginning a task, embarking on a journey, or opening a speech. I encountered it throughout my fieldwork, and it appears in each of the chapters of this dissertation, whether recited when inserting an acupuncture needle (Chapter 2), treating mysterious illness (Chapter 3) or seeking to evict a troublesome spirit (Chapter 4). Here, the author of this text brings together the genres of fadhilah and khasiat, the one following the other. He begins by citing a hadith report on the fadhilah of the bismillah, relating that “not a single servant [of God] pronounces ‘bismillaharrahmanarrahim’ but Allah instructs the angels tasked

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<sup>17</sup> From Ibn Mas'ud (Ibnu Mas'ud): “Whoever reads/recites (membaca) one letter (satu huruf) from Allah's Book (Al Qur'an), he will be credited with a good deed (baginya pahala satu hasanah – which he translates as kebagusan), and a good deed gets a ten-fold reward. I do not say that Alif-Lam-Mim is one letter, but [rather] Alif is a letter, Lam is a letter and Mim is a letter.”



with recording the good deeds of humans (amal manusia) to record in their book 400 good deeds (kebaikan).” This is a reference to the kiraman katibin, the angelic scribes who, according to Islamic traditions, record all the deeds of each human, both good and bad; on the day of judgement, each person will be confronted with their actions, and judged accordingly. Having emphasized the “virtues” (fadhilah) of the bismillah according to the hadith, the author then turns to its hidden “properties” (khasiat), which relate to the power of the verse in both the worldly realm (the dunya) as well as the afterlife. These “khasiat” are not supported by hadith, but rather are simply summarized in bullet point form, and are often given in conjunction with other Qur’anic or Arabic language. For example, the text states simply “among the properties (khasiat) of the bismillah [is] whoever recites the bismillah (basmalah) and the hawqala (la haula wala quwata ila billahil aliyil adzim), they will be protected from (dihindarikan) from 70 calamities (bala/musibah),” among which the text explicitly includes “difficulties (kesusahan), madness (penyakit sinting) and senseless chatter (mericau, Jv. nggromet)” (p. 9) Different numbers of repetitions of the bismillah are prescribed for different ends. For example, repeating the bismillah 21 times before sleeping is recommended for protection from evil spirits (setan), theft (kecurian), sudden death (maut mendadak) and disaster (bala); whereas 41 repetitions are useful for helping a person who has fainted (pingsan) recover.

Sometimes, the reader is instructed to inscribe the bismillah rather than recite it, such as later in the booklet, when the author describes a practice intended to relieve fever (“ikhtiar menghilangkan penyakit panas” p. 49). The author directs the reader to take three dried leaves (tiga helai daun kering) and to inscribe on each of them the bismillah with separated letters (huruf terpisa), recite specific prayers with each of them, and then use the leaves as “ukup,” perfume or incense. Sometimes referred to as “rajah,” the inscription of disconnected Arabic

letters is a relatively common hikma practice (one I encountered frequently during fieldwork, and to which I return in Chapter 3). This practice makes use of the fact that Arabic is written in a cursive script in which letters are written differently depending on whether they appear in the beginning, middle or end of a word; unlike English, Arabic is not normally written so that the letters appear separately, including in print.<sup>18</sup> By separating the letters, a writer makes the meaning of the word – such as the words in the bismillah – hard to “read,” obscuring referential meaning. Some observers also relate the use of separated letters for hikmah-like practices to the “mysterious Letters” of the Qur’an (the *muqatta’āt*), the disconnected or disjointed letters that begin several chapters of the Qur’an (such as alif lam mim, ta ha, ya sin, etc), which have been the basis of extensive commentary, discussion, and debate.<sup>19</sup> Although many of the practices described in the collection do not include sources, here the author attributes this specific practice to the text “Fathul Majid” possibly Mujarrabat Dairabi, as that is one of the text’s alternate names.

The chapter on the Fatiha- the first chapter of the Qur’an, and another portion of the holy text that is used frequently in daily life – follows the pattern of beginning with the verse’s “virtues” and then proceeding to its “properties.” Several hadith are again cited, in Arabic and in Indonesian translation, to demonstrate the “virtue” of the text. One states “al-Fatiha is worth a third of the Qur’an” where the Indonesian translation specifies that the “worth” is in “merit” (pahala), again referencing discourses of hisab and pahala. Another hadith states: “Surat al-Fatiha is for whatever it is recited,” i.e., it can be used for any end; and a third reads “the Fatiha is the opening of intention for the believers.” (p. 14). Following this citation of “virtues,” the text

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<sup>18</sup> For an account of how this feature of Arabic and modified Arabic scripts impacted the history of print media in Southeast Asia, see Proudfoot 1997.

<sup>19</sup> Saif and Leoni 2020, Francis 2017 on al-Buni specifically

moves on to the “properties” (khasiat) and “benefits” (faedah) of the text. One of the khasiat, according to this author, was narrated (diriwayatkan) by Ibn Arabi. Those with a specific intention or purpose (maksud) should recite the fatiha 40 times after the maghrib (sunset) prayer, submit their wish (hajat) to God, and then follow it with a specific prayer, the text of which is given in Arabic without translation or transliteration, but with diacritic markers of short vowels to aid in proper pronunciation. Another “khasiat” of the Fatiha reads “whoever recites Surat al-Fatiha 70 times after having performed ablutions (in a state of ritual purity - dalam keadaan berwudlu) every day for seven days, that they have blown over holy water (mentiupkan pada air suci) that they then drunk, they will gain knowledge and wisdom (ilmu dan hikmah) and their heart will be cleansed of disordered thinking (hatinya dibersihkan dari pikiran rusak)” (p. 14) Among the “benefits” (“faedah”) of the Fatiha, one may use it to treat (mengobati) various ailments, including ailments of the “eyes, teeth, and stomach” by reciting it 41 times (p. 16).

The text’s ending (khatimah) centers the patchwork quality of the collection with an acknowledgement that this text (risala) is “no more than snippets (cuplikan-cuplikan) from books (kitab-kitab) that the author knows.” The author appends to his conclusion a list of sources, extremely briefly stated but important for locating this work within a larger corpus of texts. Although they are not complete citations, I give them here with some educated guesses about the texts to which they may refer. He lists “Ruhul Bayan” (possibly Tafsir Ruh al-Bayan, a work of Qur’anic exegesis), “Is’adurrafiq” “Sabilul Muhtadin” “Fathul Majid” (possibly Mujarrabat Dairabi, this is another of its common titles) “Khazinatul Asrar” “Arrahmah fittibbi wal hikmah” (possibly al-Suyuti’s Al-Rahmah fi al-Tibb wa al-Hikma) “Mamba’i Usulil Hikmah,” and “Syamsul Ma’arif” (likely the *shams al-ma`arif* attributed to al-Buni). Although the precise references are unclear, it seems that these sources are in line with the kinds of works that are

typical of the pesantren milieu as described by van Bruinessen (1990), combining works of Qur'anic exegesis with typical "hikmah" texts such as those of Al-Buni and al Dairabi.

#### Case Study 2: Mujarobat Kubro (2000)—Leiden Collection

This collection places health, illness, and therapeutics (pengobatan) front and center, with the subtitle "Islamic Therapeutics" ("Pengobatan Secara Islam"). Written by Abdul Mujib,<sup>20</sup> this booklet was published in 2000 by Bintang Pelajar, a publisher located in Gresik, East Java, and is held in the collection of Leiden University in the Netherlands. The text's introduction opens with thanks and praise to God (Allah), "the Creator of all illnesses and their medicines" (Pencipta segala penyakit dan obatnya), "who determines (menentukan) the joys (kebahagiaan) and calamities (bencana) of His servants (hambanya)... who also gives guidance (petunjuk) and help (pertolongan) to whomever (siapa pun) [He] wishes, Most Swift (Maha Cepat) in reckoning (perhitungan) and chastisement/torment (siksa), Most Just (Maha Adil) and Most Wise (Maha Bijaksana)." Secondly, the author states his wishes for blessings to be bestowed upon the Prophet Muhammad, his family, his companions, and all those who follow his guidance and teachings. The introduction then moves on to outline the booklet's purpose: it is a "book of treatments/therapeutics" (buku pengobatan) that contains "ways of healing or therapies (cara-cara penyembuhan atau pengobatan) that are frequently used in Islam (yang sering digunakan dalam Islam), namely healing by making use of (mengggunakan) the special properties (khasiat) of Qur'anic chapters and verses" as well as "shalawat" and "doa-doa." Specifically, the author states that this book aims to provide guidance (petunjuk) in how to obtain (mendapatkan) an

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<sup>20</sup> According to the Leiden University Catalogue, this is the same Abdul Mujib (b. 1968) who is also a prominent Indonesian academic (currently in the Department of Psychology at the Syarif Hidayatullah State Islamic University, Jakarta) and who has written extensively on Islamic Psychology. This attribution may be an error; I have not yet been able to verify this independently.

extraordinary range of objectives: “ forgiveness (ampunan), rewards (pahala), great fortune (rezeki yang luas), love (pengasihannya)” as well as “ rank or position (pangkat), a prosperous life (kesejahteraan hidup), success in business (berhasil dalam usaha), safety from evil (selamat dari kejahatan), protection from catastrophe, and many others besides (terjaga dari malapetaka dan banyak lagi lainnya), all of which is intended for creating a life of happiness in religion (agama) society (masyarakat), this world (dunia) and what comes after (akhirat).”

At the same time, this litany of good outcomes is tempered with a warning. If the reader meets with success in making use of this book, “under no conditions consider that your success is because of the special properties (khasiat) and virtues (fadhilah) of these prayers (doa-doa), but only because of your effort (usaha ikhtiar anda) and the one who grants healing, etc, is God (Allah SWT).<sup>21</sup>” The prayers, in and of themselves, are not powerful except in concert with effort (ikhtiar) and the intervention of God; with this caveat, the author and publisher seem eager to dispel or preempt any accusations (perhaps from Muslim modernists or other reformists) that they are promoting the power of the text independent of human and divine action. Indeed, they close by saying that “finally, we hope that this book can be a form of guidance (petunjuk) in exerting oneself (melakukan ikhtiar) to overcome your difficulties (mengatasi kesulitan anda). The publisher and the author have no intention (niat) other than striving for God’s contentment

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<sup>21</sup> “Jika anda berhasil mengamalkannya, maka jangan sekali-kali anda beranggapan bahwa keberhasilan anda karena khasiat dan fadhilah dari doa-doa tersebut, tetapi semua itu hanya usaha ikhtiar anda dan yang memberikan kesembuhan dan sebagainya adalah Allah SWT. (vi)

(ridha Allah SWT).”<sup>22</sup> In invoking both ikhtiar and ridha, the author and publisher highlight virtuous action (effort) and the virtuous goal of pleasing God, of making God content (ridha).<sup>23</sup>

**Motto :**

وَنَزَّلْنَا مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ  
(الاسراء ٨٢)

**Artinya :**

— "Dan Kami turunkan dari Al-Qur'an suatu yang menjadi penawar hati (obat) dan rahmat bagi orang-orang yang beriman"-(QS. Al-Isro' : 82).

مَا أَنْزَلَ اللَّهُ مِنْ دَاءٍ إِلَّا أَنْزَلَ لَهُ شِفَاءً.  
(رواه البخارى)

**Artinya :**

— "Allah tidak menurunkan penyakit, melainkan Ia (Allah) menurunkan penawar (obat) baginya"—  
(HR. Bukhory)

Figure 1 “We send down from the Qur’an that which soothes hearts (medicine) and mercy for those of faith.”  
(Qur’an Al-Isra’ 17: 82)

“God (Allah) does not send down an illness without also sending down a cure (medicine) for it.” (Hadith Bukhari)<sup>24</sup>

<sup>22</sup> “Pada akhirnya kami berharap agar buku ini dapat menjadi suatu petunjuk dalam melakukan ikhtiar untuk mengatasi kesulitan anda. Tak ada niat lain dari penerbit maupun penyusun selain mencari ridha Allah SWT semata” (vi)

<sup>23</sup> Annemarie Schimmel writes about ridha in *Mystical Dimensions of Islam* (1975) as key virtue Sufis wish to cultivate in the face of hardship (p 126). Here, however, it is a quality of God’s that the Muslim aims to bring forth through effort and pious striving (ikhtiar).

<sup>24</sup> Study Qur’an translation from the Arabic: “And We send down of the Qur’an that which is a cure and a mercy for the believers” Quran 17:82

These mottos, which arose frequently in my fieldwork as well, raise two main points. First, the Qur'an verse in which the Qur'an is said to be "a healing and a mercy for the faithful" authorizes use of the text as having healing power. The second quotation, from the hadith collections of Muslim and Ahmad rather than the Qur'an itself, emphasizes both that each illness *has* a cure, but that the cure only works *by the permission of God*; without God's ultimate agency and power, the cure would not be effective.

Following the introduction, the rest of this text is composed of three parts: the khasiat of specific verses (ayat) of the Qur'an, the khasiat of whole chapters (surat) of the Qur'an, and finally, the khasiat of extra-Qur'anic prayers (doa). Unlike most of the other collections surveyed here, this mujarrabat is not peppered with hadith, focusing not on the "virtues" (fadhilah) but strictly on the "properties" (khasiat) of the Qur'an. Each section is arranged by heading (stating the purpose of the khasiat), the verse written out fully in vocalized Arabic script, followed by a transliteration of the Arabic into Latin script; this seems to suggest that the text is aimed at readers who may not be comfortable reading Arabic script. Significantly, the text does not provide an Indonesian translation of the verses, indicating perhaps that the referential aspect of the verses is less important than other functions of the language.

The first major section of the text turns to the properties (khasiat) of specific verses (ayat) of the Qur'an, each directed towards one of a plethora of circumstances, from improving one's memory and ability to memorize (hafalan), to resolving a marital dispute (mendamaikan suami istri berselisih), increasing one's income (supaya banyak rezekinya), to conquering or subduing

jinn, devils and people (menundukkan<sup>25</sup> jin, setan, dan manusia), to safety from sharp weapons (selamat dari senjata tajam) soothing a fussy child who doesn't want to sleep (anak rewel tidak mau tidur), and getting rid of rodents from one's field or house (menghilangkan tikus di sawah atau di rumah).

For the sake of brevity, here I will briefly examine two examples: the use of specific ayat to treat jinn possession, and another for the treatment of headache. The first example, "Medicine for Jinn Possession" ("Obat Kemasukkan Jinn") presents the text in Arabic and transliterated into Roman script of two verses: verses 115 and 116 of the 23<sup>rd</sup> Surah, al-Mu'minun, "The Believers." The text reads "Did you suppose then, that We created you frivolously, and that you would not be returned unto Us?" So, exalted is God, the True Sovereign, there is no God but He, Lord of the Noble Throne" (transla. The Study Qur'an). The text then stipulates the "khasiat" : If this verse is recited in the ear of one who is possessed by a jinn or a person who has fainted, if God wills (inshallah) they will quickly recover and the jinn will leave their body."<sup>26</sup>

Another verse, the 16<sup>th</sup> verse of Surah Al-Ra'd (13:16) is given as a "Medicine for Migraine Headaches" ("Obat Sakit Kepala Separuh"). The text of the verse, given in Arabic and transliteration, reads "Say: 'Who is the Lord of the heavens and the earth?' Say, 'God.' Say, 'Then have you taken, apart from Him, protectors who have no power over what benefit or harm may have come to themselves?' Say, 'Are the blind and the seer equal, or are darkness and light equal?' Or have they ascribed unto God partners who have created the like of His creation, such that the creation seems alike to them? Say, 'God is the Creator of all things, and He is the One, the Paramount.'" The "khasiat" of this verse, according to the author, reads as follows: "If this

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<sup>25</sup> From tunduk "to be bent down," with circumflex men-kan, it means literally "to cause someone or something to bow, to cause someone to submit" Echols and Shadily, Kamus Indonesia Inggris Third Edition, p. 594.

<sup>26</sup> "Ayat ini jika dibacakan pada telinga orang yang sedang kemasukan jin (kesurupan) atau orang yang sedang pingsan maka Insya Allah akan segera sembuh dan jin akan meninggalkan tubuh orang itu." P. 31



verse is recited (dibacakan) to one who suffers from migraines, then God willing (insyaAllah) the illness will be cured (akan sembuh) by the permission of God the Most High (atas izin Allah SWT)” (p. 32).

### Case Study 3: Primbon Akbbar Mujarobat (no date) Leiden Collection

This booklet entered the Leiden collection in 2006, but there is no date (or location) of publication given, and the print used, as well as the style and coloration of the cover, resembles other booklets printed in the late 1990s and early 2000s. The text uses the Indonesian spelling standards adopted after 1972, so we can safely conclude that it was published after that year. According to the catalogue of the National Library of Indonesia, the author, Labib MZ, was prolific at the turn of the millennium, writing other texts on topics as diverse as “Tolerance in Islam,” “Women and Veiling (Jilbab),” as well as several other prayer collections.

Now held in the collection of Leiden University, this collection proclaims itself as “full of *ghaib* prayers and true *kebatinan* knowledge (“penuh doa-doa gaib dan ilmu kebatinan sejati). Pausing on the specific terms used here is instructive. The prayers it purports to contain are specifically “gaib”: obscure, hidden or unseen, having connotations of mystical power. In advertising “true *kebatinan* knowledge” (“ilmu kebatinan sejati”) the title speaks particularly directly to the social and historical conditions of its production. “Kebatinan,” often glossed as “mysticism” or “Javanese spiritualism” is a term that held specific meanings in the mid to late 20<sup>th</sup> century in Indonesia. Based on an Arabic loanword, (*batin*: inner, hidden or secret), in 20<sup>th</sup> century Java, “kebatinan” came to refer to an array of mystical groups or sects, which drew on a variety of beliefs and practices, some of which were Islamic (especially Sufi) in origin. As Merle Ricklefs details in his history of religion in Java, “kebatinan” movements often played key roles

in anti-colonial movements, before becoming more centralized and organized in the 50s and 60s. During the New Order era in Indonesia (1965/6-1998), “kebatinan” groups occupied a complex position. On the one hand, many kebatinan groups faced state repression and surveillance because of perceived Communist leanings. On the other hand, leading individuals within the New Order regime were known to be practitioners of kebatinan; the dictator Soeharto was known to style himself an expert in matters of Javanese mysticism. However, the final years of the New Order were marked by an abrupt rapprochement between Soeharto and certain Muslim revivalist movements, further marginalizing kebatinan groups.<sup>27</sup> It is significant that this booklet appears to be from the early Reformasi period; writing against this turbulent backdrop, the author appears keen to emphasize the Muslimness of certain kebatinan ideas, and perhaps to re-synthesize Javanese mysticism with the Muslim mainstream.

The first several sections of the booklet contain information that is anything but obscure or controversial: the “five pillars of Islam,” the qualities of the Prophet Muhammad, the prayers and steps necessary to complete the ritual prayer (salah) including instructions on how to perform ablutions (wudu) and what actions would invalidate one’s wudu. Far from “secret” or esoteric (batin), this is absolutely standard outward (Ar. zahir/ In. lahir) Muslim ritual practice. It is telling, for example, that the book opens with “rukun Islam.” Commonly translated as the “five pillars of Islam,” the root letters of the word rukun more literally refers to a cornerstone, something that joins two objects at a point to give it structural integrity, and figuratively to a

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<sup>27</sup> Merle Ricklefs, *Islamization and Its Opponents*: especially Chapter 5, “The Totalitarian experiment (I): Kebatinan, Christian and Government Competition and the End of *Aliran* Politics, 1966–80s.” For a contemporaneous ethnographic account of kebatinan groups in New Order Indonesia, see Niels Mulder, *Mysticism and Everyday Life in Java: Cultural Persistence and Change*. Singapore: Singapore University Press, 1978.

fundamental idea or act. Arkan al- Islam, or in Indonesian, Rukun Islam (using the singular rather than the “broken plural” Arabic form).

The booklet proceeds to the Shahadah, the first “pillar,” the “confession” or, more literally, “witness” that “There is no God but God (Allah) and Muhammad is His messenger.” Like other Arabic recitations, this is written in multiple forms: in Arabic script, transliterated into Latin script, and finally translated into Indonesian, possibly indicating that the author expected that readers might be unable to read Arabic themselves. It then lists the “qualities” (sifat) of Muhammad, “Rukun Iman” or the “Pillars of Faith,” details the steps and recitations entailed in performing ablutions (wudu), including what invalidates one’s ablutions. The booklet then outlines the steps of the ritual prayer (“sholat” - salat), including prayer (sholat) for the dead, and instructions for the ritual washing and preparation of the corpse (mayit), as well as the prayer (sholat) for the two holy days of Eid al-Fitr (Idul Fitri) and Eid al-Adha (Idul Adha). It also outlines how to pray “istikhara” (“cara sholat istikhara”), a prayer for guidance (p. 21).

Like the other mujarrabat examined here, this collection includes chapters on the “fadhilah” and “khasiat” of specific Qur’anic verses. Unlike some others, though, it often directs the reader to recite certain verses together. For example, a chapter titled “Five Verses and their Virtues” (“Lima Ayat Dan Fadlilahnya”) brings five verses together: from Surah 2 ayat 246, Surah 3 ayat 181 Surah 4 ayat 77 Surah 5 ayat 27, and finally a verse from Surah Al-Ra’d (13:16) (p. 24-29) After each of the verses, an Arabic phrase is given to be repeated three times, each of which state a particular quality of God, seemingly an elaboration on the quality of God’s which that particular portion of the Qur’an demonstrates. Then, the text outlines several “virtues and properties” (fadlilah dan khasiat) of these verses (presumably when recited together?). Some of these are attributed to “Kouwas” who is described as a “Waliullah” (a “friend of God,” a

frequent appellation for a Sufi saint or other revered Muslim figure): God's protection from "enemies" (musuh) and "tyrannical kings" (raja yang dholim). Other "virtues and properties" are attributed to 'Ali, who is said to have related them from the Prophet Muhammad himself. According to this narration (possibly a hadith? Although the text does not name it as such), whoever carries out (mengamalkan) the recitation of these five verses every day and makes an amulet of the Arabic letter "Qof" (presumably the letter ق), then God would send (to them?) twelve thousand angels bringing Rahmat (God's mercy). Moreover, God would keep that person far from "evil doing and calamities" (Allah menjauhkan pada orang tersebut dari perpuatan jelek dan jauh dari mala petaka) and would make for that person in Paradise (Firdaus) "six hundred gardens of damri yakut merah (?)." (enam ratus taman terbuat damri yakut merah)" (p. 29) This booklet also contains several extra-Qur'anic prayers (do'a), along with occasions and purposes for their use. One such do'a is the "Do'a Kanzul Arasy" (p. 30), the "treasure of the throne" prayer. Booklets containing this, or a very similar prayer entitled Kanj al-Arsh have been published in Kenya, and are popular in South Asia as well as Iran, and been translated into Urdu, Hindi (in Devanagari script), and Swahili.<sup>28</sup> The inclusion of this type of prayer – extra-Qur'anic but used widely across regions – reflects a global circulation of prayer practices embedded within such humble prayer collections. Other kinds of extra-Qur'anic materials include divinatory techniques (including discussion of the Naga Dina, p. 141) and dream interpretation (pp. 191-197).

Yet another category of "knowledge" (ilmu) contained in this booklet is that of "zimat," talismans, charms or amulets (also sometimes spelled azimat or jimat). They are prescribed for a

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<sup>28</sup> In this article, the author analyzes a print booklet of the "*Dua Ganj al-Arsh*" which she believes was printed in about 1999.

variety of scenarios: for illness (zimat untuk orang sakit) to prevent children from becoming startled (zimat untuk anak supaya tidak terkejut) for baldness (zimat untuk orang mandul) to gain affection or love (zimat supaya dikasihi orang), to prevent gossip about oneself (zimat untuk supaya tidak dibahas orang), for protection from iron objects (zimat agar tidak sampai kena benda besi), for protection from fire (zimat tolak kebakaran). Zimat can take the form of disconnected Arabic letters, as in the following example, for a person who is ill:

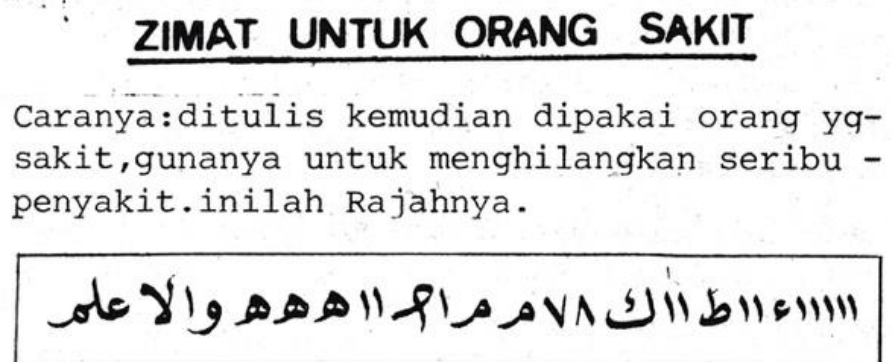


Figure 2: Amulet (zimat) for a sick person

Other zimat are in the form of “wifiq” or so-called “magic squares, as in the following example, an amulet “for all illnesses”:

"Zimat Tumbal Untuk Semua Penyakit"

Caranya :

Shalat dulu dua rakaat pada raka'at pertama selesai membaca fatikhah membaca surat Oul-yaa ayyuhal kaafiruun.pada rakaat kedua selesai membaca Fatikhah membaca surat qul huwalahu ahad.dan tulislah rajah diwah ini pada kertas putih lalu simpan diatas pintu rumah-insya Allah terhindar dari segala penyakit - inilah Rajahnya .

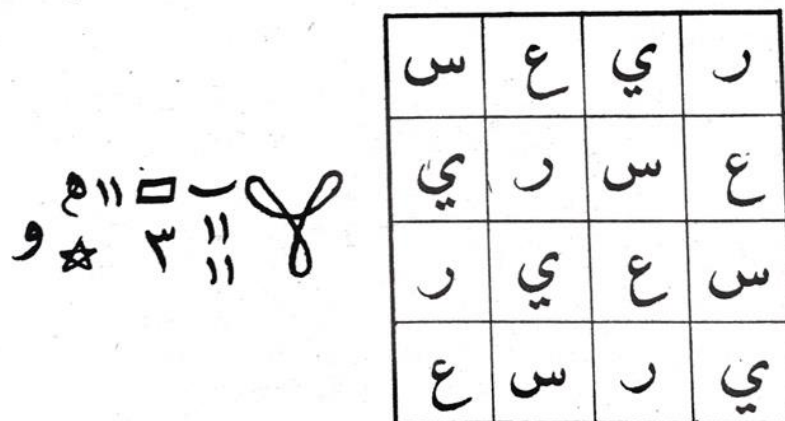


Figure 3: Protective Amulet (Zimat Tumbal) for all illnesses

In bringing together these multifarious forms of knowledge (ilmu) within a single booklet- from the most standard forms of Islamic rituals, to divinatory practices, and protective amulets – the author takes an especially capacious approach to the mujarrabat genre.

Case Study 4: Mujarobat Dzikir-Dzikir Penjagaan dan Perlindungan dari Segala Sesuatu Menurut al-Qur'an dan as-Sunnah (first published 2005, purchased 2017 in Yogyakarta)

While conducting fieldwork in Yogyakarta from 2017-2018 I made a habit of visiting bookstores and collecting materials that had been referenced at my fieldsites or with apparent connection to my area of study, both bookstores aimed at the general public, and more specialty stores for Muslims. One such small shop was located two streets away from the graduate school

at the university. This particular shop sold mainly translations of modern Arabic texts into Indonesian, as well as some older texts beloved by reformist and Salafi readers; the works of Ibn Taymiyyah, for example, featured prominently. Most of the customers in the shop were dressed in a manner consistent with Salafi norms; men tended to wear beards and peci, and women were clothed in flowing headscarves, loose-fitting garments, and often sported niqab, or face-coverings that obscure all but the eyes, a garment that was unusual among Muslim women in Central Java at the time of my fieldwork. The small store was packed floor to ceiling with books ranging from simple paperback booklets of prayers to multivolume, hardcover editions of tafsir (Qur'an exegesis). Although many of the books and booklets included Arabic text (especially those that touched on prayers) the majority were written in Indonesian language and were clearly geared for an audience more comfortable reading in Indonesian rather than Arabic. Every time I stopped in, I would buy whichever books and booklets were being sold that touched upon Islam, health, and healing, or other books that were mentioned at my fieldsites. It was here, for example, that I bought an Indonesian translation of Ibn Qayyim's *Medicine of the Prophet* (discussed in Chapter 2) as well as an Indonesian translation of Wahid Abdul al-Salam Bali's *Protect Yourself from Jinn and Satan*. While visiting this shop, I also collected a number of prayer booklets, one of which names itself a mujarrabat.

This booklet is smaller than some of the others surveyed here: at just 3x5 inches, it is truly pocket sized, and being only 48 pages in length, is quite light to carry. It was published by Pustaka Ibnu Umar, a publisher based in Jakarta. Their motto is "Live in Peace with the Sunnah" ("hidup tenang bersama Sunnah"), and their books and booklets are geared to a revivalist Muslim public, with many publications having clear Salafi overtones, such as one booklet against the male "vices" (maksiat) of shaving one's beard and wearing pants that go all

the way down to one's feet ("mencukur jenggot dan isbal"), contrary to what the author endorses as the Prophetic example of wearing a beard and shorter pants.<sup>29</sup> It is an Indonesian translation of a longer Arabic work entitled "Al-Hishnul Waaqiy" written by 'Abdullah bin Muhammad as-Sad-han, and translated into Indonesian by Ade Ichwan 'Ali.

Many of the Qur'anic verses used in this booklet are shared across many or all of the mujarrabat collections examined here, such as Surat al-Fatiha, Ayat Al-Kursi (the "Throne Verse" from 2:255, discussed below), the final two verses of Surat al-Baqara, Surat al-Ikhlās, and the Mu'awwidatāin. It also contains several extra-Qur'anic prayers (doa) such as the Hawqala (discussed above in the first case study). The very fact that it has much in common with the other mujarrabat texts examined here, in spite of the fact that these texts are drawn from widely divergent religio-political contexts, attests to the reality of a shared tradition of using the Qur'an in this way, even across wide theological and socio-political divides. At the same time, this collection is also notably distinct from the other mujarrabat texts in certain respects. Like the other texts, this booklet gives a certain verse or prayer, first in Arabic, then in Indonesian translation. It then presents the uses of the verse or prayer, here termed "khasiat"; unlike the other examples of mujarrabat examined in this chapter, in this booklet the "khasiat" are given footnotes, in which the author cites specific hadith or other sources in support of the given usage. For example, for Surah al-Fatiha, the text lists several "properties that have been tested and have proven useful" (khasiat-khasiat yang telah teruji dan bermanfaat), each with their own footnote:

- a. Treating venomous animal stings (Mengobati sengatan hewan berbisa)  
*Footnote:* HR al-Bukhari (x/198), Muslim (IV/1727)
- b. Therapy for an insane person (Praktek pengobatan orang gila)  
*Footnote:* HR Abu Dawud no. 3896– chain of transmission is good (sanadnya hasan)



- c. Treating swelling or bruises on the body (Mengobati bengkak atau benjolan di tubuh)  
*Footnote: Atsar [perkataan Sahabat] dalam al-Adzkaar, karya Ibnu Hajar yang ditahqiq oleh Masyhur Salman, hal. 27)*
- d. Pain reducer (related by Ibnul Qayyim) (Penawar dari rasa sakit [kisah Ibnul Qayyim])  
*Footnote: Al-Jawaabul Kaafi, karya Ibnul Qayyim, hal. 8*

Here, the strands of tradition (in the form of hadith) and experimentation (according to other sources taken to be authoritative) are fused: the existence of the hadith itself is taken as proof enough that the verse was “tested and proven useful.”

In addition to Qur’anic verses, this booklet also includes extra-Qur’anic, Arabic recitations (wirid dan doa). Once such example is the hawqala (also included within the first case study, Mujarobat Komplit.) This booklet translates this prayer differently, as “There is no power (to be obedient/faithful) and there is no strength (to avoid vice) except with God’s help” (“Tidak ada daya [untuk melakukan ketaatan], dan tidak ada kekuatan [untuk menjauhi kemaksiatan] kecuali dengan pertolongan Allah” (p. 15) The reader is instructed to recite it as many times as one wishes, without a specific number or limit (tanpa ada Batasan jumlah tertentu) (p. 15). It is accompanied by a bullet-pointed list of “properties that have been tested and been proven useful” “khasiat-khasiat yang telah teruji dan bermanfaat” (p. 16), including that it is “one of the riches or treasures of Heaven (perbendarahan Surga), with astonishing properties (khasiatnya sangat menakjubkan) (footnote: Bukhari [XI/159], and Muslim [no. 2704]” and that “this sentence (kalimat ini) is a remedy (penyembuh) for many kinds of illness (banyak jenis penyakit). Of these many illnesses, the lightest (yang teringan) is deep grief (*al-hamm* – duka cita yang mendalam).” It is also said to “remove disasters/calamities/perils (menghilangkan segala mara bahaya), of which the lowest (terendah) is poverty (kekafiran).”

Notably, this collection, unlike the others included here, is limited to Arabic Qur’anic and extra-Qur’anic Arabic recitations (bacaan); it does not include instructions for writing the Qur’an or even reciting it over water to drink (air doa), and makes no mention of materializations of the Qur’an such as rajah or the making of amulets (azimat). Such practices, however, are discussed extensively in the following case study.

Case Study 5: Membongkar Keajaiban Perdukunan Para Kiai (2017) Purchased in Yogyakarta

Although this booklet does not name itself a “mujarrabat,” in content and form it resembles the cases I have already discussed, and I choose to include it here because of the way the introduction to the text and its framing engages ongoing debates about the norms and uses of the Qur’an in contemporary Indonesia, as well as referencing the complex history of the “dukun” and “kyai” in Java. Like the other mujarrabat texts discussed so far, the primary concern of this text is the power of Qur’anic language, and the knowledge of its many uses in human life. Specifically, the author frames this knowledge as part of the discipline (disiplin, ilmu) of the khawass of the Qur’an, arrived at through the experiments and experiences of the pious ancestors (salafus saleh). The power of specific verses is named “keajaiban” – wondrous or miraculous power.<sup>30</sup> Throughout, the author also uses Indonesian terms - mantra, aji – to refer to powerful language and its uses, while framing it in unmistakably Islamic terms. Indeed, his introduction to the text, which I examine in detail here, can be read as “an argument posited in reverse” to use Shazad Bashir’s turn of phrase; an argument for the khawass of the Qur’an as an Islamic tradition, inherited from the pious ancestors, that Muslims may claim.

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<sup>30</sup> On the pre- modern history of the ‘ajā’ib tradition, see Zadeh 2010 and 2023.

I picked this booklet up by chance one day when I stopped by “Toko Mas”, a bookshop near my house catering to the general public. Intrigued by its provocative title, I added it to my growing collection. This particular booklet was published posthumously, in connection with the 14<sup>th</sup> anniversary of the author’s death (Haul XIV), with the support of the alumni association of the pesantren the author founded and in cooperation with his widow, Ny. Hj. Nadhiroh Mudjab, who composed a brief forward to the text. According to articles published on Nu.com, Kyai A. Mudjab Mahalli was born in 1958 in Bantul, south of the city of Yogyakarta, and lived there for most of his life. In addition to founding the Pesantren Al-Mahalli (also located in Bantul), Kyai Mudjab, as he was known, was a prolific writer; at the time of his death, in 2003, he had translated or composed over 150 separate works.<sup>31</sup> Articles written about him recount his playful sense of humor, as well as his friendship with Abdurrahman Wahid (Gus Dur), who spoke at his funeral.<sup>32</sup> He is remembered as having a complex relationship with Soeharto’s authoritarian New Order; on the one hand, he was a member of Soeharto’s Golkar party, but on the other, his pesantren was seen as a place of refuge for activists resisting the New Order. According to one former student, this was Kyai Mudjab’s way of applying Paulo Freire’s “Politics of Two Feet,” keeping one foot inside the system to change it from within, while leaving another foot on the outside to change it from without.<sup>33</sup> In her forward to this text, Ny. Nadhiroh Mudjab recalls her husband exhorting students at his pesantren to “become a producer of books, not a library!” (Jadikan dirimu sebagai produsen bahan pustaka, jangan hanya jadikan sebagai perpustakaan!)”

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<sup>31</sup> Sahal, Hamzah. “Mengenang Kiai Mudjab Mahalli.” NU Online, Posted Feb. 6 2018; Accessed Oct 31 2022. <https://nu.or.id/fragmen/mengenang-kiai-mudjab-mahalli-GFOKn>

<sup>32</sup> Marzuki, H.A. Choiran. “Kata Gus Dur, Kiai Mudjab itu Kiai yang Luar Biasa.” . Posted March 25, 2020; Accessed October 31 2022. <https://bangkitmedia.com/kata-gus-dur-kiai-mudjab-itu-kiai-yang-luar-biasa/>

<sup>33</sup> Marzuki, H.A. Choiran. “Rahasia Politik Dua Kaki Kiai Mudjab Mahalli” Bangkit Media. Posted March 27, 2020; Accessed October 31 2022. <https://bangkitmedia.com/rahasia-politik-dua-kaki-kiai-mudjab-mahalli/>

Indeed, she places this emphasis on the production of texts, both new and translated, at the heart of his project to “preach with the pen” (“da’wah bil-qalam”).

In the introduction, Kyai Mudjab traces the formation of a particular “inheritance” (“warisan”) from the pious ancestors (“salaful saleh,”) namely the “discipline of knowledge” (“disiplin ilmu”) of the special properties of verses (“khawassul ayat.”) He situates this discipline as “complementary to other religious knowledges” (“komplemen bagi ilmu-ilmu keagamaan lainnya”) and also specifies that this is a discipline that is recognized by the majority of religious scholars (“diakui oleh sebagian besar ulama”) (p. xv) Significantly, he states that this knowledge is the product of the “research” (penelitian) conducted by the pious ancestors to discover the powers (kebertuaan and khushusiyah) of particular verses of the Qur’an “on the basis of hadith, the sayings of the Companions of the Prophet Muhammad (qaul sahabat), inspiration (ilham) and even personal experience (pengalaman pribadi) (xiv-xv). He explains that the pious ancestors developed this knowledge along with accompanying “techniques” (teknis) of prayer, making use as well of particular media (“media-media tertentu sebagai penyempurna”), such as paper, water, and ink as well as various kinds of “living media” (media hidup) in the form of plants, animals and even spirits (khadam jin). After repeated experiments, this knowledge developed into a new tradition (tradisi baru): “knowledge of the supernatural in the form of hizib, rajah and mantras developed on the basis of the Qur’an and hadith.” (pp. xvii-xviii) He reflects that sadly, little is known today of the “methodology” (metodologi) by which the pious ancestors arrived at this knowledge, for “we have inherited the fish [the products of their research] but not the hook [the process by which they obtained it].”<sup>34</sup>

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<sup>34</sup> “Pada saat kita tidak menguasai metodologi pencarian dan pelacakan seperti yang dimiliki oleh para Salaful Saleh. Kita hanya diwarisi ikan, bukan kail.” (Mahalli 2017 p. xx)

However, Kyai Mudjab does make an argument for the metaphysical basis of these knowledge-practices, namely that “the verses of the Qur’an are God’s speech (kalam Allah)” and as such are powerful (“bertuah, bahkan multi-tuah”) (Mahalli xiv). He refers poetically to the letters and verses of the Qur’an as “strands of powerful pearls from the depths of [God’s] wisdom,” and “droplets [from] God’s mantra *Be, and it is* that gave birth to the world.”<sup>35</sup> He asserts that the verses of the Qur’an are “incantations (aji-aji) capable of bringing knowledge, guidance, mercy, and happiness,” in accordance with verse 89 of Surah an-Nahl: “And We sent down unto thee the Book as a clarification of all things, and as a guidance and a mercy and glad tidings for those who submit” (Qur’an 16:89).<sup>36</sup> He argues as well that the use *rajaḥ* and amulets (*jimat-jimat*) used to ward off misfortune (*penolak bala*), that are in the (material) form of letters and symbols (dalam bentuk huruf-huruf dan symbol-simbol tertentu), are in fact “inspired by the power of the letters of the Qur’an, as in the hadith narrated by al-Tirmidhi...” (diilhami dari kebertuhan huruf-huruf al-Qur’an sebagaimana hadis riwayat Imam Tirmidzi ...) He goes on to quote a hadith, also discussed above in the first case study, in which the Prophet is reported to have said that reciting each letter of the Qur’an (such as alif, lam, or mim) constitutes a good deed, and each good deed earns a ten-fold reward. He gives an interpretation of this hadith:

“Alif, lam and mim (the Arabic letters ا ل م) each have the value (nilai) of ten *hasanah*, special features (keistimewaan) that can be obtained by the reader... What forms do these special features take? Rewards (pahala) that are received on the day of judgement (hari akhir) or good fortune (keberuntungan) in this life (di dunia), or both? Do different

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<sup>35</sup> The full passage reads “Dari al-Qur’an dan hadis, diacaklah kebertuhan huruf dan ayat, sehingga sampai pada hasil akhir: Bongkahan Mutiara bertuah dari kedalaman hikmah-Nya, titisan mantera-Nya *kun fayakun* yang melahirkan jagad seisinya ini” (Mahalli xx).

<sup>36</sup> “Ayat-ayat al-Qur’an adalah aji-aji yang mampu mendatangkan kejelasan (ilmu), hidayah, rahmat, dan kebahagiaan sebagaimana firman-Nya dalam ayat 89 Surat an-Nahl: “Telah kami turunkan al-Qur’an untuk menjelaskan segala sesuatu (ilmu) memberikan petunjuk (hidayah) rahmat dan kabar gembira bagi kaum Muslimin” (Mahalli p. xiv) The English translation of Qur’an 16:89 used above is from the Study Qur’an.

chapters (surat) and verses (ayat) have different special features (keistimewaan)? These are the questions attended to by the Pious Ancestors (Salaful Saleh)” (pp. xix-xx)<sup>37</sup>

He also relates the story, drawn from the hadith, of how, when his grandson Hasan was ill, the Prophet Muhammad received a revelation (wahyu) to recite the sura of the Qur’an without the letter fa (meaning Sura al-Fatiha, the text of which does not contain the Arabic letter fa). The Prophet recited it to Hasan 40 times, and Hasan recovered from his illness (p. xiv)

Kyai Mudjab also engages ongoing debates about the role of this “supernatural knowledge” and its permissibility for Muslims. He argues that the supernatural dimension (dimensi supranatural, also called al-gaib) is an unavoidable part of human life, and that human religious traditions, from animism to Islam (animism, dinamisme, sampai Islam) all accommodate the possibility of using supernatural methods tools for seeking keys, revealing mysteries, and cracking problems (“pencari kunci, penguak misteri dan pemecah masalah”). The methods he outlines in the book – lafazh, mantra, and rajah – are “tools for a purpose” –ways of praying (cara berdoa) that are techniques (teknik) for building waves of *tadharru’* (humility), so that the person who prays (si pendoa) can be certain (yakin) and earnest in making their requests (sungguh-sungguh dengan permintaan), because Allah is more responsive to certainty than to uncertainty (lebih *mengijabahi* kesungguhan daripada keraguan)” (p. xviii).

Kyai Mudjab distinguishes between “divine mantras” and “satanic mantras” simply, stating that divine mantras are addressed to God (Allah), while satanic mantras (mantra *syaitani*) are addressed to Satan. However, he points out that God (Allah)’s power is greater than that of Satan - specifically, Satan is within God’s grasp (*genggaman*), such that Satan

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<sup>37</sup> “alif, lam, dan mim masing-masing memiliki nilai sepuluh *hasanah*, keistimewaan yang bisa diraih oleh pembacanya... Berupa apakah keistimewaan itu? Pahala yang diraih pada hari akhir ataukah keberuntungan di dunia, ataukah keduanya? Apakah surat-surat dan ayat-ayat yang berbeda memiliki keistimewaan yang berbeda-beda pula? Masalah inilah yang menjadi perhatian Salaful Saleh” pp. xix-xx

cannot necessarily respond (*mengijabahi*) to requests that are addressed to him, while God (Allah) has the absolute freedom (*kebebasan mutlak*) to give a response (*ijabah*) to whomever prays to Him (*berdoa, ber-istighatsah*), as is promised in the Qur'an, and cites what appears to be a translation of (Sura al-Ghaafir 40:60) "Call me, and I will surely respond to you"<sup>38</sup> — "response" here (*astajib* - I will respond) using the same root as the word *ijabah* (*jim, waw, ba*). Moreover, he distinguishes between "White Ilmu" (*Ilmu Putih*) and "Black Ilmu" (*Ilmu Hitam*) methods. The first are "shalihah" – good or wholesome deeds – in that they proceed from humility (*berangkat dari ketawadhu'an*) and are directed toward peace (*perdamaian*); the second are "fasidah" – corrupt deeds – as they proceed from pride (*kesombongan*) and are directed towards attaining power (*penguasaan*). Similarly, he contends that different methods of prayer (*doa*), such as *lafadz*, *mantra*, and *raja*, are sound (*sah*), and are heard by God, regardless of language, as long as they do not contain *kezhalian*: tyranny, cruelty or oppression (*sah dan didengar oleh Allah dengan bahasa atau shighat apapun, dengan cara apapun, selama tidak ada kezhalian di dalamnya*) (p. xviii)

He ends with the hope that, whether or not they believe in the miraculous powers of the Qur'an, those who make accusations of idolatry (*memfonis tasyrik*) against reciters of litanies (*pengamal wirid*), makers of *raja* (*pemasang raja*) and wearers of amulets (*pembawa jimat*) will repent of those accusations (*mudah-mudahan bertaubat dari tuduhan itu*) (p. xxii) Kyai Mudjab thus ends his argument that practices such as reciting *wirid*, making *raja*, and wearing amulets are not sinful but can be – under the circumstances discussed above – squarely within acceptable Muslim moral parameters. Rather, in using the term "repent" (*bertaubat*), Kyai

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<sup>38</sup> Kyai Mudjab's translation here reads "Mohonlah kalian kepada-Ku, pasti Ku-kabulkan."

Mudjab suggests that those who label wirid, rajah, and jimat practices as “idolatry” are *actually* the Muslims who are guilty of a sin: false accusation of idolatry (syirik).

He begins his chapter on the bismillah with stories about the miraculous circumstances of its revelation, citing the writings of Imam Al-Munawi (called *al-Kabir ‘ala Syarhi al-Jami’is-Shaghir* – possibly a commentary on *Jami’* by al-Suyuti). According to Imam Al-Munawi, when the bismillah was revealed (diturunkan – literally, was sent down), the mountains shook, and the angel Zabaniya proclaimed “Whoever recites the bismillah will not be sent to hell (neraka). This is because the letters of the bismillah amount to nineteen, the same number of angels who guard hell (menjaga neraka). Whoever increases their recitations of the bismillah will be granted great authority (kewibawaan yang besar); for the bismillah was the sentence (kalimah) that was used by God Almighty (Allah SWT) to establish the kingdom of Solomon (Sulaiman), upon him peace. Whoever writes the bismillah six hundred times, then carries that writing with him – for example, in his belt (ikat pinggang) – he will be granted great authority over creatures (kewibawaan besar di hati para makhluk).” (p. 2) According to Ibn Atha’ (no other information given), in agreement with Syaikh Abul Qadir al-Jailani (d. 561/1166) when the bismillah was revealed, “the winds stilled, the waves calmed, the animals (binatang) listened, and devils (setan) were thrown from the sky. Then God (Allah SWT) vowed in His majesty (kemuliaNya), that not once would His name be pronounced over an illness (penyakit), but that He would cure it (menyembuhkannya). And whoever recited the bismillah would enter heaven (surga).”

The author then lists twenty-one “wonders of the bismillah” (“keajaiban bismillah”) according to the pious ancestors (para Salaful Saleh), often prescribing certain numbers of recitations or inscriptions, to be worn on the body, burned, or consumed as liquid, or used in combination with other prayers, which are given in Arabic, transliteration, and Indonesian



translation. Among these many variations are uses of rajah and wifiq, such as the “12<sup>th</sup> wonder” (keajaiban), to be used by those who have a great need (kebutuhan besar) that they hope God will fulfill (dicukupi oleh Allah), or have a case (perkara) to be decided before a judge (hakim). They should first fast on Thursday, then break their fast with a grape or date fruit (anggur atau kurma). After praying the sunset prayers, they should recite the bismillah one hundred and twenty-one times, then pray evening prayers. When preparing to sleep, they should recite the bismillah as many times as they can (sebanyak banyaknya), then go to sleep. After they wake and pray the sunrise prayer, they should recite the bismillah another hundred and twenty one times, then write the bismillah, either with letters connected (secara utuh) or disconnected (dipenggal-penggal per huruf), then that writing should be carried on the person.

Another use of the bismillah used in conjunction with a rajah in the form of a square is “wonder 19” (keajaiban 19), which he states is drawn from Imam al-Buni’s *Shams al Ma’arif al-Kubra*, which is to be used to “destroy a person who is proud (sombong) and also unjust or tyrannical (zhalim)” (p.20). The author warns the reader that they must not use this technique “except against a person whose tyranny is truly outrageous” (kecuali terhadap orang yang benar-benar keterlaluhan kezhalimannya”). He gives the following rajah, with instructions.

فلان	الرحيم	الرحمن	الله	بسم
بسم	فلان	الرحيم	الرحمن	الله
الله	بسم	فلان	الرحيم	الرحمن
الرحمن	الله	بسم	فلان	الرحيم
الرحيم	الرحمن	الله	بسم	فلان

Figure 4: Rajah template for destroying a proud and tyrannical person

“Write the rajah on a board (papan), writing as well the name of the tyrant (orang zhalim) within the rajah (in place of the word Fulan). While writing the rajah, burn incense (for example, frankincense [kemenyan Arab, misalnya]), with shallots (bawang merah). After writing [the rajah], recite this prayer (doa) seven hundred times. Then, the board should be buried (ditanam) near a flame (nyala api), for example, near a stove (tungku tempat masak). You must remember (perlu diingat), do not let the board burn (jangan sampai papan itu terbakar). If it burns, the tyrant may be crushed – they may die (hancur-bisa meninggal), and you will not be able to escape responsibility in the eyes of God in the end (tak akan bisa lepas dari pertanggungjawaban di hadapan Allah kelak). For that reason, be careful! (hati-hatilah!)” (p. 25)

He then provides the prayer (doa) that is to be recited seven hundred times, in transliterated Arabic and Indonesian translation. The prayer begins by asking for God’s favor (bertawassul)<sup>39</sup>, using certain of God’s names emphasizing His power (al-Azim and al-Azam, the

<sup>39</sup> On “tawassul” in West Java, see Millie 2008 and Millie and Syarif 2022.

Most Grand, the Greatest) and asking God to grant mercy and peace (mencurahkan rahmat dan salam) to the Prophet Muhammad, his family and his companions. The prayer then asks God to grant the speaker's request regarding Fulan (placeholder name for the tyrant), namely to guide them back to the true path (jalan yang benar), or, if it is God's wish that they remain astray and tyrannical (apabila Engkau menghendaki Fulan tetap berada dalam kesesatan dan kezhaliman), to send down disasters, wrath and fury upon them. Finally, it ends with a request to "Destroy them God, the All-Prevailing (ya Qahhar) the All-Determining (ya Muqtadir)" and eight repetitions of "ya Allah" (Oh God) (pp. 25-26).

Written some time before the author's death, in 2003, the context of the New Order authoritarian regime seems inescapable here. Although the author's precise motivation for including this prayer-recipe in his collection is not explained or discussed within the text itself, it is hard to imagine that Kyai Mudjab could have written about proud and tyrannical (sombong and zhalim) individuals without thinking of the abuses of New Order officials. This particular "wonder" (keajaiban) also echoes the author's focus in the introduction on justice and peace, and the ethics of using such practices towards specific ends.

Although much about the conditions of production and reception of these texts remains obscure, it is possible to draw a few conclusions here. Seemingly written for very different sectors of the Indonesian Muslim reading public – from readers illiterate in Arabic to the pesantren-educated, Salafi and traditionalist Muslims– these texts nevertheless share a common vocabulary and understanding of the Qur'an as containing certain intrinsic "virtues," "properties" and "benefits" that can be accessed by everyday Muslims and applied to everyday situations. While some texts endeavor to bridge the gap of anonymity between writer and reader imposed

by print media (as in Case Study 1, Masyhadi's *Mujarobat Komplet*) others embrace the anonymity and reproducibility of print to spread a message intended for all (as in Case Study 4, the *Mujarobat of as-Sad-han and 'Ali*). They also demonstrate a variety of approaches to the role of experimentation in the formulation of *mujarrabat*, from framing hadith reports themselves as a kind of "evidence of experimentation" (Case Study 4) to Kyai Mudjab's (Case Study 5) discussion of the "research" (*penelitian*) conducted by the pious ancestors to discover the powers (*kebertuhan* and *khushusiyah*) of particular verses of the Qur'an "on the basis of hadith, the sayings of the Companions of the Prophet Muhammad (*qaul sahabat*), inspiration (*ilham*) and even personal experience (*pengalaman pribadi*)" (xiv-xv). Experimentation here appears as a constitutive part of these devotional practices, as always-already part of the "traditions" that these *mujarrabat* texts encode. They also provide a useful background for making sense of usage of the Qur'an in everyday practices of promoting health and treating disease. In the chapters that follow, I return to Qur'anic prayers as they arise in ethnographic accounts of Islamic therapeutics, from pronouncing the *bismillah* as a means of making acupuncture Islamic, to using verses from the Qur'an to evict a troublesome occupying spirit (*jinn*).

## **Chapter 2: “Healthy Like the Prophet”: Reviving Prophetic Medicine in 21<sup>st</sup> Century Indonesia**

“Not everyone has access to *specialists*, but everyone has access to *God* (ALLAH),” ran the social media tagline for Islamic Medicine Expo in March 2018. Held at Masjid Pondok Raya, a large, modern mosque in a wealthy neighborhood of south Jakarta, the Expo unfolded over three days of lectures and workshops, and brought together many of the leading figures in the Indonesian movement to revive Prophetic medicine therapies such as cupping, herbal medicines, and therapeutic Qur’an recitation. In the reception room beneath the main worship space of the mosque, walls were adorned with posters of famous Muslim figures such as Ibn Sina (Avicenna) and Al-Razi. After an opening Qur’an recitation by the celebrity reciter Muhammad Arifin Ilham, Ustad Kathur Suhardi, a translator and one of the organizers and sponsors of the Expo, opened with a lecture that articulated his vision for the revival of “Prophetic medicine” as part of a broader project of constructing a holistic Islamic medicine. In a lecture that demonstrated erudition with citations in English and Arabic, Ustad Kathur framed this articulation historically, beginning by tracing the history of medicine from ancient Greece (Yunani Kuno), through to the Arab world before Islam, before turning to Prophetic Medicine and Islamic Medicine, and finally reaching what he termed “The Golden Age of Islamic Medicine” (Puncak Orbital Islamic Medicine). Finally he arrived at a capacious definition of Islamic Medicine: “Medicine that is

fundamentally based on the Qur'an and the Sunnah of the Prophet and that which is results from the *ijtihad* (independent reasoning) of the Muslim scholars and doctors throughout time.”<sup>1</sup>

Throughout my fieldwork, patients and practitioners of Islamic medicine asserted that a renewal of a specifically *Islamic* approach to medicine is necessary to remedy the rising levels of chronic disease and ill-health that have accompanied Indonesia's rapid economic and technological development. For example, one practitioner argued that Prophetic medicine is a response to a peculiar ailment of the body politic: even as Indonesian Muslims have become more technologically “sophisticated” (*canggih*), they have become more “sick” (*sakit*). Most ailments treated by Islamic medicine practitioners are chronic and non-communicable in nature: high blood pressure, high cholesterol, diabetes, high uric acid, cancer, anxiety, and depression. Many proponents have argued that a deeper attention to the Prophet Muhammad as an exemplar of health – physical, emotional, and spiritual – and his everyday habits of eating, sleeping, and prayer, offers remedies for these “illnesses of excess and imbalance.” As one cupping (*bekam*) practitioner put it, “the Prophet was the healthiest man – Muslims are sick because we have forgotten how to live like him.”

But what does it mean to be “healthy like the Prophet”? And in more general terms, what makes any kind of medicine – or any activity, really – Islamic? Is it a quality, an essence, or a relationship? An orientation? A history? A mode of reasoning? In this chapter, I examine how revivalist and Salafi Indonesians are reviving certain practices that they categorize as “medicine of the Prophet” (*tibb al-nabi* or *al-tibb al-nabawi*) drawing on textual traditions (collections of hadith termed *al-tibb al-nabawi*) personal experimentation, and bodies of knowledge, such as biomedical studies and Traditional Chinese Medicine, that exceed the obviously “Islamic.” I

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<sup>1</sup> “Ilmu kedokteran yang secara fundamental berdasarkan al-Qur'an dan Sunnah Nabawiyah dan apa-apa yang dikreasikan dari hasil *ijtihad* para ulama kaum Muslimin dan para dokternya sepanjang zaman” (Suhardi 2018 p. 19)

begin by taking up the work of historians of pre-modern Islamic history, who have traced the early histories of hadith, Sunnah and “humoral ethics” that continue to inform contemporary movements. Turning to the modern Indonesian context of my fieldwork in central Java, I examine two models of Prophetic medicine practitioner: mass media “preacher” (da’i) and therapist, exploring how these distinct social models are being drawn on in day-to-day practices of Islamic therapeutics. Finally, I turn to an examination of how contemporary proponents of cupping (bekam/hijama) combine their reading of Prophetic medicine with concepts and practices from biomedicine and Traditional Chinese Medicine (TCM). By juxtaposing two approaches to cupping (“bekam syarii” and “bekam sinergi”) I explore how Muslims engaged in reviving Islamic medicine are striving to knit diverse (and not obviously “Islamic”) sources of knowledge together, not against but rather through hadith interpretation.

In tracing how my interlocutors pursue a healthy lifestyle through invocations of diverse texts, discourses, and practices, I suggest that the revival of Prophetic medicine in Indonesia can be understood as “a heteroglossic field in which multiple discourses, logics, and imaginaries converge and undo each other” (Mittermaier 2013 p. 276). I pay particular attention the ways that references to Muslim pasts – including citing hadith and invoking Prophetic Sunnah – enact specifically Islamic temporalities. Finally, I also attend to the role of embodied experience – including experimentation - in the revival and transmission of Prophetic and Islamic therapeutics. I examine how Prophetic medicine practices use the body as a site for producing piety, as in practices such as cupping (bekam or hijama). However, in addition to being the site of pious self-cultivation, I am interested in how the body also contributes to ongoing, dynamic processes of defining and transmitting tradition. Here, the body is both a site of inscription (i.e., a

site for training oneself to be a pious, healthy Muslim) but also of production (i.e., reading signs from the body is also an important element in determining *how* to be a pious, healthy Muslim).

Being Muslim, Following the Prophet: Early Histories of Sunnah, Hadith and Humoral Ethics

*“Indeed, you have in the Messenger of God a beautiful example for those who hope for God and the Last Day, and remember God much.” (Qur’an Surah al-Ahzāb “The Parties”, 33:21)*

While Muslims have generally agreed that they should follow the Prophet Muhammad as a “beautiful example,” in keeping with this Qur’anic declaration, the question of how to best do so has been answered in myriad ways. In framing their movement as a revival of the “medicine of the Prophet” and an effort to include it in a synthetic approach to “holistic health,” the interlocutors who form the focus of this chapter evoke a range of Islamic historical formations that I briefly examine here. More narrowly, they reference a genre of hadith texts and traditions known as al-tibb al-nabawi or “Medicine of the Prophet”; more broadly, they articulate their current practices with what has come to be known as “Islamic medicine,” or approaches to health, healing, and the body that were developed in the pre-modern Arabic cosmopolis.

The early centuries of Islamic history were marked by extensive debates about how best to “follow the Sunna(h)” (literally the “custom” or “way”) of the Prophet. For example, should Muslims rely on legal reasoning (the position of the ahl al-ra’y), speculative theology (the position of the ahl al-kalam), or hadith, reports of the Prophet’s actions, sayings, and tacit approval and disapproval, that had been collected, transmitted, and analyzed after his death (the



position of the ashāb al-hadīth)?<sup>2</sup> In the words of Daniel Brown, “what gave force to these debates was the fact that each of these groups believed itself to be acting on the legacy of the Prophet; they were not fighting over *whether* to follow the Prophet but rather *how* to follow him” (Brown 1996 p. 14; see also Brown 2009). Although the general position of the ashāb al-hadīth eventually became hegemonic, especially after the synthesis of the jurist al-Shāfi’i (d. 820 CE), this was the contingent outcome of complex historical processes. The processes of hadīth collection, compilation, analysis and citation were all informed by the historical conditions of their undertaking, ongoing forms of “articulatory labor” (Alatas 2021, Florida 1995) aiming to align foundational moments of Prophetic history with the varied conditions of their own historical production.

Several scholars of hadīth literature have recently emphasized this tension; for example, Stephen Burge argues that “*hadīth* are both part of an abstract, atemporal ‘*hadīth* literature,’ but, at the same time, rooted in the theological and historical context of the compiler” (Burge 2018 p. 64 ) Similarly, Dženita Karić notes a tension between, on the one hand, the “atemporality of the general framework of the [hadīth literature] genre” and on the other, what Brinkley Messick has called the ‘richly circumstantial applied genres that were context-engaged, historically specific and linguistically stratified’”(Karić 2023 p. 193, citing Messick 2016 pp. 32-34). In other words, hadīth texts and texts about hadīth have done the complex work of mediating the sacred time of the Prophet and the material realities of the present of their compilers, writers, and commentators.

The genres that came to be known as “medicine of the Prophet” offer an excellent illustration of this productive tension. The texts that my interlocutors read, translate, and

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<sup>2</sup> Of course, the matter of religious authority for Shi’i Muslims has its own history that is beyond the scope of this dissertation, dealing as it does entirely with Sunni Muslims.

circulate today as al-tibb al-nabawi (Prophetic Medicine) first emerged in the early centuries of Islamic history as a sub-genre within collections of hadith, accounts of the sayings and actions of the Prophet Muhammad. Soon after the Prophet's death in 632 CE, Muslims began to collect hadith reports, which consist both of accounts of the Prophet and a chain of transmission (isnad) along which the narrative was passed. As these collections grew, they began to be organized according to topic or theme, and the first al-tibb al-nabawi collections emerged as collections of hadith that touched upon health, healing, and medicine.

Historians such as Irmeli Perho (1995) and Ahmed Ragab (2018) have traced how the genre of Prophetic Medicine transformed over time. In *Piety and Patienthood in Medieval Islam* (2018), Ragab argues that the medical prophetics literature from the 9<sup>th</sup> century, such as the collections of al-Bukhari and al-Tirmidhi, “were rooted in the prophetics genre and interested first and foremost in producing knowledge about the prophet. This literature paid little attention to the composition of the body, the physical reasons behind diseases, or the manners of treating different diseases. Instead, it focused on the illnesses suffered by Muhammad himself or by his companions and diligently followed the events of their lives” (Ragab 2018 p. 5). In contrast, later collections from the 10<sup>th</sup> century onwards engaged much more extensively with the hegemonic medical theories of their time. In these texts, Ragab traces the development of what he calls “a Galenic pious body, which entailed specific understanding of health that was conditioned by Galenic medical knowledge as well as by prophetic narratives” (Ragab 2018 p. 6). Similarly, in his examination of philosophical and Sufi approaches to ethics in the medieval period, Cyrus Ali Zargar traces the development of what he terms “humoral ethics,” “a way to treat the soul using knowledge about each individual temperament, which is affected by the body” and which constituted the “the scientific backdrop to premodern Islamic virtue ethics”:

Premodern Muslim writers inherited a view of the soul–body relationship that was just as influential for them as modern psychology is for us. Their view posited that the human body thrives through a balance of the four humors, the balancing of which also affects one’s psychological states and even one’s dispositions for character. Ethics strove to bring order to imbalances in the soul influenced by the contending forces of the body. This assumed a cosmological pattern of emanation from unity to disunity, perfection to imperfection, such that the observable world revealed mixtures and multiplicities that had their origins in perfection and unity. (Zargar 2017 p. 30)

Collectively, such writings – grounded as they are in the presuppositions and conditions of their own temporal periods – have come to constitute what Ragab terms “an archive of prophetic materials that came to supply pietistic and religious writings on health and diseases for centuries to come” (Ragab 2018 p. 4). As we shall see, Muslims today draw on these texts even as they work to address a new set of circumstances concerning health and healing.

### Renewing the Prophet’s Medicine: Ongoing Revival Movements, 20<sup>th</sup>-21<sup>st</sup> Centuries

Contemporary approaches to Prophetic medicine build on these earlier works while bringing them into conversation with new concepts, discourses, and practices. In connection with the global Islamic revival and reform movements beginning in the 1970s, Prophetic medicine has re-emerged as an object of interest for many reformist and revivalist Muslims worldwide. The revival of “Prophetic medicine,” as Ragab has argued, has been less concerned with textual production, as in the classical period, and more concerned with specific practices, often understood to comprise “alternative” or “complementary” approaches to medicine (Ragab 2012). Around the globe, Muslims have experimented with practices such as cupping (in South Asia, see Schmidt-Stiedenroth 2020) and therapeutic Qur’an recitation or “Qur’anic healing” (in Egypt, see Vinea 2019; in Morocco, see Spadola 2014). Many proponents of reviving Prophetic medicine resemble other Muslim reformists in the modern period in their commitment to “revive

the true Sunna(h) of the Prophet,” free from corrupting and dangerous “innovations” (bid‘a), arriving at their own interpretations of the Qur’an and hadith without reference to classical law books and commentaries” (Brown 1996 p. 22). This use of “ijtihād,” literally “effort,” meaning independent reasoning or interpretation, is a hallmark of such reformist approaches. However, as we shall see, for many proponents of Prophetic medicine such commitment to reviving the Sunnah of the Prophet does not foreclose the use of diverse discourses, techniques, and technologies beyond mere citation of Qur’an and hadith. Indeed, in the perspective of Ustad Kathur, with whom this chapter began, “ijtihād” can include both the reasoning of religious scholars (‘ulama) reading Qur’an and hadith, *and* the experimentation of doctors.

In Indonesia, three practices have been especially popular: wet cupping (hijama in Arabic, bekam in Indonesian), therapeutic Qur’an recitation (ruqya or ruqyah), and the use of simple herbal medicines, especially those attested to in hadith. Among my interlocutors, Prophetic medicine was typically framed less as “alternative” than as “complementary” to other forms of medicine, such as biomedicine and Traditional Chinese Medicine. Rather than intending to replace other kinds of medicine, Prophetic medicine was framed as a corrective and supplement. Many of my interlocutors framed their approaches as “holistic” in nature. I never met with a practitioner who rejected biomedicine as a matter of principle, and most were less interested in challenging the hegemony of biomedical approaches than they were in addressing its perceived shortcomings. Most practitioners focused on chronic and non-communicable diseases, prevention of disease and preservation of health as Islamic values, as well as offering an ethic of *balance* for conceptualizing health.

Many prominent proponents of renewed approaches to Islamic therapeutics and Prophetic medicine explicitly identify themselves as Muslim “preachers” or (da’i or pendakwah), persons

dedicated to “calling” others to Islam. Geared less at conversion than at lapsed or non-practicing Muslims, da’wa (Arabic) or dakwah (Indonesian) movements have played a key role in the global Islamic revival movement, and anthropologists, historians, and scholars of political science have examined how such preachers have used mass media technologies to develop new forms of religious authority (Messick 1996, Eickelman and Anderson 1999, Soares 2005, Hirschkind 2006, Hoesterey 2015, Moll 2018). The revival of Prophetic medicine in Indonesia participates these broader movements and forms of authority even as it does not fully overlap with them. For example, while many proponents of Prophetic medicine identify as preachers (da’i) not all do so; Pak Zain for example, discussed below in the section on synergistic bekam, identifies as a therapist and student of Islamic medicine, and of “classical” and “modern” approaches to medicine writ large, but not necessarily as a “preacher.” Even among proponents of Prophetic medicine who conceive of their work in terms of dakwah, considerable variety in approach is evident. Some preachers (pendakwah) favor mass and social media, promoting their approaches through trainings, publications, and lectures; one such example is Dr. Zaidul Akbar, my first case study below. Others, such as Ummi Mirah, focus on in-person work, working closely with individual patients and their families.

#### Case Study 1: Dr. Zaidul Akbar

Dr. Zaidul Akbar, affectionately known to his followers as “Dokter Z,” is a good example of a mass-market minded preacher promoting revivalist Islamic medicine, one who has been active in promoting revivalist Islamic approaches to medicine at the national level. He is a founder of the largest cupping organization, PBI, and a key organizer behind the Islamic Medicine Expo and other similar ventures. “dr. Zaidul Akbar Official” has 3.9 million followers on Instagram; his

TikTok videos have more than a billion views; and he has more than 700,000 subscribers on YouTube, where his videos have been viewed nearly 30 million times.<sup>3</sup> Each social media page links to a commercial site where visitors can buy medicinal honeys, soaps, oils, and other supplements, as well as books; for Dr. Akbar, as well as other celebrity figures in the Prophetic Medicine revival, health is big business.

Dr. Akbar trained as a biomedical doctor, but these days he seems to work primarily as a preacher (da'i) or "trainer."<sup>4</sup> When I interviewed Dr. Akbar in January 2018, he recounted how he had "fallen in love with hadith (jatuh cinta hadis)" seven years previously, which had inspired him to return to the example of the Prophet and the Companions as models of physical as well as spiritual health. In 2013, he published *Jurus Sehat Rasulullah*, a booklet outlining his Prophetically-inspired health philosophy, and has since promoted it actively both on social media and in lectures and trainings around the country. Dr. Akbar, building on the Salafi framing of Islam as a simple, complete, and perfect way of life, argues that the Prophet Muhammad, as reflected in hadith about his health and lifestyle (pola hidup) offers a model of behavior that should guide Muslims' approach to health. He argues in the introduction to *Jurus Sehat Rasulullah*, "We must believe that the perfection of this religion [Islam] is related to health, because it turns out that all aspects of prevention [of disease], health promotion, and treatment have already been explained simply and easily by the Messenger of God" (Akbar 2013, p. vi).<sup>5</sup>

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<sup>3</sup> These figures are as of August 2, 2023. See <https://www.youtube.com/channel/UCRdE6cuWbG38vLI7hIAWG4A>, <https://www.instagram.com/zaidulakbar/>, and <https://www.tiktok.com/discover/dr-zaidul-akbar-official>.

<sup>4</sup> For more on the category of Muslim "spiritual trainer" in Indonesia, see Hoesterey 2015 and Rudnykyj 2009; for an earlier ethnographic account of "spiritual training" among Muhammadiyah modernist Muslims, see Peacock 1978 p. 95, cited in Hoesterey 2015 p. 10

<sup>5</sup> "Kita harus meyakini bahwa kesempurnaan agama ini [Islam] juga pasti ada kaitan dengan kesehatan karena semua aspek pencegahan, peningkatan kesehatan, dan pengobatan, ternyata sudah dijelaskan oleh Rasulullah dengan mudah dan sederhana" (Akbar 2013, vi).

Like many proponents of Prophetic medicine, Dr. Akbar emphasizes health promotion and prevention of disease (for example through diet and exercise) as much if not more than treatment. Not eating to excess is a frequent point of emphasis; he paraphrases a hadith of Abu Dawud to argue that in the time of the Prophet, people did not eat before they were hungry, and when they did eat, did not eat until they were full (tidak sampai kekenyangan). Similarly, I heard other therapists of Islamic medicine argue for restraint in eating, neither fasting nor eating excessively (secara berlebihan), but that it was the Sunnah (the pious example) of the Prophet to reserve one third of the stomach for food, one for water, and one for air.

Though Dr. Akbar cites hadith throughout his book and his lectures, his approach is not jurisprudential (fikih) but rather motivational. For example, in his book and lectures, Dr. Akbar likes to tell the tale of a Jewish doctor from Palestine who, in the time of the Prophet Muhammad, traveled to Medina to set up a medical practice. According to this tale, the doctor left after a month because, although he was a good doctor who had been renowned in his own country, he could find no patients in the city of Medina. Indeed, no one in the city was sick, so the doctor visited the Prophet to take his leave (pamit pulang). The doctor explained that he had asked the inhabitants of Medina for the secret of their good health. “And what did they say?” inquired the Prophet. The doctor recounted that they had answered, “We are a people (kaum) that do not eat until we are hungry. When we eat, we do not eat until we are too full (kekenyangan).” Hearing this story, the Prophet commented “What they said to you is true,” and offered a hadith “The human stomach is the origin of all illnesses, while abstinence [from overeating] is the essence of all medicines”<sup>6</sup> (Akbar 2013 p. 7). Akbar then provides further commentary, arguing that this has been “proven” by modern science, which has shown that free radicals can be

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<sup>6</sup>“Lambung manusia itu tempatnya segala penyakit, sedangkan pencegahan itu pokok dari segala pengobatan” (Akbar 2015 p. 7).

released by excessive sugar consumption and the pressure this puts on the body's ability to produce insulin. He then goes on to give a prescription for health: a believer (seorang mukmin) should avoid degenerative diseases because a good believer (mukmin yang baik) would not eat or sleep excessively. Dr. Akbar concludes that if believers follow the model of the Prophet assiduously, it might even happen that "doctors would be out of work because all people would be healthy," a line that got quite a bit of applause at the lecture I attended (see also Akbar 2013 p. 8-9)

Dr. Akbar goes on to outline many of the principles of preventive health that he sees as integral to a Prophetic approach, including not just diet but also guidelines for sleep, emotional and mental regulation, worship (ibadah), hygiene, and exercise. Like other proponents of Prophetic medicine, he argues that Muslims should follow the principles of consuming only that which is both halal and "good" (tayyib – Arabic rather than Indonesian), which seemed to be used here as a synonym for "healthy." He gave examples to illustrate this point. For example, according to Dr. Akbar, alcohol is both haram (forbidden) and bad for the body; while refined sugar is halal, it is unhealthy – literally "poisonous" (beracun) – and therefore certainly not "tayyib;" fruits and vegetables rich in antioxidants are both halal and "tayyib". Dr. Akbar thus brings together a fiqh-based Islamic dietary framework (determining something is halal or haram), Arabic vocabulary, and a general approach to "health" bolstered by his credentials as a medical doctor.

Dr. Akbar's large following seems, in part, due to his ability to integrate multiple languages, discourses and practices about health and piety. What is "healthy" from a doctor's perspective? What is "balanced" from a cultural and Islamic perspective? And what is "Islamic" from a pious perspective? Drawing on his multiple sources of authority and fluency in sciences



of hadith and medical studies alike, Dr. Akbar answers these questions with a coherent – and clearly resonant – message.

### Case Study 2: Ummi Mirah and the Sociality of Prophetic Medicine

In contrast to the approach of preachers (da'i) like Dr. Zaidul Akbar who mostly rely on mass media to promote the revival of Prophetic medicine, other proponents take a more personal and relational approach. One such practitioner of Prophetic medicine is Ummi Mirah, who, with her colleague Ustad Irham, runs a small clinic dedicated to Prophetic medicine in downtown Yogyakarta. Their clinic specializes in both cupping and therapeutic Qur'an recitation (ruqyah syariah, which I examine in more detail in Chapter 4). They both use the word "therapist" (terapis) to describe themselves; both see their therapy as an extension of dakwah. Ummi Mirah once described her work to me in this way: "I teach my patients *how* to be *ill* (sakit)." Coping with illness as a process – not merely something to be overcome, but to be borne in certain ways and with particular dispositions, is a central concern, and one's success in doing so holds significant stakes both for this life (the *dunya*) and the afterlife (the *akhirat*). Part of her work involves helping patients understand illness, along with other forms of "misfortune," as a blessing (*berkah*) in the sense that it provides an opportunity for training these techniques and developing dispositions for perfecting Muslim personhood.

I first met Ummi Mirah in July of 2017, through a former roommate of mine from years before. My friend knew Ummi Mirah through her adult children, with whom she had attended university. My friend arranged a meeting at the practice Ummi Mirah shared with her colleague, Ustad Irham. Both Ummi Mirah and Ustad Irham welcomed me warmly on my first visit and invited me to return to study their therapeutic practice in more depth. After an intensive period

where I visited nearly every day, I returned to the clinic at least once a week for almost a year, observing cupping and ruqyah sessions, or on days with few patients, simply chatting, joking, and telling stories. I also accompanied Ummi Mirah on some of her visits to patients in their homes. I recount one such visit here for the purposes of illustrating this therapeutic model of dakwah in its more intimate social dimensions.

Descriptions of Prophetic medicine practices often focus on its textual or medical dimensions, but throughout fieldwork I was often struck by how often it is a deeply social activity. In Java, at least, both cupping (hijama, bekam) and ruqyah are often performed in groups (I return to one such example of “group ruqyah” in Chapter 4). Cupping, especially is a process that both relies on and promotes intimacy and camaraderie. Perhaps for that reason it is so often done in a group, with friends or family. Ummi Mirah spoke often about how cupping requires a feeling of trust, and it works better when the patient is fully relaxed and comfortable. On the several occasions when I tried cupping myself, I experienced this directly. When my muscles were fully relaxed, I hardly felt the cups’ suction or the needle, but when I was tense, it could hurt a good deal.

On an exceptionally hot Sunday afternoon in August 2017, I accompanied Ummi Mirah on a trip to do cupping therapy for an extended family. We rode together in her car – a recent model, black Kijang, an Indonesian-made, small SUV popular with Indonesia’s prosperous middle class. Her adult daughter and older sister joined us, Ummi Mirah and her sister in the front and her daughter and me in the back. Pop anthems played on the radio in the background as we crawled through traffic towards our destination of Kampung Pathok, a working-class neighborhood a few streets away from Beringharjo Market, the largest “traditional market” in the city. Kampung Pathok has been known for the last several decades as *the* place to buy bakpia,

mung-bean filled pastries that are the distinctive foods bought as gifts (oleh-oleh) by travelers for friends and relations when visiting Yogyakarta. Sharing oleh-oleh (gift/souvenirs) with friends and relations when one returns from travels within Indonesia is an essential part of everyday social relations, a way of affirming bonds and showing reciprocity. And bakpia are Yogyakarta's signature oleh-oleh.

When we arrived, Ummi Mirah's friend, Bu Yuli, directed us to an out-of-the-way place to park, and we gathered the cupping supplies from the back of the car. The street was punctuated every few feet by signs for different bakpia shops. Each was identified with a number; for example, the largest and arguably most famous shop is Pathok 75, but each of the shops vies with the others. Bu Yuli's family lives in a small compound adjoining their shop, which faces the street. The compound – composed of four low wood and brick buildings arranged in a square around a dirt courtyard – houses Bu Yuli's extended family, including her grandparents, several sisters and brothers, their children, and occasionally extended family members who move in and out from time to time. Bu Yuli, unlike her sisters and sisters-in-law, was dressed in a more conservative, flowing hijab (jilbab) and long skirt. She chatted happily with Ummi Mirah as the group of us entered the east-facing building of the compound, where her sister and sisters-in-law greeted us warmly and set up a table of snacks and drinks. "It's like a party!" she remarked. Ummi Mirah's daughter pointed out to me that they were serving juices with chia seeds, "cooling" drinks to help mitigate the excess heat of the day.

Ummi Mirah opened her cases and set up her cupping kit: cups, needles, rubber gloves, antiseptic and soothing oil. She began by cupping the women in the family. Having attached cups to the back of Bu Yuli's sister-in-law, Ummi Mirah noted out loud material signs of wind sickness (masuk angin) that she saw before her: the condensation of water, a thin film of tiny

water droplets that was beginning to form in the cup, above the small pool of extracted blood. When I noticed condensation forming in another woman's cups, Ummi Mirah commented that "lots of Javanese women have masuk angin, because we work so hard." She explained, "We get up early, work all day, and then come home and cook and clean and work some more." Here, masuk angin – made visible as droplets of water in the cups – is the residue of excess, unending labor, and the unbalanced state of the body such work causes.

As the women finished their cupping therapies, they relaxed on the mattress that sat in the back portion of the room, chatting and laughing. Mbak Indri, seven months pregnant with her second child, commented on how "light" (entheng) she felt, how "relaxed" (tenang) cupping left her. Having already observed cupping on several occasions in different settings, I was coming to recognize both terms as frequent descriptors of the embodied experience of wet cupping.

Once all the women who wanted cupping had been treated and everyone was fully clothed, Ummi Mirah switched to work on the men. The joking and conversation now shifted, with some pointed teasing about the rank smell and deep red-black color of the blood drawn from smokers, providing none-too-subtle encouragement to quit. In my year of fieldwork, I never saw a bekam specialist smoke – even the men, which is notable in a region where most men are smokers. Many specialists argue that smoking is at least makruh (detestable to God) if not haram (forbidden by God) because of the damage it does to the human body. The tone of Ummi Mirah's teasing was cheerful and full of humor, not strident, but the message was clear: smoking is unhealthy and the qualities of smokers' blood provides evidence to that effect. I came to learn that this kind of gentle, joking commentary and encouragement to change unhealthy (and impious) habits was a central part of Ummi Mirah's approach to dakwah. She had several patients who were struggling with drug and alcohol addiction; rather than give a sermon on why

these substances were unhealthy or forbidden (haram), she worked to build close relationships to them and support them as they worked to break their addictions and turn to God. She talked sometimes about how she saw parallels between her wayward patients and the Caliph ‘Umar, who she said had been a “gangster” (preman), a violent man, before he repented, converted to Islam, and became a close companion of the Prophet (and eventually, after the death of the Prophet, the second Rashidun Caliph.)

As we drove away, Ummi Mirah commented on the struggle Bu Yuli and her family face, trying to make a living by selling bakpia. Although Ummi Mirah sometimes does cupping for families at their homes for her usual fee, I saw no money change hands that day. Before I returned home, we took a series of “selfies” with silly and “ugly faces” (wajah bebek – or “duck face”) laughing uproariously. “Laughing too is a kind of therapy,” Ummi Mirah commented.

#### Revival of Cupping Practices (Hijama/Bekam): Traditions and Experimentations

Within the broader context of the revival of interest in Prophetic medicine, both in Indonesia and globally, cupping therapy has re-emerged as a popular health practice among Muslims. (For a study of the practice in South Asia, see Schmidt-Stiedenroth 2018). Indeed, within Indonesia, cupping, along with therapeutic Qur’an recitation (ruqyah – discussed at length in Chapter 4) has emerged as one of the two vanguard therapies of the Islamic medicine movement. Though bekam superficially has faddish qualities, therapeutic uses of cupping have a long history in Indonesia. Several of the patients I interviewed remembered their grandparents or great-grandparents using cupping to cure “wind-sickness” (masuk angin). One even recalled a practitioner using a bull’s horn in place of the glass or plastic cups that are used today.

Written sources attest to an even older history of cupping in Indonesia. In his 1631 treatise, *An Account of the Diseases, Natural History, and Medicines of the East Indies*, the Dutch physician Jacobus Bontius makes a passing reference to the use of cupping among the Javanese; tellingly, Bontius finds little remarkable about this usage, probably because Europeans at the same time used a variety of blood-letting techniques, including some techniques similar to wet-cupping (see for example Siraisi 1990 [2009]). Furthermore, Chinese communities in island Southeast Asia have long practiced cupping as part of the array of medical practices that, in modern times, have come to be termed “Traditional Chinese Medicine” (Salmon and Sidharta 2007).

Within this complex historical setting, cupping has become emblematic of Islamic revivalism, even as it retains linkages to traditional Javanese and Chinese medical practices. The practice of cupping can be an index of revivalist Muslim identity, visible marks on the neck, feet or head attesting particularly clearly to the practice. It is also particularly popular among Muslims seeking to manage chronic diseases like high blood pressure and chronic pain. Moreover, as I learned throughout my year of fieldwork, even among practitioners of Islamic medicine, cupping therapy in both theory and practice takes a diverse array of forms.

Several cupping “schools of thought” (madhab) have emerged, each with their own distinct approaches; the two most prominent “schools” have come to be known as “Sharia cupping” (bekam syariah) and “synergistic cupping” (bekam synergi). Both root their approaches in Prophetic exemplar (Sunnah); they do not argue “over *whether* to follow the Prophet, but *how* to follow him” (Brown 1996 p. 14). Furthermore, for my interlocutors, the project of realizing the Sunnah is requires not only the interpretation of hadith, but also the vital elements of experience and experimentation. In the following sections, I explore how Muslim practitioners

and patients of cupping therapy in Indonesia understand this health practice as both an embodiment of Islamic tradition as well as a field for experimentation and occasion for knowledge production.

Throughout my fieldwork on Islamic medicine, during interviews and observations of cupping practices, I would return to a central question: why do cupping? By far the common response I received, from patients and practitioners alike, is that cupping is part of the Sunnah (exemplary behavior) of the Prophet Muhammad and his Companions, and that it is attested to in hadith (reports of the sayings and actions of the Prophet). For these Muslims, practicing cupping in the manner of the Prophet forms one part of a wider range of cultivated habits and dispositions that, taken together, add up to being healthy in a Muslim way. Although most of my interlocutors agreed that cupping is not *incumbent* or *required* of Muslims – in the way that praying five times a day or fasting during Ramadan is expected, for example – most explained that they became interested in cupping because they heard that it was a practice of which the Prophet approved. Several patients and practitioners recounted a story, drawn from hadith, of how the Prophet had survived a near-fatal poisoning by his enemies because he had been cupped in time to remove the lethal poison from his body. Others recounted a popular story of the mi'raj – the Prophet's ascension into the heavens – in which the Prophet was hailed by passing angels, who told him to encourage his followers to practice cupping (hijama), for it was “a cure for all maladies.”

Similarly, I found that, among many of the patients and practitioners among Yogyakarta's Islamic medicine clinics and workshops, commitment to cupping as a health practice indexed a particular kind of Muslim identity, namely a revivalist or Salafi one, and was of particular interest to many Indonesian Muslims who identify as “hijrah.”<sup>7</sup> In Indonesia, this

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<sup>7</sup> For more on the emergence of “hijrah” as a term in Indonesia, see Sunesti et. al. 2018.

term over the last decade has come to refer to Muslims who see themselves as leaving behind nominal Muslim identity for a deeper and more fully lived Islamic faith, one that they see as more closely in keeping with the practices of the Prophet Muhammad and his companions. For such Muslims, cupping can be one of many means of piously embodying the Sunnah. Ummi Mirah, for example, identifies as both a hijrah and a Prophetic medicine therapist.

On one of my first visits to their clinic in July 2017, Ummi Mirah and Ustad Irham urged me to sit in on the cupping session of Pak Parman, a man in his early 40s and a “regular” at the clinic. He explained that he had been a boxer as a young man and had sustained injuries that had left him with recurring headaches. He recounted that after he had given up boxing and deepened his connection to Islam, he had discovered that cupping helped to ameliorate his pain. Pak Parman immediately struck me as a complex figure. He had been born into a family of palace servants (*abdi dalem*) at the sultan of Yogyakarta’s palace, but recounted that he had been in and out of trouble as a young man, a bit of a “gangster” (*preman*) before “repenting” (*bertaubat*) and becoming a more observant Muslim. Indeed, when I shared contact information with him on WhatsApp later that day, I saw that his profile photo highlighted this complexity with a split screen of images: one in the traditional garb of a palace servant (*abdi dalem*), and another in camouflage, resembling a member of one of Indonesia’s many paramilitary groups. Later, after Pak Parman left the clinic, Ummi Mirah told me that if anyone gave me any “trouble,” I should just show them a picture on my phone of him, and they would leave me alone.

All four of us retreated to Ustad Irham’s small therapy room in the back of the clinic, where Pak Parman and Ustad Irham sat on a thin mat and prepared the cupping materials. Ummi Mirah sat with me, and she and Ustad Irham narrated and explained the cupping practice. Wet cupping (*bekam basah/hijamah*) works in several stages. First, Ustad Irham cleaned the skin in



the area to be cupped with alcohol. (Betadine is also sometimes used as a disinfectant.) Most of the people I worked with used either disposable wipes, or a small spray bottle and tissues. Then, Ustad Irham attached cups to the skin with suction – holding the cup to the skin with one hand, while operating the hand pump to create a vacuum under the cup. Ummi Mirah explained to me that she usually leaves the suction there for several minutes, to open up the pores to make the wet cupping stage (the next stage) more efficacious. Ustad Irham then removed the cups, leaving small circles of slightly reddened skin behind. He then used a lancet to create tiny cuts in the skin (about 30, Ummi Mirah explained), moving in a spiral from center to the periphery of the circle. Then he again placed the cup against the skin, re-applied suction. Very slowly, blood began to accumulate inside the cup; after waiting for 5 minutes, the cups were carefully removed, the blood wiped out, and thrown away, and the cups sanitized. Ustad Irham applied some oil (olive oil) to the back, to soothe the skin and reduce irritation.



Figure 5: Ustad Irham practicing bekam on Pak Parman

Ustad Irham placed the cups at points commonly used in bekam syarii cupping, giving me the terms for the points in Arabic: the “ummu mughits” or the top of the head, the “katifain” two points on either side of the spine on the upper back, and the “kaahil,” between the “katifain.” As I learned more about cupping practices, I discovered that the use of these particular points aligned with what followers term the “bekam syarii” or “Sharia cupping” approach to cupping.

### Bekam Syarii: A Movement in Formation

*“The Prophet (PBUH) was cupped on his upper back sometimes, on his head at other times, and on the back of his heel at yet other times. So the matter of the harmful blood was evacuated from the place nearest to it. And God knows best.”*

- Ibn Qayyim al Jawziyyah, d. 1350 *Medicine of the Prophet*, translated by Penelope Johnson

Through friends and contacts of Ummi Mirah and Ustad Irham, I continued to meet more “bekam syarii” practitioners and patients. Indeed, the line between “practitioner” and “patient” was often blurred, as I learned that many people who tried bekam became interested in learning to practice it themselves, for their friends and family. This “socialization” of bekam is actively promoted by the national organization Perkumpulan Bekam Indonesia (PBI), which holds trainings and certifications nationwide. PBI was originally named “Asosiasi Bekam Indonesia” and was founded in 2007 by a group of doctors and religious leaders including Dr. Zaidul Akbar, the preacher and Qur’an reciter Muhammad Arifin Ilham, and Ust. Kathur Suhardi, the translator of Arabic texts discussed in the opening of this chapter. The organization is described in its mission statement as “an Islamic health dakwah organization” (“organisasi dakwah kesehatan

secara Islami”). At the time of my fieldwork, there was much discussion among practitioners about whether and how the Indonesian government might begin to regulate “healthy houses” where cupping was practiced; the organization of PBI appeared to be one attempt to self-regulate in an effort to contend with this possibility of increasing state oversight. Over the course of my fieldwork, I attended several trainings, lectures, and other events held by PBI and its affiliates, including Zaidul Akbar’s lecture mentioned above and the Islamic Medicine Expo in Jakarta in 2018.

Through these events as well as ongoing fieldwork at Islamic medicine “houses of health,” I learned more about the principles and practices that constitute “bekam syarii.” Proponents of sharia cupping are largely united in arguing that it is sunnah for bekam to be done routinely once a month, and that the most auspicious dates are the 17<sup>th</sup>, 19<sup>th</sup>, and 21<sup>st</sup> of the Islamic (lunar) month. This practice is tied to a widely cited Prophetic hadith, variations of which are included in the hadith collections of Tirmidhi, Ibn Maja, and Abu Dawud. In Ibn Qayyim Al-Jawziyyah’s *Medicine of the Prophet*, he cites these various versions, then adds “these hadith are in accordance with the physicians’ unanimous agreement that cupping in the second half of the month or the nearby days or the third quarter is more beneficial than at the beginning of the month, but when it is carried out in a case of need, it is useful at any time, whether at the first beginning or last part of the month” (*Al-Jawziyyah Medicine of the Prophet* trans Johnstone p. 42). When I asked Ummi Mirah why these dates were good for cupping, she said it was a matter of faith (iman). Also, she added, because this corresponded to certain phases of the moon (it is after the full moon), and the moon influences all fluids (cairan).



Figure 6: A social media post advising the most auspicious days to do bekam.

This image, variations of which often circulated on Prophetic medicine WhatsApp groups I was invited to join, was used to remind friends of the dates on which cupping is recommended, according to both calendars (here, the 6<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup> of December, which this particular year corresponded to the 17<sup>th</sup> 19<sup>th</sup> and 21<sup>st</sup> of the Islamic calendar month of Rabiul Awal). In this case, an acquaintance, who was herself an active member of local Prophetic medicine groups, practiced on her own, and was a frequent attendee of trainings and workshops, used this image as her profile picture for the week preceding this auspicious period. Because Indonesians generally follow the Gregorian calendar, practicing cupping in this way might also be seen as a way of embodying an Islamic temporality, marking time according to the Muslim calendar with a particularly noticeable embodied practice. Indeed, I noticed in my trips to Health Houses around Yogyakarta that they were much busier on the days that accorded to the 17<sup>th</sup>, 19<sup>th</sup>, and 21<sup>st</sup> of the

lunar months. Not surprisingly, these were the days that I often saw the “regulars,” the repeat customers who would return every month less to treat a specific illness than in an effort to promote their general well-being. One such “regular” at Ummi and Ustad’s clinic, a law professor at a local university, attributed his good health – especially his low blood pressure and cholesterol – to his faithful use of monthly cupping for the last several years.

Even as all of the proponents of Sharia cupping with whom I met asserted that the practice is drawn directly from hadith reports of the Prophet’s practice of cupping, they also acknowledged that many of the details of day-to-day practice of cupping are subject to experimentation. I learned more about the formation of the method of PBI-style Sharia cupping when I visited one of its founders, Ustad Kathur Suhardi, at his clinic in Jakarta. Although his interest in cupping was originally piqued by his readings of classical texts on Prophetic medicine (and their more recent Arabic re-publications), Ustad Kathur also conducted miniature experiments, to hone his cupping techniques and achieve better results. During one interview, he recounted how, ten years previously, he had experimented with attaching the cups for different lengths of time (between one and 20 minutes) in order to determine how to maximize the extraction of blood while minimizing skin bruising or other damage. He recounted, laughing, how he had tested cups on himself, his family members, and his friends, whom he jokingly referred to as “guinea pigs.” He discovered that, on average, cups attached for more than five minutes left significantly more bruising, and cups left for 10 or more minutes sometimes even left blisters or other significant irritation. Taking these bodily signs as guidance, he concluded that cups should not be attached for longer than five minutes, a norm that is now regularly taught in cupping workshops and seminars held by PBI. Here, experience in the form of

experimentation, together with readings of hadith, have been used together to (re)create a tradition of cupping.

Other leaders of the movement who had trained in biomedicine, such as Dr. Zaidul Akbar, point to biomedical studies and concepts to argue for the efficaciousness of cupping. For example, at his “Complementary Health Seminar” I attended in Yogyakarta in January 2018, Dr. Akbar argued that cupping removes “causative pathological substances” (CPS) that play a role in autoimmune diseases, drawing on a study by a group of Saudi researchers (Ameliorating Role Exerted by Al-Hijamah in Autoimmune Diseases: Effect on Serum Autoantibodies and Inflammatory Mediators, Baghdadi et al. 2015). He also discussed the findings of a study by Saudi researcher, “Effects of wet-cupping on blood pressure in hypertensive patients: a randomized controlled trial” (Aleyeidi et al. 2015), which found cupping to reduce blood pressure for hypertensive patients over the short-term (less than four weeks) when compared to a control group. He also argued that cupping is an effective tool for ridding the body of “free radicals” (radikal bebas). At the same time, Dr. Akbar conceded that cupping therapy remained “understudied” and needed further research to determine what uses of the therapy would be most useful. In drawing on such studies, Dr. Akbar clearly relies on his authority as a medical doctor, someone who has the necessary training to interpret medical studies.

Proponents of bekam syarii like Ustad Kathur Suhardi and Dr. Zaidul Akbar demonstrate the complex interplay of discourses and forms of authority that inform this evolving movement. On the one hand, in “returning to the original sources” of hadith, bekam syarii proponents follow centuries of reformist Muslims who have asserted “their right, in varying degrees, to come to their own conclusions based on the Qur’ān and the sunna” (Brown 1996 p. 22). In citing hadith such as the report that recommends cupping on the 17<sup>th</sup>, 19<sup>th</sup>, and 21<sup>st</sup> of every lunar month,

Muslims locate themselves temporally in relation to the horizon of Prophetic history, and in practicing cupping at those specific times, enact a kind of Islamic temporality. At the same time, in practice “bekam syarii” is a “heteroglossic field in which multiple discourses, logics, and imaginaries converge and undo each other” (Mittermaier 2013 p. 276), including capitalist logics, technologies of mass media, biomedical studies, and personal experimentation.

### Synergistic Cupping: Islamic Medicine as a Synthetic Approach

*“Seek knowledge even unto China.” Prophetic hadith, cited in Synergistic Cupping workshop.*

Proponents of the second school of thought, “synergistic cupping” or “bekam sinergi” argue that the approach of the “Sharia cupping” school is excessively “rigid” (sakluk), and ignores the Prophet’s underlying health philosophy. They argue that this philosophy is evident in hadith that attest to the importance of balancing specific qualities (hot and cold, dry and moist) to maintain health, a claim also made by figures like al-Jawziyyah (d. 1350) and al-Dhahabi (d. 1348) in their works on Prophetic Medicine. Significantly, contemporary “synergistic cupping” practitioners also draw on this line of reasoning to argue that a shared attention to qualities and humoral substances makes Prophetic medicine and Traditional Chinese Medicine (TCM) part of the same broader tradition. In practice, they argue that this means Prophetic medicine practitioners should be conversant in TCM concepts and practices, particularly yin/yang, excess and deficiency syndromes, meridians and points, methods of tongue and pulse diagnosis, and techniques of wet, dry, and fire cupping, acupuncture, moxibustion, and herbal treatments. Concerning cupping, “bekam sinergi” proponents argue that, following Chinese medical

authorities, blood should only be drawn in cases of “excess heat,” and never in cases involving deficiency.

I first encountered “synergistic cupping” (bekam sinergi) quite by chance, at the “health house” of Bu Zakirah and Pak Zain, a young couple in their 20s who have two baby girls. Past the ring road, in one of the southern outskirts of the city where newer, smaller housing developments are intermingled with rice paddies, I arrived at Rumah Terapi Zam Zam, a small two-bedroom, single story house painted a vibrant fuchsia. In this “health house” (rumah sehat) Pak Zain and Bu Zakirah held trainings and consultations in the front sitting room, as well as private sessions in an enclosed room with an acupuncture table. In addition to a projector, which Pak Zakirah used for lectures, the main room held a small cabinet with medicines and books, and posters of the meridians and points used in acupuncture. Several cats – strays from the neighborhood – frequently made themselves at home in the courtyard outside, probably knowing that Bu and Pak Zakirah were generous with scraps.

Bu Zakirah and Pak Zain had met at university in Yogyakarta where they both studied. Pak Zain studied pharmacy while Bu Zakirah trained as a midwife (bidan), and both continue to work in those fields (although Bu Zakirah recently stepped back from her work as a midwife after the birth of their second child). Bu Zakirah is originally from Lombok, having moved to Central Java to study. In one of our early interviews, Bu Zakirah explained that she had originally encountered Traditional Chinese Medicine when her father became mysteriously ill and couldn’t find a doctor who could treat him successfully. Desperate, she took him to see a Chinese-Indonesian *sinse*, an expert in Traditional Chinese Medicine, who had finally helped her father recover. For Bu Zakirah, this personal experience (“pengalaman pribadi”) was profoundly transformative; after this experience, she told me, she was committed to studying TCM in



addition to her (biomedically-based) midwifery studies. When she and Pak Zain married, she convinced him to learn more about TCM and it became a shared passion for them. Pak Zain, I eventually discovered, was from a Central Javanese family that had been known until his grandfather's generation as being skilled at traditional healing ("dukun"). Pak Zain explained that his grandfather had broken with this family tradition because he saw it as incompatible with proper Islam ("Islam syariah"), although he joked that by practicing Islamic medicine he was, in some ways, continuing in the path of his ancestors.

Bu Zakirah and Pak Zain had picked up knowledge and experience wherever they could, buying books, attending trainings, studying materials gleaned from the internet, and learning from other practitioners. They named their practice after the waters of the zamzam, the holy well in Mecca. Muslims believe that the well was created by God for Hajar and Ismail when they were abandoned by Ibrahim in the desert, and to this day many attribute healing powers to it. Pilgrims to the holy city visit the well, and often will bring some water back as a gift for family and friends. By naming it after the holy well, Bu Zakirah and Pak Zain underlined that this was a specifically Islamic medical practice.

In addition to treating patients, Pak Zain and Bu Zakirah hold frequent workshops and seminars on their "synergistic" approach, and I attended several of these in addition to conducting interviews and observations. In one interview, Pak Zain opined that *tibb al-nabawi*, as practiced by many therapists, has a "fatal flaw" (*kesalahan fatal*) – that it is taken to "stand alone" (*berdiri sendiri*), something he and other practitioners have tried to remedy with their "synergistic" approaches. In his lectures, Pak Zain argued that the "Sharia cupping" approach, in which cups are applied to the same seven points on the back, neck and head, once a month, is an invention of modern practitioners and does not derive, wholesale, from hadith. During one of his

seminars for synergistic cupping, Pak Zain asked the students, rhetorically, “where in the hadith does it say that the Messenger of God and his Companions used the same seven points (titik) all at once?” Rather, Pak Zain argues that practitioners of Prophetic Medicine should turn to hadith to understand the underlying *theory* of medicine, rather than specific *techniques*. He elaborated that the Prophet “modeled a medicine based on the qualities of hot and cold” (Rasul sudah mencontohkan pengobatan dengan sifat panas/dingin). Pak Zain, citing early authors of “Prophetic Medicine” texts such as al-Dhahabi, is attentive to the ways in which hadith reports attest to the Prophet’s practice of balancing the humoral qualities of hot and cold, wet and dry, in order to strive for physical and spiritual health. For example, Pak Zain cited a hadith report in which the Prophet reportedly ate a date together with cucumber – the hot and dry qualities of the date balancing out the wet and cold qualities of the cucumber. Another day, he cited a hadith in which the Prophet reportedly urged followers who were angry (a “hot” emotion) to cool themselves with water and kneel to the earth (considered “cool”) in prayer (“sujud”).

At another meeting, Pak Zain outlined the relationship between biomedicine, Greco-Arab Medicine (which he termed *tibb unani*) and Chinese medicine. Pak Zain asserted that all these kinds of medical knowledge and practice are from God, and that all three should be studied by those who seek knowledge. Significantly, he argued that Greco-Arab medicine of the kind alluded to in classical Prophetic medicine acts as a “bridge” between biomedical knowledge and TCM, as it shares a genealogy with biomedical knowledge, and like TCM operates from a humoral framework. In our conversations and during lectures, Pak Zain frequently voiced criticism of other *bekam* therapists for not paying adequate attention to either *tibb al-nabawi* texts or TCM. He argued that many of the members of PBI want to just “jump over” (*melompa*) the classical texts (*kitab klasik*) and ignore Traditional Chinese Medicine, but that such an

approach is inherently flawed and incomplete. For example, in a workshop on stroke and hypertension, he argued that “Muslims have declined because they have abandoned their texts” (orang Islam mundur karena meninggalkan kitab).<sup>8</sup> At the same time, however, he stated that it was important for Muslims not to be too “rigid” (sakluk) in accepting other disciplines like TCM, especially when they were compatible with Islamic approaches. In arguing for a “synergistic approach,” Pak Zain might be said to combine what Shahab Ahmed calls “prescriptive” and “explorative” Islamic approaches in a single methodology (Ahmed 2016).

“Bekam Sinergi,” I soon learned, functioned as a shorthand for this approach, in which practices and concepts from al-tibb al-nabawi are synthesized with biomedicine and Traditional Chinese Medicine. Dr. Achmad Ali Ridho, who has both a medical degree and completed training as a *sinshe* (TCM expert), is one prominent proponent of this approach. Like Bu Zakirah, he frames his decision to pursue studies of TCM with a transformative personal experience (*pengalaman pribadi*); in his case, his mother’s severe kidney disease was treated most effectively by a Chinese Traditional Medicine specialist (*sinshe*). In lectures, Dr. Ridho begins with this story, and then transitions to a discussion of hadith relating that the Prophet Muhammad recommended the use of cupping (*hijama*), cautioning listeners that Muslims must study the *Sira*, the biography of the Prophet, to better understand the specific conditions in which cupping should be used. Furthermore, he argues a close reading of hadith show that the Prophet’s approach to medicine and TCM share the same essence (*essensi sama*); for example, both assign blood the quality of heat. In his book, *Bekam Sinergi* (Achmad Ali Ridho 2015) he discusses the hadith that inspire (*menginspirasi*) his synergistic approach. He particularly focuses on one hadith according to which the Prophet said, “Healing is in three things: in the knife of the cupper,

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<sup>8</sup> A “diagnosis” in keeping with the works of many Muslim reformists from the eighteenth century onwards; see for example Brown 1996.

in drinking honey, and in cauterization. But I forbid my community from practicing cauterization.” Like other proponents of a synergistic approach, Dr. Ridho interprets these three techniques as corresponding to different “syndromes” according to TCM, where cupping is for hot syndromes, honey is for cold syndromes, and cauterization is for extremely cold syndromes. In this interpretive approach, Dr. Ridho brings together several kinds of “evidence” to craft an argument for “synergistic bekam”: the evidence of personal experience, readings of hadith contextualized by the biography of the Prophet, and knowledge of syndromes from TCM.

### “Balance” as a Prophetic Virtue

A common refrain in synergistic approaches to Prophetic medicine is that the Prophet Muhammad exemplified good health specifically in being perfectly “balanced” (seimbang). These approaches often draw on older Prophetic medicine texts to make this case. In one workshop, Pak Zain cited al-Dhahabi’s *al-tibb al-nabawi* in asserting that the Prophet Muhammad was the most balanced person (yang paling seimbang), drawing a chart of the four temperaments (mizaj) along the axes of cold-hot and dry-wet and placing the Prophet at the center. This accords with Irmeli Perho’s interpretation of al-Dhahabi’s discussion of four temperaments:

al-Dhahabi's presentation of the temperaments included hadiths, but they were not used to defend or refute the [Greco-Arab] medical theory, rather to praise the Prophet. Al-Dhahabi expressed his agreement with the Galenic view that man was temperamentally the most balanced among the animate things. He then expanded on this by stating that the most balanced among the men were the believers, and among the believers the prophets (anbiya’) and among the prophets the messengers (rasul) and among the messengers the ones with determination and among these the Prophet Muhammad had had the most balanced temperament. The hadiths that al-Dhahabi quoted witnessed for the Prophet's balanced character. They reported that he had not angered easily but had remained patient and benevolent. The hadiths showed that the Prophet had possessed the virtues considered exemplary by the medical authorities (Perho p. 85).

Notably, both Pak Zain and Dr. Ridho relate this emphasis on “balance” to concepts from TCM. This emphasis on balance – as the ideal form of health, physical, emotional and spiritual – is evident in Dr. Ridho’s discussion of yin/yang, under the heading “Is *Yin Yang* compatible with Shari’a?” (“Sesuaikah *Yin-Yang* dengan Syari’ah?”) Dr. Ridho argues that it is:

“Yin-yang is an extraordinary concept because it is about balance. The concept of balance is also in the Qur’an and the sunnah [of the Prophet Muhammad]. The Prophet, peace and blessings upon him, always practiced balance. For example, when he ate a date he balanced it with cucumber. Dates have the quality of warmth and cucumber the quality of cold, the intention being that there would not be an excess of hot elements within the body to throw it out of balance.”

Here, following the Prophet entails attending to the humoral qualities of things and carefully finding balance through opposites; implicitly, learning about the theory of yin and yang can be part of following the Sunnah of the Prophet because he, too, sought balance through opposition. Furthermore, he relates this concept of yin and yang to concepts of balance, complementarity, and duality in the Qur’anic descriptions of the natural world (*alam*), citing several verses in full: Qur’an 13:3 (*al-Ra’d*) “He [God] it is Who spread out the earth and placed therein firm mountains and streams, and of every kind of fruit He placed therein two kinds. He causes the night to cover the day. Truly in that are signs for a people who reflect” (translation from the Study Qur’an, Nasr et al).<sup>9</sup> He also cites verses from the Quranic Sura *Al-Mulk* (Sovereignty - 67:3), which states, about God “Who created seven heavens one upon another; no disproportion dost thou see in the Merciful’s creation. Cast thy sight again; dost thou see any flaw?” (Qur’an

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<sup>9</sup> Here is the Indonesian Dr. Ridho uses: “Dan Dialah Tuhan yang membentangkan bumi dan menjadikan gunung-gunung dan sungai-sungai padanya. Dan menjadikan padanya semua buah-buahan berpasang-pasangan, Allah menutupkan malam kepa siang. Sesungguhnya pada yang demikian itu terdapat tanda-tanda (kebesaran Allah) bagi kaum yang memikirkan” (quoted in Ridho pp. 89-90).

67:3 Al-Mulk/ Sovereignty).<sup>10</sup> As is common in Indonesian translation, what is here translated as “disproportion” is translated as “imbalance” (tidak seimbang); according to Nasr et al’s Study Qur’an “*disproportion* translates tafaawut, which here indicates something that lacks proportion or is out of balance such that parts of it fail to connect to other parts of it (citing Qur’an commentaries of al-Razi d. 1210, al-Zamakhshari d. 1144). Furthermore, he cites in passing other verses that describe God (Allah)’s creation as being in pairs, like male and female (An-Najm (53): 45) and all things in this world (alam ini) being created in pairs (Adz-Dzaariyat (51: 49). “Balance” (seimbang) for Dr. Ridho ties together the best of the Prophet and God’s creation writ large, and unites Prophetic and traditional Chinese approaches to health.

Significantly, although Chinese concepts and techniques were central to these “Bekam Sinergi” practices, I never saw an ethnically Chinese or Chinese-Indonesian person at a workshop or training. Although Dr. Ridho, Pak Zain and Ibu Zakirah all spoke about having been treated by (ethnically) Chinese *sinshe* at various points in their lives, spoke positively about their experiences with them, and trained with Chinese-Indonesian *sinshe*, this absence in Muslim “sinergi” spaces raises questions, unsolved here, about attitudes toward ethnically Chinese people in the real life.

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<sup>10</sup> Qur’an al-Mulk 3 “Yang telah menciptakan tujuh langit berlapis-lapis. Kamu sekali-kali tidak melihat pada ciptaan Tuhan Yang Maha Pemurah sesuatu yang tidak seimbang. Maka lihatlah berulang-ulang, adakah kamu lihat sesuatu yang tidak seimbang.”



Figure 7: Ethnographer as guinea pig.

This picture is from an acupuncture workshop I attended at Bu Zakirah's and Pak Zain's Rumah Sehat; because I was the only participant not wearing a hijab, I was a convenient (and willing) subject for practicing the insertion of acupuncture needles into the scalp.

### Theory from Hadith, Techniques from TCM

Proponents of “synergistic” approaches argue that while the theory and ideal of “balance” is evident in the obviously Islamic sources of the Qur'an and hadith, those who wish to practice Prophetic medicine should study Traditional Chinese Medicine's techniques of diagnosis and treatment to identify and correct bodily imbalances. Pak Zain argues that such an approach

would be supported by the Prophet, who is reported to have said “Seek knowledge even unto China.”

Dr. Ridho also cited the “even unto China” hadith at a two-day Sinergi training (Pelatihan) held in Yogyakarta in early 2018. This training was organized by Mbak Aminah, a local Prophetic medicine “activist” (her term).<sup>11</sup> In addition to lectures on theory and principles of al-tibb al-nabawi and TCM, Dr. Ridho held “practical sessions” on diagnostic techniques, especially tongue diagnosis (shown below), and curative techniques including cupping (both wet and dry) and moxibustion. In discussing the relationship of diagnosis to therapy, Dr. Ridho urged participants to “look for imbalance” (“carilah yang tidak seimbang”) and to “treat the syndrome (e.g., spleen deficiency) not the symptom (e.g., fatigue).” Here, reading the signs of the body properly – the quality of the pulse at specific points, the color, texture, and shape of the tongue is a crucial step in remedying imbalance.

In this workshop, Dr. Ridho used several diagrams and charts to “translate” between terms familiar from (Arabic) Prophetic medicine texts and Traditional Chinese Medicine. For example, he stated that the “ummu mughit,” a point at the top of the head, corresponded to the TCM point “Bai Hui” or GV (“governor vessel”) 20, as is shown in the diagram below (Figure 2.4). Furthermore, showing the following chart (Figure 2.5), he articulated connections between the name of the disease (penyakit), the probable syndrome, (kemungkinan sindrom - which would depend on the diagnosis using TCM techniques), the indicated therapy (terapi), and which herbs would be appropriate to use (herbasinergi). For example, vertigo, if caused by a syndrome of excess heat in the liver, could be treated with wet cupping at this point, because wet cupping

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<sup>11</sup> This use of the term “aktivis” is widespread among young Muslim dakwah groups; for a rich account of Muslim University students in such groups in Jakarta in the 2010s, see Ibrahim 2018.



(hijama) releases excess heat; if, however, it was caused by yang or Qi deficiency in the spleen, it should be treated instead with moxibustion, which acts instead to tonify the Yang or Qi.

## **Ummu Mughit : Bai Hui (GV. 20 / Ratusan Ketangkasan)**

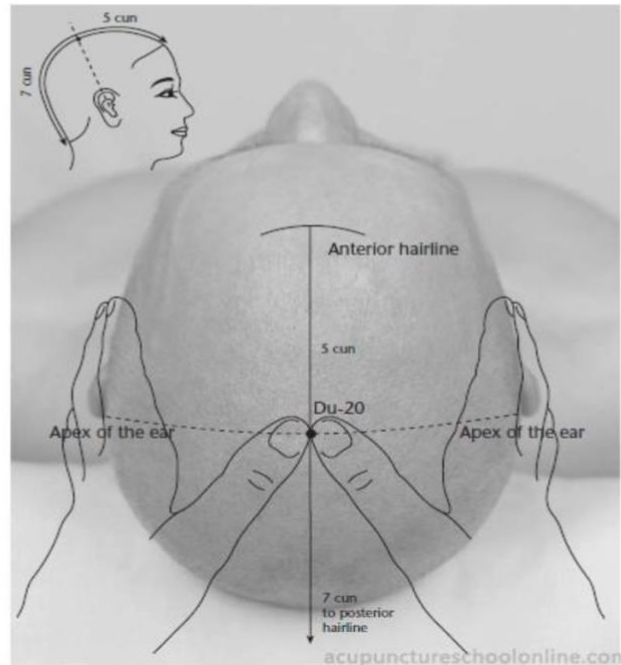


Figure 8: A model showing TCM pressure points referenced by Dr. Ridho.

## Ummu Mughit Bai Hui (GV. 20 / Ratusan Ketangkasan)

No.	Nama penyakit	Kemungkinan Sindrom	Terapi	Herbasinergi
1.	Vertigo, epilepsi, hipertensi, stroke	Ekses Panas Hati	Bekam Basah	<ul style="list-style-type: none"> <li>➤ Pegagan, daun sendok dan alang-alang</li> <li>➤ Sambung nyawa</li> </ul>
2.	Vertigo, epilepsi, hipertensi, stroke	Yang Xu atau Qi Xu Limpa	Moksa	<ul style="list-style-type: none"> <li>➤ Habatussauda, madu dan jahe kering</li> <li>➤ Bu Zhong Yi Ji Wan</li> </ul>
3.	Diare kronis, prolapsus anus dan uterus, tekanan darah rendah, anemia	Yang Xu atau Qi Xu Limpa	Moksa	<ul style="list-style-type: none"> <li>➤ Habatussauda, madu dan jahe kering</li> <li>➤ Bu Zhong Yi Ji Wan</li> <li>➤ Kurma (anemia), dll</li> </ul>

Figure 9: A chart translating TCM concepts.

Dr. Ridho also argued that for Muslims, diagnosing and treating imbalance has consequences in this world and the next. Dr. Ridho emphasized the importance of learning tongue and pulse diagnosis before practicing bekam, admonishing seminar participants, “If the angels in the afterlife ask you, ‘why did you use bekam at points x, y, or z’ you should be able to answer!” (kalua ditanya malaikat di akhirat, ‘kenapa bekam pada titik x,y,z’ bisa menjelaskan!), a comment that underlines the moral stakes involved in the practice (or, implicitly, malpractice) of cupping. For followers of “bekam sinergi,” it is not enough to practice cupping because the Prophet did; to truly follow the Prophet, one must learn to properly read the body’s signs to diagnose and rectify imbalance.



Figure 10: Dr. Ali Ridho demonstrates tongue diagnosis on a participant at the Bekam Sinergi training in Yogyakarta, February 24th, 2018.

Tongue diagnosis also formed a central part of Pak Zain’s synergistic approach, and in workshops and What’s App groups his students spent a great deal of time developing their ability to read the tongue’s signs. In one lecture on tongue diagnosis, Pak Zain spoke about how the tongue not only shows the current state of the body, but can also signify past states of health or ill-health; for example, “cracks” (persistent creases in the tongue) could show a past bad habit of being chronically dehydrated. He jokingly stated that such signs were “traces of past sins (dosa),” referencing a Qur’an verse that admonishes Muslims that on the Day of Judgement “their ears, their eyes, and their skins will bear witness against them for that which they used to

do” (Qur’an Surah Fussilat “Expounded” 41:20). Here, to fail to care for one’s body constitutes a kind of “sin” (dosa), so bound up are the pursuit of virtue and the care for the health of the body.

Significantly, proponents of synergistic cupping do not argue that Islamic medicine practitioners should utilize theories and techniques drawn from Traditional Chinese Medicine because the Prophet Muhammad did. Rather, they use patterns of reasoning already evident in classical hadith compilations on Prophetic Medicine but apply these patterns to different fields of knowledge and practice than had been considered by the likes of al-Jawziyyah and al-Dhahabi. Not all Islamic Medicine practitioners and patients embrace this approach, however. When I asked Ummi Mirah and Ustad Irham about whether they had ever studied synergistic cupping, they politely replied that it was an approach that simply didn’t interest them much. Others took a firmer line, one patient asserting to me that Chinese medical techniques were out of place in an Islamic medicine practice. Nonetheless, a context in which cupping is more than *simply* Islamic was inescapable for nearly all of the Islamic Medicine specialists with whom I worked, as I begin to explore below.

### Ethno-Religious Boundaries and the Limits of Translation

The pervasiveness of cupping practices – and the myriad ways they exceed an obviously “Islamic” context – was memorably illustrated one afternoon when a Chinese, non-Muslim businessman from Shenzhen visited Ummi Mirah and Ustad Irham’s clinic. He arrived accompanied by two Indonesian associates, who told a startled Ustad Irham that their boss needed cupping. When Ustad Irham asked what condition or symptoms the businessman wanted treated, one of his assistants replied, jokingly but revealingly, “I don’t know, maybe try to make him less angry (marah)?” Although their boss seemed to speak no Indonesian, Javanese or

English, his assistants seemed unperturbed by the language barrier, leaving their boss for his cupping session alone and promising to return to pick him up after it was completed. The businessman pulled out his smartphone and showed Ustad Irham the places on his back where he wanted to be cupped. Ustad Irham commented to Ummi Mirah and me that, based on the points indicated, his best guess was that the businessman wanted cupping for wind sickness (masuk angin). Laughingly he joked about how this would be his first session completed using sign language (bahasa isyarat) with a patient. Shrugging and chuckling, he said he would do his best, and went to his back room to complete the cupping as indicated in the photos.

An hour later, Ustad Irham had finished the cupping. Though language barriers complicated any assessment, Ustad Irham's bekam evidently satisfied the businessman. His assistants, however, had yet to return, and Ummi Mirah and Ustad Irham began to eye the clock on the wall over the sink. Ustad Irham had to leave by 2:45 to catch his train home, and Ummi Mirah liked to leave shortly thereafter. The clinic was typically closed and locked by 3pm. But how to communicate this to the businessman? Ummi laughed and said that they would have to "ask Grandfather Google" (tanya Mbah Google), utilizing the Google Translate function to tell the businessman that they needed to close the clinic for the afternoon. The businessman simply nodded and left immediately to wait across the street at a tea stall without further comment. Both Ummi Mirah and Ustad Irham were mortified – they hadn't meant to eject their patient so unceremoniously, but rather wanted him to communicate with his assistants that he needed to be picked up – but felt there was little they could do but laugh, given the language barrier.

Cupping translates – and it doesn't. It is both extremely particular and endlessly generalizable. Although it has taken on a specifically "Islamic" connotation in Indonesia in recent years, it is important to remember that cupping is a practice that was popular long before

the arrival of Islam and used very far afield indeed from the Arabian Peninsula. So what, for proponents of Islamic medicine, makes cupping “Islamic”? Or, to frame the question a bit differently, *how* should Muslims follow the example of the Prophet in striving to live healthy, pious lives? While revivalist and Salafi approaches to Islam are often understood through the lens of opposing tradition to innovation (*bid‘a*),<sup>12</sup> in practice, I saw proponents of Prophetic medicine complexly integrating tradition *with* experience. For the Shari’a cupping proponents with whom I worked, cupping is Islamic in the extent to which its forms and practices correspond to their readings of Prophetic traditions (*hadith*), although, as I discuss above, some experimentation and improvisation is merited to make cupping sufficiently efficacious; reading *hadith* without experimentation is not enough. Furthermore, biomedical discourses and practices, from medical training and practices sanitation to concepts of “antioxidant rich foods” have deeply informed the standardization of “*bekam syarii*.” For proponents of “synergistic *bekam*,” following the Prophet also entails reading *hadith* informed by a variety of forms of experience. For practitioners like Bu Zakirah and Dr. Ridho, personal experience (“*pengalaman pribadi*”) often played a key role in introducing them to traditional Chinese medicine; TCM diagnostic practices of reading bodily signs were also important to select treatments that would remedy imbalance, and assist patients in striving for a specifically Prophetic ideal of balance. Finally, for all of these revivers of Prophetic medicine, embodied networks of experiential learning – including “trainings” and “seminars” – played key roles in transmitting knowledge of Prophetic medicine. In bringing together tradition with experience, these myriad practices of Prophetic medicine might be said to synthesize what Shahab Ahmed calls the “prescriptive” and “explorative” modes of “being Islamic” in a single field of practice.

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<sup>12</sup> See for example Haykel 2009.

### **Chapter 3: Healing with the Hidden**

#### God's Phone Number and the Smell of Animism

During the Islamic Medicine Expo, a national conference held in Jakarta in March 2018, one presenter mentioned the use of “rajah,” or the inscription of disconnected Arabic letters, as an ingredient in his healing practice. Often understood to have esoteric or hidden correspondences to numbers, qualities, or particular verses of the Qur’an, using rajah, he said, was like “calling God’s phone number,” a line to the divine.

I was attending the conference with an Islamic medicine therapist and her husband, a judge in an Islamic family court, and I could tell by the looks of horror on their faces that they were appalled by this suggestion. In a later conversation, I asked the family court judge, who is a pesantren (Islamic boarding school) graduate with extensive training in the Islamic sciences, about their reactions to the statements about rajah. Why, I asked, was the use of rajah controversial? Because it is syirik, he said, polytheism or the improper association. Why? I asked. “It seems like animism” (berbau animisme), he said, or literally, “it smells of animism.”

This simple exchange exemplifies a key fissure in approaches to Islamic therapeutics, not only among attendees at the Islamic Medicine Expo, but also among my interlocutors in Central Java and, indeed, among Muslims around the world. In alluding to the use of rajah and the hidden powers of Arabic letters, the speaker at the Expo raised an issue of significant debate among Muslims in the modern period: the realm of the ghaib, the hidden or unseen, and ilmu hikmah, the umbrella term for knowledge-practices that make use of hidden (ghaib) things and

forces. Within the context of my fieldwork, the role of the ghaib and uses of ilmu hikmah in health and healing were particularly contentiously debated, and several questions arose with considerable frequency. Is it permissible Islamically to heal by the inscription of certain letters and numbers? By the invocation of the spirit servants (Ar. khadam or khodam, common Indonesian spelling) of particular verses of the Qur'an? What about wifiq, often called "magic squares," grids of numbers with sometimes obscure significance? At stake in such seemingly innocuous debates, I suggest, are presuppositions about the proper relations between the seen and unseen worlds, the power of language, the relationship of God to the world, and the proper role of Muslims within it—issues of persistent significance in the modern period for Muslims globally. The world may be divided into seen and unseen, but what are Muslims to make of the world on both sides of that division?

The Indonesian Muslim interlocutors I worked with fell into two distinct camps. Reformists and Salafis (such as Ummi Mirah and Ustad Irham) usually argue that access to the ghaib is morally reprehensible if not impossible; on the other hand, some traditionalist Muslims, such as those I examine in this chapter, take different views. The practices and approaches that form the focus of this chapter all proceed from the assumption that unseen spiritual forces are an intrinsic and unavoidable part of the world, that human life is always already entangled with such forces, and that humans can and must engage with them. In the words of K. H. Mudjab Mahalli (discussed above in Chapter 1), "anyone who might be called human cannot possibly escape the supernatural" ("siapa saja yang masih disebut manusia sebenarnya tak mungkin terlepas dari dimensi supranatural") (Mahalli p. xvii).

This chapter examines an approach to Islamic therapeutics that is theologically, socially, and politically distinct from the reformist and Salafi movements I examine in chapters 2 and 4.



In this chapter, I shift focus to what is often termed in the literature the “traditionalist” Javanese Islam associated with Nadhlatul Ulama (NU), the largest Islamic organization in Indonesia.<sup>1</sup> The approaches to Islamic healing that I examine in this chapter are rooted in the world of the pesantren (Islamic boarding school) while also being somewhat marginal to it. As I discuss in more detail below, ilmu hikmah is not usually a subject taught formally in pesantren, but is frequently transmitted through pesantren networks, either from teacher to pupil or sometimes through peer learning. Furthermore, as I explore below, while ilmu hikmah and related practices of Islamic therapeutics might be said to be institutionally peripheral to pesantren, these practices can be understood as elaborations and extensions of concepts and practices found squarely within traditionalist Islam.

Given the polemical nature of this topic among Muslims, a few words on my own position as a researcher and my goals in writing about it are warranted. In addressing uses of ilmu hikmah and the hidden (ghaib) in healing, I do not intend to stake a claim on the theological merits of such practices, a task for which I am ill-equipped in any case. Rather, I intend to follow historian Shazad Bashir in committing “to a politics in which all expressions pertaining to Islam are taken seriously while being shorn of totalizing privilege” (Bashir 2022). Rather than trying to claim that such practices are or are not Islamic, I am interested in better understanding how some Muslims see them to be part of Islam and articulate them with broader Islamic traditions, as well as in understanding historical patterns of their use. As this chapter shows, the extensive use of such practices by Muslims is a historical and contemporary fact, and even if these practices are widely contested, does not mean that they should be automatically excluded from a study of Islamic therapeutics. Indeed, close attention to such practices illuminates modes of being

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<sup>1</sup> For more on NU, see van Bruinessen 1996, Azra et al. 2007, Bush 2009, Ismail 2011, Feillard 2013

Muslim that are themselves widely dispersed, with their own theologies and histories, as I begin to discuss below.

I begin by more closely examining the categories of the “ghaib” and “ilmu hikmah.” To better understand the role of the ghaib in practice, I turn to a case study: the Islamic therapeutics (pengobatan Islam) of one key interlocutor, Pak Hakim. I then examine a few fragments of these healing practices that *are* available to the senses- fragrant oil, Arabic letters inscribed on paper and metal, and colorful flower offerings - to examine in more detail *how* the hidden is made evident in these hikmah practices. Finally, I return to a discussion of how these practices are contested, and a closer examination of the polemics that surround them. Throughout, I examine the multiple ways in which “hiddenness” appears in the context of ilmu hikmah and related kinds of Islamic therapeutics: the ontological hiddenness of the ghaib, the therapeutic use of partial obscurity that works partly through “suggestion”, and finally the secrecy that surrounds such practices that indexes an ongoing process of contestation and marginalization of certain modes of being Muslim.

### Ontological Hiddenness: The Ghaib and Ilmu Hikmah

The Indonesian term ghaib (also sometimes spelled ghoib) is derived from the Arabic ghayb. According to the Encyclopedia of Islam, this term relates to that which is absent or hidden:

The two connotations of the root are ghāba ‘an, to be absent, and ghāba fī, to be hidden. In current usage, ghayb (and especially ghayba) may signify “absence” (and ghayba, correlated with shuhūd, “presence”, may be a technical term of Ṣūfism); but more frequently ghayb may indicate what is hidden, inaccessible to the senses and to reason—thus, at the same time absent from human knowledge and hidden in divine wisdom. It is to this second meaning that al-ghayb refers, as a technical term of the religious vocabulary. It may then be rendered by “the mystery.” (Macdonald and Gardet 1960)

In her ethnography of dreams and dreaming in Egypt, Amira Mittermaier defines the ghayb as “the metaphysical world of the Unknown” (Mittermaier 2011 p. 173) and as “the unseen or unknown; Divine mystery that is inaccessible to humans but glimpses of which might be known through dream- and waking-visions” (Mittermaier 2011 p. 266). Bubandt, Rytter and Suhr et. al., in their special edition of *Contemporary Islam* on the topic of the ghayb, are particularly interested in the ghayb as it contrasts with vision and the visual, arguing that “the unseen haunts, affects, and co-produces the visible world in multiple ways” (Bubandt, Rytter and Suhr 2019). As these treatments of the ghayb imply, the term is often used within contrastive binaries, as when opposed to presence, the visible, or to that which is manifestly clear. Although it is often translated as “the invisible” (and I sometimes do so here), I find it helpful as well to translate it as “hidden,” that is, as unavailable to any of the physical senses, not just sight. The ghaib encompasses the hidden, mysterious, or esoteric dimensions of material things – letters and numbers as well as colors, scents, and physical objects. It also includes spirits of the dead, as well as jinn, unseen beings made of smokeless fire who are mentioned in the Qur’an. While the ghaib often appears as the other of the present, the obvious, and the sensible, it is also in relation with these things; and it is precisely these relationships between the ghaib and the material world, and the myriad ways these connections have been made use of in therapeutic contexts, on which this chapter turns.

Irrespective of theological orientation or affiliation, all of my interlocutors in the world of Islamic therapeutics affirmed the ontological reality of the ghaib, including jinn. Ummi Mirah for example (discussed in Chapters 2 and 4), frequently would compare jinn to electricity – invisible to the human eye, but real nonetheless. Others experienced the reality of jinn as a test or challenge to their faith (iman) as Muslims; for example, Pak Budi, a pesantren teacher and

traditionalist Muslim, talked about how he struggled to believe in jinn. A pious skeptic and self-described “rationalist,” Pak Budi referred to this as a test (cobaan) of his faith; at the same time, he admitted that he found cases of possession particularly unsettling. The degree to which humans *can* or *should* access the ghayb/ghaib, however, is a topic of contentious debate, to which I return below.

Historically, some Muslims have developed a number of technologies that, they contend, can be used to mediate interactions with the hidden. The use of rajah, disconnected Arabic letters inscribed in specific ways on specific materials, is one such technology that I will explore in more depth in this chapter; the use of alpha-numeric correspondences, and the arrangement of letters and numbers to form grids (wifiq, or the so-called “magic square”) is another. At the time of my fieldwork, the umbrella term that I encountered most frequently for such knowledge practices was ilmu hikmah or, simply, hikmah. Like ghaib, hikmah also derives from an Arabic cognate, in this case hikma or “wisdom.” In the Indonesian context, hikmah can mean wisdom in a general sense (as in the phrase “ada hikmah di balik musibah” or “there is wisdom in calamity,” generally meaning that one learns important lessons from hardship). It can also refer to supernatural, divine, or magical power (sakti, kesaktian). Practitioners of ilmu hikmah might be said to embody what Amira Mittermaier has referred to as “an *ethics of in-betweenness*. By this I mean not simply an ethics arising from dialogical, face-to-face encounters but also an attitude of openness toward the (in)visible, the *barzakh*, the imaginary, and the emergent” (Mittermaier 2011 p. 56, italics in the original; see also Salomon 2013 p. 836). Here, I examine how these practices of “healing with the hidden” all make use of partial hiddenness to locate the patient in a web of correspondences and relationships that span the manifest and hidden realms—

with the therapeutics expert and the pious dead, with material things and hidden spirits, and ultimately with God.

### Hiddenness in Practice: Pak Hakim's Islamic Therapeutics

Pak Hakim has a reputation for being an expert mediator of hidden things. I first met him through Pak Budi, a teacher at a pesantren near Yogyakarta who I have known for several years. Pak Budi had been visiting Pak Hakim on behalf of a sick friend who was too ill to travel himself, acting as a go-between between the ill friend and Pak Hakim, bringing updates on the patient's condition to Pak Hakim and returning to the ill friend with blessed water ("air doa") that Pak Hakim had prepared for him. Knowing of my interest in Islamic therapeutics, Pak Budi invited me to accompany him to one of his consultations with Pak Hakim.

Pak Hakim receives visitors seeking his expertise at his home every Sunday afternoon. His house is a modest, single-story concrete and wood building, located in the western outskirts of the city near the ring road, where more congested, urban residential areas give way to fields and rice paddies. Like many Javanese homes, the front room of his house is for visitors, while the back of the house contains more private spaces for the kitchen and family sleeping areas. When I entered the house, there were already half a dozen visitors there, seated on the carpeted floor, waiting to consult with Pak Hakim in turn. Pak Hakim himself sat at the back of the room, in front of shelves lined with books, notebooks, and papers. There was little other furniture in the room, and few things on the walls: a whiteboard for the classes Pak Hakim teaches from his home, a portrait of the former Indonesian President Soekarno, and a few illustrated pictures, including one of Ratul Kidul, the Javanese spirit queen of the South Sea.

Pak Hakim is a thin man in his late 50s, with graying hair, sharp eyes, and a frequently mischievous expression. On this day, he was following a fast that I learned he always followed

on days when he met with patients: he abstained from all food and drink from sunrise to sunset, seemingly sustained only by the clove cigarettes he smoked nearly continuously. Pak Hakim is at once deeply embedded in the world of traditionalist Javanese pesantren traditions, while also at times retaining a bit of critical distance. This tension is evident in the setting of his house, which is located down the street from the pesantren headed by his older brother, an eminent scholar in his own right. He sometimes teaches at his brother's pesantren, which is renowned as a center of kitab kuning ("yellow books", or classical traditionalist texts), as well as for its environmentalist bent; the pesantren bills itself as traditional (as-salafiyyah) and based in nature (berbasis alam.) However, Pak Hakim is typically evasive when visitors ask how he is connected to the pesantren, often answering with a smile that he is "just a neighbor." His brother is one of the kyai who lead the pesantren, having married into the family of the founding kyai (the ndalem, high Javanese for "house," referring to the kyai's close kin). Indeed, Pak Budi, the friend who originally introduced me to Pak Hakim and had known him for over a year, was astounded to discover his family ties when I started asking questions about his family during an interview. Pak Hakim merely chuckled at the astonished expression on Pak Budi's face.

Although Pak Hakim did not explain his reticence, I interpreted it in a few ways. On the one hand, it could be seen an expression of humility and disinterest in being afforded certain kinds of hierarchical distinctions, in keeping with his habit of asking people to call him "Kak" (older brother) rather than "Pak" (father). The importance of humility was something Pak Hakim discussed at other times as well, framing it as a Javanese and Muslim value, and referencing the metaphor of the "wisdom of the rice:" the idea that as one grows in wisdom, one should become more humble, bending like a ripe stalk of rice. On the other hand, I also saw in his habit of

dissimulation a kind of play with mystery that is part of his performance of expertise in hiddenness.

Pak Hakim is a product of a rigorous and peripatetic education, having studied with Islamic scholars in both Central and East Java. He also trained and was certified as a lawyer, although he has not practiced law professionally for many years (he is now supported by his teaching and healing work). Originally from East Java, Pak Hakim related that he spent time in several pesantrens in Kediri, especially Pesantren Lirboyo, a “pesantren salaf” or traditional pesantren that focuses on the study of the “classical texts” or kitab kuning.<sup>2</sup> Pesantren Lirboyo was founded in 1910 by KH. Abdul Karim (d. 1954) a student of KH. Hasyim Asy’ari (d.1947), the founder of the traditionalist Muslim organization Nahdlatul Ulama (NU), and the grandfather of former Indonesian President Abdurrahman Wahid (also known as Gus Dur, d. 2009). Having studied at Lirboyo thus places Pak Hakim in relationship with key founding figures in traditionalist Javanese Islam as well as Indonesian national history.

According to Pak Hakim, there were many stages to his learning process. For a long time, as a young man, he engaged in invulnerability practices, such that he couldn’t be hit by a car or harmed by weapons. Experimentation with invulnerability practices as a precursor to healing is something of a trope among male practitioners of Islamic therapeutics, I came to find. Ustad Irham, for example, though very different in many respects to Pak Hakim, also spoke of going through a “phase” where he was interested in invulnerability as a young man before turning to his work as a teacher (Ustad), preacher (da’i) and practitioner of ruqyah and bekam.

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<sup>2</sup> “Pesantren salaf” should not be confused with the term Salafi, used to refer to certain reformist Muslims. Here, the term is used to refer to pesantrens that do not follow a state-approved, integrated curriculum, in contrast to the “pesantren kholaf” or modern pesantren, such as Pesantren Gontor, which are supervised by the state Ministry of Religion and use approved textbooks. However, that the same word – salaf – is used to refer to both certain traditionalist pesantren *and* reformist Salafis does indicate something important: that both traditionalist Muslims and Salafis position themselves as true inheritors of Muslim tradition.

This pattern might, perhaps, be seen as a trope of Muslim masculinity.<sup>3</sup> After a period of experimentation with such invulnerability practices, however, Pak Hakim said he realized that these practices were not useful, and so he let them go. A phrase he kept returning to was that the most important thing in life is to be of value (*bermanfaat*), and that the practices that had preoccupied him in his earlier years were ultimately worthless (*tidak bermanfaat*). Moreover, he specifically described this transformation as following in the footsteps of Sunan Kalijaga, who famously lived as a bandit before he became a pious Muslim and one of the nine progenitors of Islam in Java (*wali sanga*). The study of certain texts with competent teachers, as well as his consistent performance of certain embodied practices, were both very important elements of his education, Pak Hakim emphasized. Pak Hakim recounted studying the works of al-Suyuti, al-Buni, and al-Ghazali; in particular, he traces his healing method back through a continuous chain of teachers and students (*silsilah*) to al-Suyuti. Regular fasting and extended periods of prayer (*zikr*) and seclusion (*semedi*) were both features of his training as well, to train the body as well as the mind.

Equally proud of his Javanese and Indonesian heritage and culture, Pak Hakim frequently referenced President Soekarno (whose portrait is on the wall of his living room) and cited Javanese songs, aphorisms, poetry and symbols alongside Qur'an and Hadith. Pak Hakim identifies as a proud nationalist, and his references to Soekarno were ripe with nostalgia. He liked to say that “there is no such thing as Javanese Islam,” arguing instead that Islam is actually the content (*isi*) of Javanese culture, which forms a container (*wadah*). This argument is a rather striking reversal of the longstanding Orientalist trope of the “thin veneer”- the idea that Islam in Java is a superficial overlay over an essentially animist-Hindu culture.<sup>4</sup>

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<sup>3</sup> For more on Islam, martial arts, and self-defense in Indonesia, see Farrer 2009.

<sup>4</sup> For example, see Geertz, *Religion of Java* 1960.



Pak Hakim emphasized that the specifics of his pengobatan should not be known to the general public; that they could only be shared with the spiritually advanced, who were fully prepared to receive such powerful and potentially dangerous knowledge. Indeed, he recounted stories of santri he had known who had not been fully prepared for this knowledge, and were driven mad (*gila/edan*) by it. This, he explained, is one reason why having an excellent teacher is important: such a teacher will understand the true capacities and limitations of his or her student, and not burden an unprepared student with knowledge that they cannot manage. Furthermore, to fully understand his system would take a very long time, and extensive study – he estimated at least ten years. Nonetheless, understanding that I was interested in the theory rather than the practice of his work, he was quite happy to explain the basic outlines of his healing system to me, and made no secret of them; other visitors at various points would join our discussions, or listen to his explanations. After a few meetings, he invited me to return for a “lecture” on his method.

When I arrived at his house at our pre-determined meeting time, Pak Hakim was already in consultation with a frequent visitor (I’ll call Pak Bantul, accompanied by a friend), a former co-santri of Pak Hakim’s who is a frequent intermediary for patients from a neighborhood south of the city. Today Pak Bantul had brought brain scans of a patient with brain cancer whom Pak Hakim was treating. After studying the scans carefully, Pak Hakim prepared some “air doa” (water over which he had recited specific prayers) for Pak Bantul to bring back to the patient. As they were waiting patiently, Pak Hakim began his exposition on his healing method, largely directed to me, but also of apparent interest to Pak Bantul as well.

Pak Hakim is very much the teacher, frequently using diagrams to illustrate his points. As he explained the difference between his method and others, he drew explanatory diagrams on the

whiteboard mounted to the wall of his living room. Therapeutics or medicine (pengobatan), Pak Hakim explained, is of two types: medical and non-medical (medis dan non-medis.) The “medical” is clinically tested (diuji secara klinis) and comprises both conventional biomedicine (ilmu kedokteran) and herbal medicine. The non-medical, he went on to explain, is “spiritually” based, and each religion has its own form. He said he follows the Islamic type of spiritual medicine, which he specified is based on the Qur’an, hadith, and the traditions of the pious (the *salafus saleh*). His particular pengobatan Islam process is transmitted by way of Al-Suyuti (d.1505), according to Pak Hakim, but it originates from the Prophet himself. Furthermore, while practitioners of pengobatan medis may draw on medicine from many sources (banyak sumber), those who practice pengobatan Islam cannot draw on sources randomly (“tidak bisa mengambil sumber secara sembarangan”).

Pak Hakim continued his lecture by outlining what are, to him, the three most important elements of his pengobatan: 1) releasing desires, 2) building a “constellation of total relations,”<sup>a</sup> and 3) maintaining continuity. Regarding the first point, Pak Hakim emphasized that for his pengobatan to work, both he and the patient must let go of all desires (melepaskan keinginan). He connected this releasing of desires to a broader range of self-cultivation practices that are important for his work: fasting, prayer and seclusion, all of which were important parts of his training, and some of which he continues to follow today (fasting while meeting with patients, for example). Furthermore, he maintained, it is not necessary for either him or the patient to *ask* for things from God (Tuhan), who already necessarily knows what they need.

The second feature, the building of a “constellation of total relations” (“konstelasi hubungan mutlak”), between patient, Pak Hakim and God, is what he argues enables the “transformation of energy” (“transformasi energi”) to the patient. To render this system of

relations more intelligible, Pak Hakim drew another diagram: a triangle connecting three points: Allah (in Arabic) at the apex, himself (here rendered “Aku,” informal “I”) in the lower left, and the patient (“pasien”) in the lower right. He explained that his air doa – the water over which he prays, and which he usually sends with the patient when they leave -- is an important part of this “suggestion” that eases the way for “transformation.” Finally, Pak Hakim explained that for his pengobatan to work, he must maintain continuous relations with his teacher, with whom he worked closely for many years. Pak Hakim emphasized that the relationship between the teacher and student was of special importance; the texts he uses, on their own, are incomplete. They must be supplemented by “spiritual exercises” (“laku-laku spiritual”) and “keys” (“kunci-kunci untuk penerapan”) that are not contained in the text.

The process of his pengobatan, as outlined by Pak Hakim, also contains three parts: 1) Analysis, 2) Teknis, 3) Solusi. The first step is to determine the problem at hand; for this he consults with the patient (or their intermediary) and examines any test results or other information they bring him, like the brain scan that Pak Bantul showed him. Next, he moves on to “Teknis:” the determination of what techniques are appropriate to the case at hand. Communication with his teacher is central here – not only does he continue to draw on his years of study, but when a tricky case comes up he calls on the spirit of his teacher for consultation and support (I discuss this more below). Finally, he moves on to the third step: carrying out the “Solusi.” Pak Hakim explained that he would write a series of disconnected letters in Arabic script, called rajah. Each letter would be chosen for their specific characteristics (sifat); for the example of liver disease, he said he would use a number of letters including ra (ر) for robbi, and wa (و) for wahid. Here, the letter that begins each of these words is taken to stand metonymically for it. Significantly, both “robbi” and “wahid” are often used as some of the “most beautiful

names of God” (al-asma al-husna), namely al-Rabb (Lord, the one who is most authoritative) and al-Wahid (the One, the unique). The letters must be written on a specific kind of material (copper, for example, or paper, or lead), and using a specific kind of tool (alat) as a writing device (here the example was a nail, paku). The inscription is then connected to the name of the patient and the patient’s biological mother (ibu kandung). For seven nights, both Pak Hakim and his patient must carry out specific prayers (doa) and follow certain dietary restrictions (in this case, they cannot eat goat). During this time, Pak Hakim wears a necklace (kalung) that contains Arabic letters (huruf-huruf); he stated that this was a bit like a “GPS,” in that it allowed him to keep in contact with the patient, even when they were separated by distance. At the end of this period, Pak Hakim sacrifices a particular animal (in this case, a goat). If the process has worked, the liver of the goat will have disappeared when the goat is cut open. Pak Hakim cannot eat the goat himself; rather, it must be given to the poor (as sadaqah – a charitable gift).

Although this account is necessarily a partial one, it is possible to draw several inferences from it. However, I suggest that three patterns that can be seen in it: 1) utilization of specific techniques and technologies, such as water that has been prayed over (air doa), that are partially “hidden” in their significance and thus generate “suggestion”; 2) an emphasis on building a web of relationships spanning the manifest and the hidden (al shahadah and al ghaib), ultimately connecting the patient to God; and 3) connections to historical Muslim cosmologies that have become marginalized in the modern period.

#### Technologies of the Hidden: “Air Doa,” the Senses and Suggestion

The technologies of hikmah used in these practices make use of objects that are available to the physical body through a variety of senses: letters that can be read, perfumes that can be

smelled, water that can be drunk. However, the meaning of these material things is only partially comprehended by the patient: the water that is drunk is prayed over out of the patient's hearing, letters are disconnected and do not form words, the significance of perfumes is not explained. To put it another way, they are connected via material means that are sense-able without necessarily "making sense." They thus link the here-and-now of material, embodied experience to the "elsewhere" of the ghaib, and ultimately, to God. They might be said to be responses to what Webb Keane calls the "problem of the ontological gap," namely "how does one cope in practical terms with an invisible and silent world, and what can one hope to gain from doing so?" (Keane 2013 p.3; also Keane 2007). In attending to the material, sensorial dimensions of hikmah healing practices, I draw attention to semiotic dimensions of such practices, while also building more generally on a broad body of scholarship on religion and the senses (for example, Classen 2014, Thurkill 2016) and more specifically on studies on Islam and the senses (Gade 2004, Hirschkind 2006, Ergin 2014, Eisenlohr 2018, Bursi 2020, Fahmy 2020, Lange 2022).

Pak Hakim's use of water over which he has prayed, or "air doa," provides a useful starting point. Significantly, Pak Hakim prays over the water privately, away from the patient, in the back room of his house; they do not see him or hear him pray over it, but he tells them that he has. After meeting with him, the patient (or their representative) goes home; they then are instructed to follow Pak Hakim's dietary restrictions (such as not eating goat, in the example above) and to drink the water in small amounts over the course of the seven day period; Pak Hakim has also instructed them that over this time period, he will be completing the "spiritual exercises" (laku spiritual) necessary for the healing process to take place. When I asked Pak Hakim why it was important for the patient to drink the water (air doa), he said several things. First, he cited passages from the Qur'an: "And We made every living thing from water" (21:30);

“And God created every living beast from water: among them are those that go upon their bellies, and among them are those that go upon two legs, and among them are those that go upon four” (24:45); “And it is He who created a human being from water” (25:54).<sup>5</sup> He also noted that scientific studies have determined that the human body is primarily composed of water. Finally, he stated that drinking the “air doa” encourages “sugesti” (suggestion). Significantly, Pak Hakim implied that the power of suggestion (sugesti) is an important part of this process and makes easier the transformations entailed in the pengobatan.<sup>6</sup> He implies that the power of suggestion here is not immaterial to human transformation, rendered out of court as placebo as in scientific studies of drug efficacy, but is rather an integral part of the process of healing. Here, the partially-hidden nature of these hikmah practices is generative, opening the door to “suggestion” which in turn provides grounds for the “energy transfer” that is entailed in his healing. “Sugesti” might even be said to be a semiotic affordance of partial hiddenness or obscurity. Although it is not possible to trace conclusively, Pak Hakim’s use of the term “energi” also seems to carry New Age connotations.<sup>7</sup> Indeed, the use of such language might be said to be a partially obscure sign of a “global occultism” (de la Cruz 2017) in the form of the circulation of New Age language. Taken altogether, Pak Hakim’s practice of using “air doa” in healing might be said to be “a heteroglossic field in which multiple discourses, logics, and imaginaries converge and undo each other” (Mittermaier 2013 p. 276). In the case of Pak Hakim’s air doa, it is possible to discern the convergence of Qur’anic discourses on creation, psychological use of “suggestion” and New Age concepts of “energy.”

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<sup>5</sup> All translations from the Study Qur’an. On the long history of reciting the Qur’an over water and drinking it, see Zadeh 2014.

<sup>6</sup> For a very different account of “suggestion” in a Muslim healing context, see Vinea 2018.

<sup>7</sup> I am grateful to Ana Vinea for this insight. For an account of complex convergences in Muslim and New Age epistemologies in Iran, see Doostar 2018. For a more general account of New Age epistemologies, see Hammer 2001.

### Fragrant Oil and Deceased Teachers: Genealogies and Presencing the Dead

One theme that runs throughout Pak Hakim's pengobatan is the anchoring of the patient in a web of relations that spans the manifest and the hidden (al-shahadah wa al-ghaib). This is especially evident in Pak Hakim's articulation of his pengobatan as resting on a "constellation of total relations" (konstelasi hubungan mutlak) between Pak Hakim, the patient and God (Allah), but it also appears in specific techniques of the pengobatan. This "web of relations" also appears, for example, in the written portion of the pengobatan ("teknis"), when Pak Hakim writes a series of disconnected Arabic letters, standing for particular names of God, on the same material on which he also inscribes the name of the patient and the patient's biological mother (ibu kandung). This emphasis on the *mother*, rather than the father, of the patient is common in hikmah and other Muslim healing practices, not just in Indonesia but also in other places (for a South Asian example, see Flueckiger 2006). This is interesting given that many Muslim kinship structures are patriarchal and trace descent through the male line (though not all- see Hadler 2008). I discussed this pattern with another interlocutor, Mas Arif. He speculated that there was a symbolic correspondence between the "hidden" nature of hikmah practices and the (usually) unmarked quality of kinship traced through the matrilineal line, an intriguing suggestion; this might be said to be one of many "latent possibilities that are present within Islamic genealogical idioms" (Birchok 2016).

It is also evident in the ongoing communication between Pak Hakim and his deceased teacher, and through his teacher a chain of person-to-person transmission reaching back to the Prophet Muhammad, who was in turn, according to Pak Hakim, taught the pengobatan by the Angel Gabriel, an envoy of God. Over the course of several visits to Pak Hakim on days when he

was receiving patients, I noticed that mid-consultation, he would often pause, and whisper inaudibly over his right shoulder.<sup>8</sup> During one of our conversations about his pengobatan, he explained that this was for a very specific reason: he was conferring with the spirit of his teacher, who had died several years previously, about the best course of action to take in this specific case. Pak Hakim further elaborated on this practice, explaining that he used a specific fragrant oil to summon the spirit of his teacher; and indeed, for those with advanced knowledge, special oils could be used to summon many important figures from the past (he named Sunan Kalijogo, one of the “nine saints” credited with spreading Islam to Java, as an example). Recent scholarship has drawn attention to “the odor of sanctity of martyrs and saints, a topic that links olfaction to the history of charismatic leadership, apocalypticism, and warfare” (Lange 2022 Thurlkill 2016). Here, the material affordances and historical associations of scent – sensible without being solid, evocative of memory, and associated historically with Muslim saints and martyrs – are important, if unremarked upon, components of invoking the hidden.

In addition to Pak Hakim, I observed and interviewed several other hikma specialists in traditionalist networks. Perhaps a more typical practitioner of hikma – in that it is not his full-time job, but rather something he does as a supplement to his typical duties – is Pak Hasan, a teacher at a pesantren on the northern outskirts of the city of Yogyakarta. Pak Hasan is in his mid 30s, somewhat soft-spoken and reserved. At the pesantren, he teaches in the Madrasa Aliyah (high school). He is known by his colleagues for his study of ilmu hikma and is usually called in to perform ruqyah when a student shows signs of possession (kesurupan). Indeed, when I interviewed him several times in late 2017 and early 2018, the school had experienced a significant rash of possession cases, which some teachers interpreted as a sign of spiritual

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<sup>8</sup> On whispering in specifically Javanese prayer contexts, see Ross 2016 p. 128; see also Headley 2000 p. 135; Keeler 1987 p. 137–40.



warfare being waged against the pesantren (the implication being that the offending spirits were “sent” by someone who wished the pesantren ill or resented their success). Others saw nothing so sinister, explaining that such cases erupted from time to time but were to be expected in a place where there were so many young people (with the presupposition that youth are more prone to such problems). Pak Hasan is also skilled as a halal butcher, and often performs the sacrifices on Eid al-Adha (when animals are sacrificed and their meat donated to the poor). He explained to me that he knows which verses are particularly soothing (Surat Yusuf, for example) and will recite them to keep the animals calm and as comfortable as possible as they are prepared for sacrifice. Like many hikmah specialists, Pak Hasan does not charge for his services, saying that to do so would be to take credit for healing which comes only from God (Allah). Instead, he says he accepts “donations” from patients, which he uses to pay for supplies like scented oils (I was accompanied to this interview by a friend, Pak Budi, who commented skeptically, “that must be some expensive oil,” implying that Pak Hasan manages to turn a profit.)

Pak Hasan, like Pak Hakim, emphasized the importance of the teacher-student bond and the spiritual genealogy of which it was a part. For both practitioners, blessing or *berkah* (Ar. *baraka*) flows in spiritual lineages (*silsilah*), and hikmah healing practices had to be properly transmitted through a lineage (*silsilah*) in order to be effective. This is for several reasons. As Pak Hasan put it, studying texts like those of al Buni alone was insufficient, because the texts include misinformation by design that must be corrected by the teacher. This forms an important safeguard for this kind of powerful ilmu, Pak Hasan emphasized, so that it cannot fall into the wrong hands. Furthermore, like many kinds of traditionalist religious knowledge, one must have an “*ijaza*” (certificate) from a qualified teacher. Pak Hasan also specified that for those who obtained *ijaza* for certain, especially powerful, kinds of ilmu hikmah would need to pass it on to

their children (mewariskan ke anak) before they died, or they would suffer long, protracted, and painful deaths.

When I asked Pak Hasan about his ijaza for the kinds of ilmu hikmah he practiced, he said that he knew most of the silsilah (lineage of transmitters) by heart, because he prays for all the teachers in the silsilah by name regularly. Significantly, the silsilah includes the names of key figures in the history of traditionalist Islam in Java, including K.H. H. Asy'ari (the founder of the largest Muslim organization, Nahdlatul Ulama) and Simbah K.H. Soleh Darat, a leading Javanese Muslim scholar (sometimes called “the Javanese al-Ghazali” for his synthetic writings on Sufism and jurisprudence) and leader in the early Indonesian independence movement (Hakim 2016). It is hard to imagine a more illustrious genealogy, or a more authoritative one, in the world of 20<sup>th</sup> century Javanese traditionalist Islam.<sup>9</sup>

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<sup>9</sup> Intriguingly, K.H. Hasyim Asy'ari was also the grandfather of Abdurrahman Wahid, whose collection in the National Library includes a mujarrabat text (Perpustakaan Nasional AW125), discussed in Chapter 1.

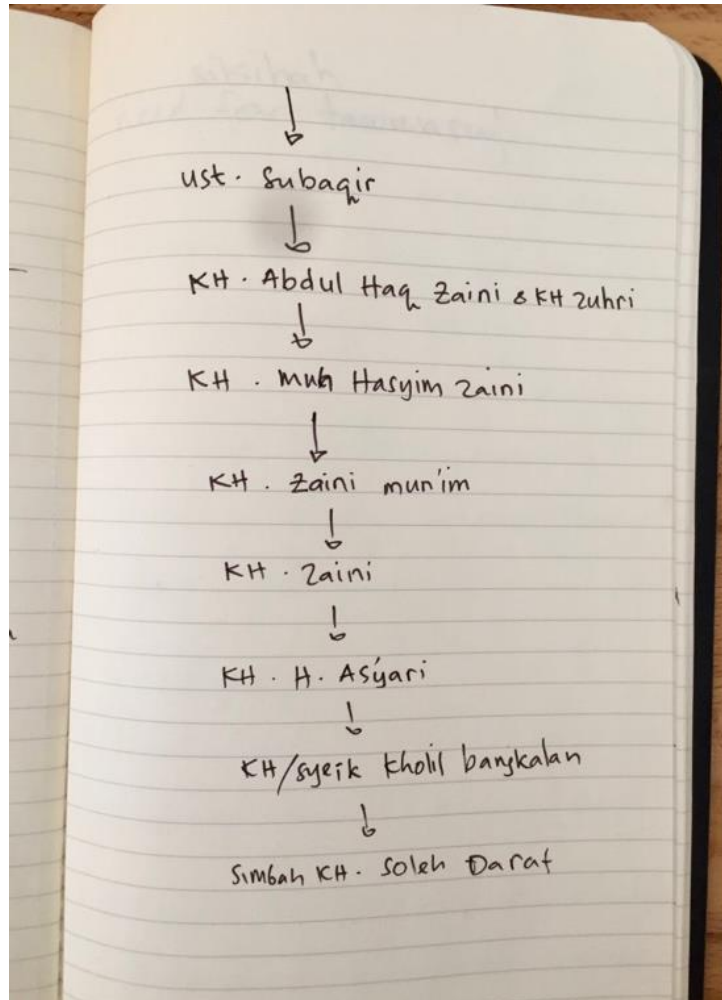


Figure 11: A partial silsilah from Pak Hasan

Part of the task of creating a constellation of total relations involves presencing the dead. Oils, scents, and whispered consultations bring the wisdom of long passed teachers to bear in healing.

### Letters and Cosmology

Hikmah technologies also render partly visible historical linkages and connections to modes of being Muslim that have become deeply contested in the modern period, but have not disappeared. Pak Hakim's healing engages with an Islamic cosmology, one that once was

pervasive, but that since the early modern period has receded from widespread circulation. In this cosmology, the material human world is connected to God via spirit intermediaries of a variety of kinds. In the section below, I begin with the role of the letters of the Arabic alphabet in this cosmology, in which they play a special role in God's creation of the universe, understood in terms of emanations from divine unity to the multiplicity of the created world. By understanding and utilizing the special qualities (khawass) of the letters, those with special understanding seek to retrace the ladder of creation back to God; healing by using these letters is thus a kind of advanced participation in the process of God's creation. In the following sections, I examine how Pak Hakim's pengobatan it participates in longstanding practices used by Muslims around the world. In tracing these connections, I do not mean to suggest that hikmah practices are static inheritances from a pre-modern past, but rather that they index the dynamic persistence of certain modes of being Muslim, realized in changing forms. In other words, Pak Hakim's pengobatan is connected to historical practices, without being reducible to them.

When I asked follow-up questions about the written portion of his therapeutics, Pak Hakim explained that the study of letters (ilmu huruf or ilm al-huruf) formed an especially crucial part of his training. Turning to his bookshelf, he brought down an old notebook from his student days and opened to a page where he had copied a chart of the Arabic letters and their corresponding elements: fire, air, earth, and water.

مهنة: كالمعهد في وملك صاحب البروج بمعادتها تعالى اع كتاب  
 ابو محسن الفلكي

جدول الطبيعي الحرفي

(د) دهن حوكوكون رون	ماشي	ترابسي	هوائي	ناري
اول منس كورما تروسي كوليك ناصرفا كوتلكر	د	ح	ب	ا
بروانان مثال ناصرفا ح صي: (ح)	ح	ن	و	ه
د	ل	ك	ي	ط
	ع	س	ن	م
	س	ق	ظ	ق
	خ	ث	ت	ش
	ع	ظ	ض	ذ

مثال لاول فانس (ح) انظر الى شمس المارني ص: ١٥

Figure 12: An image from one of Pak Hakim’s notebooks. This division of letters into four groups (in this case, corresponding to the elements) is the same as that of the Bunian corpus – see Francis 2017 p. 152.

These groupings, and the correspondences they signify, are but one of the many properties of the letters that he had studied, Pak Hakim explained, elaborating that the division into four elements is part of the Islamic tradition, itself adapted from pre-Islamic Greek sources. These groupings are also a powerful indication of the long and extensive traditions of the knowledge/science of letters (ilm al-huruf) in which Pak Hakim’s pengobatan participates. Far from being anomalous or unique, the setting up of such correspondences – and the affordances such correspondences provide – have been widespread in Islamic practices for centuries. Saif and

Leoni, in the Introduction to their edited volume *Islamicate Occult Sciences in Theory and Practice* (2021), define ‘ilm al-ḥurūf as “knowledge of the esoteric significance and occult potency of letters, their numerical values, and names that reveal truths about nature, the cosmos, and the divine” (Saif and Leoni 2021 p. 4). ‘Ilm al-huruf might also be said to be a practical elaboration of a particular linguistic ideology (Keane 2013, see also Kroskirty 2000; Schieffelin, Woolard, & Kroskirty 1998), in this case framed in terms of cosmology.

For key figures such as Ibn Arabi (d.1240) and al-Buni (d.1225) “the letters, especially those of the Arabic alphabet, [were] the building blocks of reality” (Saif and Leoni 2021 p. 4). The thought of the Andalusian polymath Ibn Arabi, known by his followers as “the Greatest Sheikh,” played a key role in the emergence and dissemination of ‘ilm al-huruf. In the cosmology of Ibn Arabi, “the cosmos is the sum total of the words of God articulated within the Breath of the All-Merciful. Hence each thing in the cosmos is ...also a letter or a word spoken by God, and its ultimate meaning is God Himself in respect of His names and attributes” (Chittick 1989 p. 4-5). Chittick further summarizes this cosmology:

The evanescent and changing nature of existence, or the cosmos as ever-renewed creation and never-repeated divine self-disclosure, is evoked by one of Ibn al-‘Arabi’s best-known names for the substance of the universe, the ‘Breath of the All-Merciful’ (*nafs al-rahman*). God breathes out, and while breathing, He speaks. But only His Speech is eternal, not His spoken words as words. Every word appears for an instant only to disappear from the created cosmos forever (though it remains immutably present in His knowledge.) Every part of every existent thing is a ‘letter’ (*harf*) of God. The creatures are the words (*kalima*) spelled out by the letters, the trajectory of a creature’s existence is a sentence (*jumla*), and each world a book (*kitab*). All the words and all the books are uttered by the All-merciful, for God ‘embraces all things in mercy and knowledge’ (Koran 40:7) (Chittick 1989 p. 19).

This framing is less metaphorical than metaphysical, and it permeates the so-called “wujudiyya” school of thought that was inspired by the work of Ibn Arabi and that was profoundly influential throughout the early modern Muslim world, including in southeast Asia, notably in the figure of

Hamzah Fansuri (Al-Attas 1966) but also more broadly in 20<sup>th</sup> century traditional healing contexts (for a detailed ethnographic example see Bowen 1993).

Within the more limited context of healing, the corpus of al-Buni (d. 1225) is particularly relevant. Al-Buni was a mathematician, philosopher, and Sufi, born in North Africa (present day Algeria), known best for the compendia of esoteric knowledge attributed to him, the *Shams al-Maarif al-Kubra*. Al-Buni's work continues to circulate in pesantren networks in Indonesia today, and both Pak Hakim and other pesantren figures cited al-Buni's work in interviews and discussions of pengobatan Islam. The science of letters ('ilm al-huruf) permeates the work of al-Buni. As Francis writes in his dissertation on the work of al-Buni, "letters are connected to virtually every other topic in al-Buni's corpus" (Francis 2017 p.136). Furthermore, this knowledge is not only pervasive but also foundational; al-Buni quotes his teacher, al-Khwarizmi, as saying that "knowledge of Arabic letters and their secrets is the foundation of knowledge, that it is the greatest, strongest, and most praiseworthy science, and furthermore that it is reserved for the wise and the pure" (Francis 2017, p. 134). This is for an important, cosmological reason: God created the world through letters and their secret properties. As Francis puts it, according to the Bunian text *Kitab lata'if al-isharat*, "God created the world through the secret of letters. He also planted great power and wisdom in them, including the secrets of His Greatest Name, His speech, and the afterlife. It is claimed in the *Sharh al-Juljulutihyah* that anyone who has these secrets revealed to them will achieve all their desires. Meditating on the letters will also reveal great mysteries and wisdom, since all things ultimately proceed from them" (Francis 2017, 135). Throughout the Bunian corpus, a crucial link is asserted: names not only impart knowledge about the things they name, names – and, more specifically, the letters that constitute them – can also be used to influence the thing that is named. As Francis puts it,

“Everything has a name, and all names (including God’s Beautiful Names and even the names of the letters themselves) are made up of letters. Throughout al-Buni’s corpus, it is a common assertion that names are connected to and influence the thing named. This also gives power to the name’s constituent elements of a name – that is, the Arabic letters which make it up. Those letters may then establish a link between the thing named and elements such as numbers, Qur’anic verses, Names of God, or the natural world.” (Francis 2017, p. 136)

The fact that the Arabic alphabet happens to be composed of twenty-eight letters furnishes more affordances of correspondence within the Bunian corpus: 28 is evenly divisible by the 28 days of the lunar month, the four elements (qualities and humors), the seven days of the week, and the “seven signs” (Francis 2017 p.135-137).

Technologies originating with ‘ilm al-huruf permeate traditionalist healing practices, from the use of wifiq or “magic squares” and rajah or series of disconnected Arabic letters.<sup>10</sup> Furthermore, although these practices seem to move primarily through networks of traditionalist learning, they are not confined to pesantren; for example, an herbalist, Ibu Ayu, uses rajah and wifiq, practices she learned from her father who has studied in pesantren himself (I return to Ibu Ayu below). Specifically, in both the Bunian corpus and in the framing of some of the hikma practitioners I worked with, the letters’ power is mediated by the work of “spirits” (ruhaniyat) or “servants” (khodam). Certain texts of the Bunian corpus explain that the letters function via the operation of spiritual “servants” : “While some of the letters are assigned their elements and Qualities, all of them have spiritual “servants,” an angel, and a prayer, and it is clear that most of the operations described in this chapter are related to these spirit servants of the letters rather than any intrinsic or natural qualities they might have” (Francis 2017 p. 139).

The role of such spirit servants arose in the context of Pak Hakim’s pengobatan as well. He explained that “every prayer (doa) has a servant (khodam) that connects me with God”

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<sup>10</sup>These technologies are discussed more extensively in Chapter 1.



(“setiap doa ada khodam...yang hubungkan Aku dengan Allah”). Similarly, Pak Hasan spoke of how some kinds of ilmu require the participation of spirits. When I asked him to elaborate, he explained that every verse of the Qur’an has a “servant” (khodam) or a “guardian” (penjaga), a kind of “spirit” (ruh), which he speculated were “not jinn, but maybe angels.” In Pak Hasan’s telling, the world is in fact densely populated with spirits, that are “near us, but on an astral plane.” Each person has a personal spirit called a “qorin,” and moreover “there are jinn (spirits) in the water, the wind, the trees, houses.”<sup>11</sup> Letterism is another partially hidden technology with which Pak Hakim and others engaged the spirits or jinn in a project of healing.

#### Flowers and Incense: Offerings for Spirit Neighbors

When I arrived at Pak Hakim’s for a visit one afternoon, I noticed a small, colorful bundle at the edge of his yard, and stepped closer to investigate. Perched on the top of a post, at the boundary between his yard and the edge of his neighbor’s rice paddies, and across the field from a new, elaborately domed mosque, I found several kinds of flowers carefully arranged. At the bottom was a green kananga (ylang-ylang) flower, its five petals fully opened. At the center, also positioned face-up, lay an orange-red azalea (rhododendron javanicum). To the right of center (on the side of the rice field), a pinkish-purple bougainvillea. Lightly tucked under one of the kananga petals was a half-closed littlebell or morning glory, and opposite the bougainvillea was positioned a similarly colored flower I identified as a bottlebrush. This arrangement was striking for its combination of colors and textures, but also for its smell — the kananga, in particular, is an especially fragrant flower.

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<sup>11</sup> To Pak Hasan, many “classic” Javanese spirits were actually jinn; for example he connected the gendruwo to an Arab spirit called Ibnu Noman.



Figure 13: Flowers arranged outside Pak Hakim's home.

My friend Pak Budi, who accompanied me that day, asked Pak Hakim obliquely about the flowers by the front of the house. As was his habit, Pak Hakim responded with a long, erudite, and frequently comical discourse, woven of three languages (Javanese, Indonesian, and Arabic), in this case about his spirit neighbors. Although I certainly missed many of his allusions and scholarly references, I grasped the main point: that to Pak Hakim, leaving such offerings was manifestly not worship (*ibadah*) but rather good manners (*adab*) towards his neighbors. Just as he put out snacks and tea for us, he left flowers and other objects that *they* liked for them. Furthermore, Pak Hakim argued, such exchanges with the spirit world were nothing more than part of a broader economy that stretched between the visible and invisible worlds; as he put it, “if I can pay a plumber to fix my pipes, why can't I use spirit assistance with my healing process (*pengobatan*)?”

On another occasion I stayed longer than usual, talking with Pak Hakim and Pak Budi until the sunset prayers (maghrib.) As the twilight time just after sunset approached, Pak Hakim produced several tall, red sticks of incense, several of which he lit and placed in a bowl of sand by lit at the front door and a second bunch in front of the portrait of Ratu Kidul (the Javanese spirit Queen of the South Sea) on top of the bookshelf at the rear of the room. Here again, Pak Hakim argued that such actions do not constitute worship but rather social relations with unseen neighbors. For Pak Hakim, Ratu Kidul is quite simply a particularly powerful local spiritual being; there is no more contradiction between being Muslim and displaying a portrait of Ratu Kidul than of being Muslim and having a picture of former Indonesian President Soekarno (as indeed he does, on another wall in the same room). To him, both are powerful figures of local importance.

### Spirits, Secrets, and Polemics

Throughout my fieldwork, I learned that some of my interlocutors who used ilmu hikmah did so unobtrusively, if not secretly. For example, I learned after several months of visits to herbal medicine (jamu) expert Ibu Ayu that she quietly uses rajah (disconnected Arabic letters) in her medicine. Ibu Ayu sells herbal medicine and consults with patients in a shop and café that is also her home on the north side of Yogyakarta. She grows her own organic products on a farm outside Semarang, and is the head of a local organization for herbalists. Little in her practice is obviously “Islamic,” and she happily treats a clientele of diverse religious (and ethnolinguistic) backgrounds. During one visit, an especially quiet day with very few visitors, I showed Ibu Ayu several images of a primbon collection I was examining, drawn from the Sonobudaya archives in

Yogyakarta.<sup>12</sup> This primbon, from the 1940s, included recipes for what looked, to my eyes, like jamu (herbal medicine). Yes, Ibu Ayu confirmed, these recipes were familiar to her, and similar in many respects to those that she had learned from her father. Furthermore, when I pointed out that a number of the recipes included rajah, Ibu Ayu was utterly nonplussed. Indeed, she told me that her father had taught her how to use the letters and diagrams in her own healing. They are just a kind of prayer – do’a – she told me; only she uses them quietly and unobtrusively so that her patients will not misunderstand (salah paham) what she is doing, alluding to the widespread “misunderstanding” of rajah as sorcery (sahir) or even worse, polytheism (shirk).

Ibu Ayu’s quiet use of rajah points to a third kind of hiddenness – secrecy. Secrecy in this context indexes an ongoing historical shift in which hikmah practices of working with hidden forces have become increasingly marginalized. Practices that obscure the use of hikmah point to “the ways that secrecy modulates the movement of a given religious tradition from ‘outsider’ status to the mainstream, or vice versa. There are historical conditions under which secrecy is activated, particularly in the face of the perceived threat... Secrecy in this sense offers what Georg Simmel called an ‘intermediate station for progressing and decaying powers’ ”(Urban and Johnson 2022 p. 5, citing Simmel 1906: 472). Hiding practices for fear of “misunderstanding” is quite different from the partially hidden practices of “suggestion” in Pak Hakim’s pengobatan; it gestures instead to the deeply fraught polemics that surround such practices.

Although Qur’anic language repeatedly speaks of existence in terms of the “manifest” and the “hidden” (al-shahadah wa al-ghaib), the consequences of this division, and humanity’s relationship to it, have been topics of much debate among scholars and everyday Muslims alike.

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<sup>12</sup> For more on primbon and the related (often overlapping) genre of mujarrabat, see Chapter 1.

While almost all my interlocutors agreed that a belief in unseen things like jinn was an intrinsic part of Islamic faith, traditionalist and reformist Muslims tended to disagree sharply about whether humans could or should attain direct knowledge of the unseen. As Ummi Mirah put it at a public lecture on children and the jinn, “Islam rejects all notions of indigo children, or a sixth sense” (“Islam menolak *indigo*, indra ke-enam”).<sup>13</sup> For Ummi and other reformist Muslim therapists, any access to the unseen (al ghaib) was necessarily diagnostic of a problem; the unseen is both very real and categorically off-limits to Muslims. To say that something is hidden means it *must remain so*, as in her and Ustad Irham’s citation of the Qur’an verse about shaytan (satan): “Indeed, he sees you but you do not see him” (Qur’an 7:27).<sup>14</sup> Interestingly, Ummi Mirah and Ustad Irham interpreted this verse as being about all jinn (not just shaytan); they also interpret it as commanding Muslims not to see the unseen. For these reformist Muslims, accessing the hidden was a dangerous proposition.

This antipathy to jinn and other unseen spirits, and the extent to which it contrasted with other traditionalist approaches, became starkly evident when, the day after visiting Pak Hakim and discussing the incense he left for Ratu Kidul, Ummi Mirah and Ustad Irham conducted a jinn eviction (ruqyah) on a patient claiming to be possessed by Ratu Kidul, whom they identified as a pagan jinn. Where Pak Hakim saw the spirit queen of the South Sea as an eminent neighbor, Ummi Mirah and Ustad Irfan saw her as a dangerous, pagan presence that required eviction. Similarly, many of my reformist and Salafi interlocutors also regarded the barrier between the living and the dead as absolute. Ummi Mirah and Ustad Irham once discussed how some

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<sup>13</sup> New Age language appears again here. Unfamiliar with the phrase, I had to look it up: it is a New Age term for children perceived to have supernatural abilities or a “sixth sense.”

<sup>14</sup> The full verse: “O children of Adam, let not Satan tempt you as he removed your parents from Paradise, stripping them of their clothing to show them their private parts. Indeed, he sees you, he and his tribe, from where you do not see them. Indeed, We have made the devils allies to those who do not believe.” On the popularity of this verse with Salafi healers in Morocco, see Spadola 2014 p. 131.

Muslims believe that the spirits of deceased friends and relatives can visit them in their sleep. On the contrary, Ummi Mirah said, “If you have a dream about someone who has died, it is nothing but a jinn tricking you.”

Although this antipathy to the unseen is especially noticeable with respect to jinn and other sentient spirits, among reformist and Salafi Muslim therapists it extended to other kinds of ilmu hikmah addressed in this chapter, such as ‘ilm al huruf, in the forms of rajah and wifiq. Those, like the judge mentioned in the opening of this chapter, who oppose the use of rajah usually do so because they see these practices as constituting syirik – infidelity, or the worship of things other than God. Ustad Irham once explained to me that the problem with rajah, like the problem with amulets (azimat/jimat), is that people using them attribute their healing power to the things themselves, rather than God from whom healing actually comes.<sup>15</sup>

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<sup>15</sup> Such “occultophobia” to borrow Melvin-Koushki’s term, did not originate with modern Islamic reformist (Modernist, Salafi, Wahabi) movements, but certainly gained widespread appeal with them. For example, Ibn Khaldun memorably said of ilm al-huruf “it is an unfathomable subject with innumerable problems” (Khaldun Muqqadima, translated by Rosenthal Vol 3 p. 172.) For more on the “occultophobia” of Ibn Khaldun, see Melvin Koushki 2017). Ibn Taymiyya is of course another important pre-modern precursor, and point of inspiration especially for the Wahabi movement. A full genealogy of this antipathy to the ghaib would be useful, but is beyond the scope of this chapter.



Figure 14: Prominently displaced artifacts from Ummi Mirah and Ustad Irham’s work in their clinic, including a ring, a kris, and a strip of metal with raja inscribed on it. The sign reads “Believe that amulets are shirk!” (Percayalah azimat adalah syirik)

Umami Mirah and Ustad Irham see in Qur'an verses such as 7:27 an absolute interdiction between the world of humanity and that of the jinn; any experience of that "other world" of unseen beings is thus a morally suspect, if not downright immoral, violation of God's command. Although they do not refer to themselves as Salafis, Umami Mirah and Ustad Irham share what Ana Vinea terms the "epistemic orientation" of Salafi practitioners of Qur'anic healing in Egypt, namely an "epistemic orientation that foregrounds evidence and emphasizes the egalitarianism and publicness of knowledge" in sharp distinction to "therapeutic orientations that in their eyes underscore secrecy and the extraordinary, as well as the charismatic qualities of healers." (Vinea 2019 p. 508.) Polemics between traditionalist and reformist healers in Java also echo common Sufi-Salafi polemics in which Salafis accuse Sufis of "pretending to have knowledge of the unseen (al-ghaib), which non-Sufi scholars consider to be the exclusive prerogative of God" (Knysh 2019 p. 187).<sup>16</sup> In his work on Sufis and Salafis in Sudan, Noah Salomon has outlined what he terms two competing epistemes that pervade Muslim discourses in the contemporary period: first, "the episteme of the evidentiary hypothesis" based on evidence (dalil pl. istidlāl) from the Qur'an and Sunna, and 2) "episteme of the secret" (sirr pl. asrār), which relies on secret knowledge that is available only to the spiritual elite (specifically Sufi saints, or awlīyā) (Salomon 2013). He argues that, although the first has been associated with Salafis and reformists and the second with Sufis, in practice he sees "not the hegemony of one episteme over another, for the Sufis or in Sudan more broadly, but a creative use of both the notion of evidence and that of the secret to put forth a nuanced position... [For example] the idea of revelation to non-prophets expressed in the Qur'an becomes for them 'evidence' that a Sufi following a wali in

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<sup>16</sup> When I suggested that there seemed to be points of convergence between his pengobatan and Sufi practices (use of names of God, for instance) Pak Hakim argued forcefully that Sufism (tasawwuf) is a science ('ilm) that is quite distinct from that of his pengobatan. Nonetheless, from a sociological perspective there is much more overlap between Sufi orders and traditionalist networks than either has with reformist and Salafi groups.



fact needs no evidence in order to follow his individual directives. It is evidence against evidence.” (Salomon 2013 p. 835) Similarly, Pak Hakim could be said to draw on both of these epistememes in his discussions of his pengobatan, referencing “evidence” in the form of verses from the Qur’an and quotes from hadith even as he asserts that his pengobatan could only be practiced safely by those with extensive training. In contrast, reformists like Umami Mirah and Ustad Irham ground their approach to Islamic therapeutics firmly in what Salomon calls “the episteme of the evidentiary hypothesis.”<sup>17</sup> Furthermore, for reformist and Salafi Muslims, to be able to see jinn – to have direct experiences of the unseen – is itself indexical of spirit possession made possible through “opening the door” of syirik. Experience of that which should be secret thus becomes its own kind of evidence of syirik, possession, or illness. For these reformists, healing with the hidden is not Islamic.<sup>18</sup>

“*How is this not Islam?*” Pak Hakim asked me rhetorically one afternoon. He was midway through treating a patient – a teenage girl over whom he had been reciting the Fatiha, and repeating the bismillah. He was referencing an earlier conversation in which he, Pak Budi and I had discussed reformist cupping and ruqyah practices. Pak Budi had recently accompanied me to another fieldsite (Umami Mirah and Ustad Irham’s clinic) out of curiosity. He had tried to keep an

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<sup>17</sup> These differing “epistemic orientations” (Vinea 2019) and respective valorizations of transparency and hiddenness can be seen, for example, in attitudes to payment. In Pak Hakim’s practice, he never asks directly for payment and his patients typically pay him unobtrusively, leaving cash inside a discreet small envelope (the patient representative I visited with, Pak Budi, brought Rp. 50,000 in an envelope, about five USD). In contrast, Umami Mirah and Ustad Irham are adamant about clearly posting what they charge for their services, with a sign permanently displayed on their reception desk (Rp. 50,000 for cupping, and Rp. 75,000 for ruqyah at the time of my fieldwork), so that communication is clear and there is no possibility for confusion. Although presented differently, it is intriguing that they can end up getting paid about the same amount for their services.

<sup>18</sup> Some scholars of Islam, especially in Indonesia, have replicated these politics; see for example M.C. Ricklefs’s assumption that the “acceptance of the reality of local spiritual forces” is at least in “potential contradiction” to being Muslim, if not outright un-Islamic (Ricklefs 2006 and 2012); for a broader critique of Ricklefs’s “mystic synthesis, see Alatas 2021 pp. 42-43.

open mind, he said, but he was unimpressed by their level of erudition in classical Islamic texts. “Where are their books?” (“di mana kitabnya?” he had asked confusedly). Pak Budi, Pak Hakim and I had been discussing these differing approaches, and Pak Hakim particularly had expressed frustration with reformists and Salafis who didn’t understand his approach. To Pak Hakim, both the content and the origins of his pengobatan were impeccably Islamic. As I have attempted to suggest in this chapter, he is far from alone in that conviction, and there are good anthropological and historical reasons to include him within a broad account of Muslim approaches to healing.

In the next chapter, I take up reformist/Salafi approaches to jinn possession (kesurupan) and eviction (ruqyah) that have formed a key part of the ongoing revival of Islamic therapeutics, to sketch a very different approach to jinn and the unseen.

## **Chapter 4: Ruqyah and the Refusal of Inheritance**

In late April, 2018 I attended a “group ruqyah session” or group therapeutic Qur’an recitation, in a neighborhood mosque in the southern part of the Javanese city of Yogyakarta. That day’s session was held as part of a day-long “bakti sosial” (literally “social devotion”) event, in which a team of volunteers (called “sedekah sehat”) offered a variety of free Islamic therapy services including cupping, massage, and nutritional consultations, and ending with a group ruqyah session. Before moving on to the recitation of Qur’anic verses to expel any jinn (spirits) that might be possessing the attendees, the Ustad (teacher) began by leading the assembled crowd in a public severance of all connections with jinn. He said (and the attendees repeated) that they “hereby sever all ties and deals, made consciously or unconsciously, by us ourselves or our ancestors (para leluhur), with jinn and devils (jinn dan setan).”



Figure 15: A group gathering for a ruqyah session.

This quasi-legal sounding language made explicit a commonplace saying amongst Quranic healing specialists – that “jinn problems run in families” – and that the ritual of ruqyah was intended to bring about a restructuring of relations as well as a transformation of individuals through the expulsion of jinn. Throughout my year of fieldwork with Islamic medicine specialists and their patients in the city of Yogyakarta, I came to understand that for many patients and practitioners of ruqyah (therapeutic Qur’anic recitation), jinn possession is understood as a manifestation of malignant inheritances from the past that can be healed through ruqyah as process of affective, genealogical, and historical renunciation and re-alignment.

In taking up contemporary practices of ruqyah in Java, this chapter builds upon existing anthropological studies of jinn possession and exorcism among Muslims. I am especially in conversation with two anthropologists of jinn and jinn possession, Emilio Spadola and Anand

Taneja. Spadola's analyzes jinn exorcism in Morocco as a kind of "passage," arguing that in urban Morocco, both traditionalist fqihis and Salafi raqis use jinn exorcism to "summon and connect young clients beyond their present social and familial relations, and thus enable their therapeutic passage to a new, healthy life" (Spadola 2009). I am also in dialogue with Taneja's concept of "jinnealogy" – the kinds of histories, otherwise obscured, that the temporalities of jinn make visible. Taneja defines jinnealogy as "the supersession of human chains of memory by the long lives of the jinn" (Taneja 2013, 2017). At the shrine of Shah Kotla in contemporary Delhi, Taneja argues that jinn do an important kind of historical work: they attest to histories that the Hindu Nationalist state would rather forget. Here, however, I examine how technologies of jinn exorcism in Indonesia are used to do different kinds of historical work, namely both to cut and to connect.

I argue that ruqyah constitutes a kind of therapeutic history-work, or history as therapy. In exploring recent usages of ruqyah in Indonesia, I examine how this ritual is used by both patients and practitioners to refashion oneself through reworking one's history. Rather than merely narrating one's history for therapeutic purposes, ruqyah in these contexts constitutes an act of historical/kinship severance and re-alignment: cutting some ties while forging new connections. Furthermore, this happens on multiple temporal scales, as patients' work to refashion their personal and familial histories is intertwined with broader social movements' projects of refashioning local and national identities to reject traces of polytheism and colonization alike. Ruqyah, as it is practiced in contemporary Java, works to celebrate and elevate certain histories and heritages while renouncing others.

### Case Study: Ummi Mirah

Built into the side of a hill, the clinic is largely invisible from the road. Only a sign attests to the presence of a bekam/ruqyah practice, which must be entered from the front through a hijab and modest clothing store. If, however, as returning patients know, they drive around to the back, the clinic's waiting room opens directly to a small alleyway, often populated with neighborhood chickens. The spare waiting room consists of half a dozen chairs, pushed up against the walls, a sink for handwashing, and a desk where Pak Nur, an assistant and receptionist, waits to greet patients. Behind the waiting room, a door leads to a hallway off which there are two small rooms, only five by seven feet each, where Ummi Mirah and Ustad Irham do bekam and ruqyah. The two rooms are separated by a wall that does not reach quite up to the ceiling, so that sound can pass between the two rooms. At times, when conducting a joint ruqyah session, Ummi Mirah will sit with a female patient in her room while Ustad Irham will sit in his room with a male patient. This enables both to recite together, sound passing between the two rooms, while keeping the patients and therapists physically apart, maintaining a physical and visual barrier between unrelated members of the opposite sex.

When they are not working with patients, Ummi Mirah and Ustad Irham sit in the waiting room, chatting and, quite often, joking and laughing. Every Monday and Thursday Ummi Mirah and Ustad Irham follow the voluntary practice of fasting in accordance with the example of the Prophet (puasa Sunnah Nabi), one of many embodied habits they follow in keeping with their understanding of Prophetic example (Sunnah). On other days, they often bring snacks and treats to share with each other and their patients and visitors. During the days I spent with Ummi Mirah and Ustad Irham, humor was a constant – running jokes about how I might name my first child Bambang (the idea of a white child with an extremely Javanese name never failed to elicit

uproarious laughter), punning and wordplay (pelesetan), and stories about daily life in central Java and America. When patients arrived, Ummi Mirah and Ustad Irham would greet them with warmth and compassion. Ummi Mirah once explained to me that it is important for patients to find a bekam/ruqyah therapist with whom they feel safe and with whom they feel an intuitive “click.” Some visit only once, and others return regularly – for bekam once a month, or for recurring sessions of ruqyah until they feel confident to practice it on their own (ruqyah mandiri, or independent ruqyah, which is discussed more below).

As part of her practice, Ummi Mirah frequently narrated her own story. In conversations before and after ruqyah sessions with patients, Ummi Mirah’s personal experience (pengalaman pribadi) of jinn possession played a key role. She would often explain ruqyah through the lens of her own experience as a patient, and her vulnerability in sharing her own experiences clearly aided her in establishing rapport and trust with new patients. In these conversations, Ummi Mirah identified herself as a hijrah, a term that in Indonesia is associated with an emerging movement of Muslims who choose to leave behind what they consider nominal or insufficiently Muslim pasts to embrace a “truer” Islam. (Invocations of hijrah identity are implicit contrasts to traditionalist and Sufi groups, whose knowledge, like Pak Hakim’s, is transferred through lineages.) These transformations – freeing herself from jinn troubles and embracing a new identity as a hijrah – were very much intertwined in Ummi Mirah’s narratives, both being at the core of her ruqyah and preaching (dakwah) work. In telling her own story, she would offer her life as an example and a guide, while emphasizing that, although she worked as a peruqyah/terapis, she was not so different from those she treated.

Coming from an upper-middle class background, Ummi Mirah described her parents as good people, but not very good Muslims. She also intimated, always obliquely, that she had

sustained “spiritual wounds” (luka batin) as a child, and that she had struggled with low self-esteem (kurang PD – percaya diri). Her jinn problems had surfaced in the early 2000s, when her own children were still small. Her possession (kesurupan) manifested in the form of visions of the unseen (al ghaib), which she spoke of as upsetting intrusions into mundane life. She often recounted a story of how, one evening driving home with her husband, she saw a pocong – an Indonesian ghost familiar from folktales and horror films – and screamed, anticipating that the car would crash into it. Thankfully, she was not driving at the time – or, as she would point out, she might have swerved and hit someone or something. She would explain that she could see the pocong because a jinn was possessing her and “borrowing her eyes” (pinjam mata), making her see things that would normally be – and should be, as she would argue – hidden to humanity.

Through her work with Ustad Irham and other ruqyah therapists, she would recount, she had learned to protect herself (membenteng diri) from jinn infestation. From these new teachers, she learned to attribute her possession difficulties to the rituals (mujahadah) she had participated in with her family that were not in accordance with the shari’a. These rituals rendered her susceptible to jinn affliction; in her words, she was “entrapped by rituals” (terjebak ritual-ritual). Umami Mirah had also found a new life as a peruqyah working alongside Ustad Irham, who she often described as being like a brother to her as well as a teacher. This kind of found family is not uncommon among ruqyah practitioners and patients, I came to learn.

This emphasis on personal experience and vulnerability also converges with other recent studies on gender and authority among Muslim women. In her book on the Women’s Mosque of America, Tazeen Ali argues that the American Muslim women with whom she works use embodied experience as an important source of authority, “rooted in what they deem as the ‘feminine’ principles of vulnerability and nurture... [W]ithin this feminine form of authority,



women's bodies serve as important sites of knowledge through which to approach Qur'anic exegesis" Ali 2022 p. 112). In spite of obvious differences between the United States and Java, it is intriguing that Ummi Mirah and other female peruqya often rooted their authority in personal experience. It is also worthy of note that Ummi Mirah, like some other female therapists, preferred the honorific Ummi to Ustadza – "Mother" (Arabic rather than the Indonesian "Ibu"), rather than "teacher." Indeed, Ummi would often lead with her identity as a mother and grandmother, describing herself as a "housewife [Ibu rumah tangga] with a side-job as a ruqyah therapist."

### The Rudiments of Ruqyah: Fortifying the Self

In conversations with Ummi Mirah and Ustad Irham, jinn affliction appears as a kind of corollary to problems of a much more mundane nature. It is tightly tied to issues such as conflicts with family, substance abuse, or problems at work or school. At the same time, while jinn affliction is bound to the problems of the everyday world, it is not reducible to them: jinn are not proxies for domestic abuse, mental illness, or frustrated ambition. Although they often crop up alongside such issues, jinn affliction forms a kind of shadow, following after conflicts and challenges that are eminently human in nature.

In keeping with this related but irreducible connection between jinn and human forms of affliction, therapy for jinn affliction does not consist of simply addressing the "human" problems to which the jinn affliction is tied. Patients' problems on which jinn affliction follows – heartbreak, loss, illness – are often much discussed with ruqyah practitioners (peruqyah), both during sessions at the clinic and – what seemed an even more common practice – over text message, in conversations that continued long after patients left the clinic. Both Ummi Mirah and

Ustad Irham spent a great deal of their “waiting” time at the clinic engaged in these conversations, responding to patients’ messages, listening to and affirming the challenges that animated their everyday lives. Ummi Mirah’s children often teased her for this; her daughter once asked her, “Do you know how much psychologists make *per hour* for having these kinds of discussions?” But both Ummi Mirah and Ustad Irham took their relationships as therapists quite seriously, even when they were not being directly paid.

Nonetheless, while a therapy-like discussion of the day-to-day problems took up a great deal of time in Ummi Mirah and Ustad Irham’s work, the core practice of ruqyah consists not in open-ended conversation, but rather in the focused recitation of particular Qur’anic verses, renewed and careful attention to the practices of worship (*ibadah*), the fostering of relationships with pious Muslims, and the cultivation of “balanced” affective states. At the core of ruqyah as I saw it practiced is the goal to “membentengi diri” – to fortify and protect oneself – literally to make oneself a fortress (*benteng*). The ruqyah practitioners I worked with and their patients both regularly described jinn possession as a violation of the integrity of the patients’ body and individual autonomy. Patients and therapists would emphasize the state of possession as one in which the jinn would be *inside* the patient’s body and would use their body (the example above of the jinn “borrowing the eyes” of Ummi Mirah such that she could see the hidden world (*ghaib*) is illustrative of this point).

Almost all ruqyah sessions I observed followed the same basic pattern of stages, while leaving room for improvisation on the part of the raqi/peruqyah. Following initial intake and assessment in the outer room of the clinic, the patient, usually accompanied by a friend or family member, would follow Ummi Mirah and Ustad Irham back to the more private rooms in the back for the session proper. They would sit as comfortably as possible on a mat on the floor and

prepare a basket or plastic bag for the vomit and tissues for the tears that ruqyah frequently elicited. Then the raqi would begin by reciting short verses from the Qur'an. When talking about ruqyah, Ummi Mirah and Ustad Irham would say that it is important for the raqi to reciting in his or her own voice, in a way that they felt comfortable and fully themselves, an extension of their own personality. Ustad Irham's voice when reciting was loud and would fill the whole clinic; Ummi Mirah's style of recitation was much lower, thinner, almost singing. In the small space of the clinic cubicles, the sonic vibrations and reverberations from the recitations could be felt in the body. When doing ruqyah, they would sit behind, slightly to the side of their patient, arms gently cradling them to protect them from falling, slowly swaying as they recited. Although it wasn't spoken of in this way, I saw physical support of the possessed as a key part of the ruqyah process, engendering an embodied feeling of safety and refuge. Among Muslims who follow norms of strict physical separation between unrelated persons of the opposite sex, this is also a reason that both male and female ruqyah therapists are needed, so that women as well as men can be treated without violating norms of gender segregation. On some occasions, I did see male peruqyah treating women patients, but they usually wore gloves when they did so, to prevent direct physical contact.

Ustad Irham would usually begin by reciting short verses from the Qur'an (the Fatiha and the mu'awwidhatain, or the Verses of Refuge, discussed more below) as well as other common Arabic prayers including the azhan, or call to prayer, and the hawqala, the statement that "there is no power and no strength except by God" (see also Chapter 1 for discussion of this prayer). Often, at this stage, the patient would sometimes begin to "react" in one of several ways: with tears, spitting, or vomiting, and sometimes the patient would enter a trance state in which the jinn would speak. If no reaction was forthcoming, the raqi would then try to elicit one, by attempting

to engage the jinn in conversation. They would usually ask if any jinn were present, and if a voice responded in the affirmative, then would ask the jinn for their name(s), where they were from, their religion, and how and why they came to inhabit this person. Sometimes, the patient would respond with only nods or grunts, but other times, they might speak in the voice (or voices) of the jinn. Often, the peruqyah would engage several jinn in succession – having a conversation with one, then asking if any other jinn were present, and beginning the process again. Once communication had been initiated, the peruqyah would shift into a mode of preaching to the jinn, often focusing on the central point that possession goes against the will of God (Allah), a point supported with use of Qur’anic verses, usually recited in Arabic and then translated into Indonesian or Javanese, for the spirit’s better comprehension. In particular, Ummi Mirah and Ustad Irham would often cite the verse “I did not create jinn and mankind, save to worship me” (Qur’an Surah Al-Dhāriyāt “The Scatterers” 51:53), explaining that it meant that to possess a human went against God’s will. Sometimes mild threats would be used against the jinn, but I never saw any kind of force used against the patient’s body. Ustad Irham would sometimes brandish a pen or other pointed object to “trick” the jinn into thinking he would stab them. “Some jinn are very stupid, and will believe this sort of thing,” he explained to me afterwards.

The end goal of ruqyah is to compel, convince, or cajole the jinn to accept Islam, and God’s authority and sovereignty – with the assumption that once this is done, the jinn will understand that s/he must cease inhabiting the body of the patient. If the jinn turns out to already be Muslim, the sermon takes the form of more conventional dakwah preaching: convincing the jinn to repent and become a better Muslim. On one occasion, sitting off to the side of the clinic with a patient’s friend and Ummi Mirah, while Ustad Irham did ruqyah, the patient’s friend

reacted with shock when he learned that sometimes Muslim jinn, as well as non-Muslim jinn, can possess people. How? He asked Ummi Mirah. “Just like Muslim people can behave badly (nakal, literally “naughty”) sometimes, so too can Muslim jinn” she replied. If a non-Muslim jinn agrees to accept Islam, s/he is usually given a new, “Islamic” name; Ummi Mirah and Ustad Irham were particularly fond of using names of the Companions, and figures from early Islamic history. Ummi told once of a particularly recalcitrant male jinn she had met several times, in the bodies of different patients. She laughed, telling how at the last meeting, the jinn (speaking through the body of a new patient) said “Oh no, not her again! She may be small, but she’s strong!” The jinn finally relented, repented, and agreed to convert. Ummi Mirah chose to name him after her favorite Companion, and the second Sunni Caliph, Umar.<sup>1</sup>

After a ruqyah session, Ummi Mirah and Ustad Irham would usually offer additional advice to the patient and instruction on how to protect themselves from future jinn infestation through what they called “independent ruqyah” (“ruqyah mandiri”). The point of ruqyah, Ummi Mirah often explained, was not for a patient to become dependent or reliant on the therapist (although they would often return and stay in touch for guidance and advice), but rather to learn to protect *oneself*. They always identified striving for a “straight faith” (iman lurus) as necessary for successful independent ruqyah, praying on time, doing wudu and zikir, and cultivating emotional equanimity (often articulated in terms of being “in balance” or seimbang, and sometimes with the English phrase “stress management”). I noticed that in her interactions with female patients, Ummi Mirah would especially stress the importance of zikir, a ritual practice literally meaning “remembrance,” in which Muslims repeat particular prayers intended to help them cultivate an orientation toward God, often short phrases from the Qur’an or particular

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<sup>1</sup> Significantly, Umar was a violent opponent of Islam before his conversion.

names of God. Ummi Mirah would emphasize that, unlike ritual prayer (salat) zikir can be done at any time, even in a state of ritual impurity, such as when one is menstruating. For Muslim women practicing “independent ruqyah,” zikir thus becomes simultaneously means of embodying an affect of turning towards God and of protecting oneself from malevolent spiritual forces.

By the same token, Ummi and other peruyqa place emphasis on avoiding states and actions that “open the door” (membuka pintu) to jinn – becoming emotionally overwrought, not covering one’s aurat, or taking part in rituals that promote syirik (“association” or polytheistic worship of things other than God). Among reformist and Salafi Indonesian Muslims, a frequent shorthand for such actions is TBC – for Tahayul, Bid’ah, and Khurafat (sometimes spelled Churafat), meaning superstitions and innovations. It is also a pun on the common Indonesian abbreviation for tuberculosis (TBC), which in turn has a whole host of associations, such as being easily communicable, deadly, and associated with “unclean” spaces.

Threading throughout this complex web of practices used to “fortify the self” is the assumption that the person (here the Muslim) is not automatically impermeable to spiritual influences, but rather must be *made* so through consistent ritual behavior and the cultivation of certain affective states. Indeed, we might say that to practice “independent ruqyah” is to actively cultivate what Charles Taylor calls the “modern, bounded, buffered self” (Taylor 2007). While the explicit aim of ruqyah may be to render the pious subject autonomous from the influence of jinn, in a larger sense ruqyah does this through laying the groundwork to alter the larger social ecosystem – the network of relations - within which the individual subject lives. This often begins with a discussion of kin and familial ties, and can involve the identification of sorcery or more

mundane, but nonetheless serious, influences of “syirik” (polytheism) that can “open” a person up to jinn problems.



Figure 16: Two well-read Muslim women's magazines provided for reading in the waiting room of the clinic. The title story on the left is “Locking the Door to Satan” (“Mengunci pintu masuk setan”); on the right, “Forgotten Daily Prayers” (“Doa-doa harian yang terlupakan.”)

### Fussy Children and Fortifying the Self

Ummi Mirah would sometimes be asked to give lectures (ceramah) at neighborhood mosques as an authority on jinn possession, children, and families, particularly to groups of women interested in learning more about the subject. As a ruqyah practitioner, she recounted how children often manifest a jinn problem that is actually shared by parents and other relatives. In her lectures about jinn possession and children, Ummi Mirah would often begin by listing the

three groups most susceptible to jinn problems: children, the very elderly, and the ill. Ummi Mirah would then explain that the reason for these groups' vulnerability was that they were less able to protect themselves via the ritual means of salat, wudu, and zikir. Since small children do not yet worship regularly ("belum beribadah"), "automatically they can't yet protect themselves, they can't fortify themselves ("melakukan pembentengan") with ritual prayer (solat) reading the Qur'an, and doing zikir."



Figure 17: Ummi Mirah providing support to a woman possessed by jinn.



After the lecture, and seemingly “triggered” (terpicu) by the topic, one listener developed symptoms of acute possession. Ummi Mirah (here in black, with her back to the camera) began to do ruqyah, with several other women attendees providing support to the possessed woman in the center.

During the lectures I attended with her (and in others she posted to YouTube), Ummi Mirah would often recount an instance of jinn possession with her granddaughter, who was four at the time. She recalled how her granddaughter seemed to lose control of her body. Her eyes were blank, she wouldn’t look at her grandmother, her arms would flail with surprising force and impact. Ummi Mirah recounted that in this moment, it was very important not to show anger towards the child, to give her things she asked for, or to react strongly in any way, as this would only gratify and embolden the jinn. Instead, she narrated that she held the child gently and began to recite the Qur’an in her soft voice, until the child calmed and slept.

On another occasion, while chatting in the clinic, Ummi Mirah discussed the importance of teaching children to feel confident in protecting themselves from the jinn, again referencing the concept of “fortifying the self” (membenteng diri). Practicing ruqyah with her granddaughter was not just about reciting over her when she exhibited signs of possession. Rather, Ummi Mirah impressed upon her granddaughter that she had the capacity herself to invoke God in defense against menacing, unseen spiritual forces. Ummi Mirah recalled, laughing, how a few days previously her four-year-old granddaughter had shouted “God is great!” (Allahu Akbar!) and karate-punched the seemingly empty air in front of her. “What happened?” her mother, Ummi Mirah’s daughter-in-law, had asked her. “A bad spirit was threatening me, and I showed him that I wasn’t afraid,” the small child responded.

## Knots and Ties: Sorcery and the Problem of Possession

In the space of the clinic, jinn affliction often appears in conjunction with familial conflict, and in some cases poisonous or even abusive relationships. In some cases, the grief and strife caused by these conflicts are construed as an “opening” or opportunity for the jinn to enter; in others, patient and peruyah may surmise that jinn have actually been “sent” by an abusive or angry relation (a kind of sorcery or *sihir*). In other instances, what is initially presented as a case of “possession” may turn out to be more mundane – but perhaps even more difficult to treat – case of abuse, without spirit involvement.

Ummi Mirah would often speak – both to me and to her patients – about how the Prophet Muhammad had himself been a target of sorcery. She would reflect on how there is hidden wisdom (*hikmah*) in those experiences, invoking the common Indonesian saying “*ada hikmah dibalik musibah*” – there is wisdom behind calamity/disaster. In this instance, according to Ummi Mirah, the Prophet had been the victim of sorcery for an important reason: so that he could provide a model for Muslims to follow for how to combat sorcery. In a similar vein, Ummi Mirah would sometimes explain to her patients that the Prophet, although he was a perfect person (*insan kamil*) experienced illness because God wanted Muslims to be able to learn from his example of how best to cope with the struggles of being ill.

In providing this interpretive frame, Ummi Mirah was drawing on a longstanding tradition regarding the *asbab al-nazul* – the occasions of revelation – for Qur’anic verses that play a prominent role in *ruqyah*. Called the *mu’awwidhatain*, or the Verses of Refuge, Sura 113 and 114 are framed, in the text of the Qur’an itself, as invocations for protection from God from various evils and ills. Ummi Mirah explained that these verses were revealed when the Prophet

and the companions were victims of sorcery themselves, and that after they were revealed the Prophet and the companions would recite them regularly as a mode of prayerful protection.

Daybreak/Al-Falaq

“Say, ‘I seek refuge in the Lord of daybreak  
From the evil of that which He created  
And from the evil of darkness when it settles  
And from the evil of the blowers in knots  
And from the evil of an envier when he envies

Mankind/Al-Nas

Say, “I seek refuge in the Lord of mankind  
The Sovereign of mankind  
The God of mankind  
From the evil of the retreating whisperer  
Who whispers [evil] into the breasts of mankind  
From among the jinn and mankind.”

These passages are often cited as prime examples of Qur’anic basis for the reality of sorcery and jinn affliction, as well as evidence for how sorcery and jinn problems should be treated – with the words of the Qur’an itself. The Prophet *himself* had been the victim of sorcery and jinn problems, Ummi Mirah would emphasize to her patients, and this could only have happened because God wanted us to have a model (contoh/teladan) for how to deal with sorcery and jinn problems.<sup>2</sup> We might say, following Alatas (2021), that Ummi Mirah is performing “articulatory labor” in connecting the Sunnah of the Prophet to the present conditions of her patients. As I reflect now on how often, and how emphatically, she would emphasize this parallel, I realize that Ummi Mirah was not just constituting religious authority or community, but rather, was enacting a kind of history-therapy-work: not only cutting the “knots” of sorcery, and with them the ties to vengeful jinn and/or relatives, but also highlighting and forging links with historical models she believed were more conducive to good, healthy Muslim personhood.

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<sup>2</sup> For more on how the Prophet Muhammad is referenced as an exemplar of virtue and health in contexts of Islamic therapeutics, see Chapter 2, “Healthy Like the Prophet.”

The stories told of the Prophet and his Companions in the space of the clinic, far from being incidental to the practice of ruqyah, formed an important part of these therapies. To help me better understand sorcery and jinn possession, Ummi Mirah loaned me a short booklet on a case that had attracted a great deal of attention in local media, written by a doctor and proponent of Islamic therapeutics, Dr. Sagiran. The book, *Supiyati the Person of Nails: The Phenomena of Sorcery in the Medical World (Supiyati Manusia Paku: Fenomena Santet Dalam Dunia Kedokteran)* (2012), narrates the case of Supiyati, a young woman Dr. Sagiran treated beginning in September of 2012 when she was reportedly found to have nails and other foreign objects embedded in her legs, feet, and even her face. A classic example of sihir, Ummi Mirah explained to me when she loaned me the book, is for a sorcerer (dukun) to “send” sharp objects (nails and needles are particularly easy to find, she explained, and also sharp and therefore more painful) into the body of the victim with the aid of jinn servants. In this case, Dr. Sagiran surmised that it was Supiyati’s estranged and abusive husband who was responsible for employing a sorcerer to send the nails and other objects into her body. While Supiyati’s was an extreme case of sorcery (santet) Ummi Mirah maintained that less dramatic cases were not uncommon, and something that routinely cropped up in her practice.

Dr. Sagiran’s experience treating Supiyati became a focal point of his practice of Islamic therapeutics and featured prominently in the lectures I saw him present, both at the Islamic Medicine Expo in Jakarta and at a training I attended in Yogyakarta for “dakwah volunteers” (relawan dakwa) interested in assisting Muslim patients in hospitals, much like volunteer hospital chaplains. In these lectures, he focused on the reality of jinn and sorcery and the need for complementary Islamic therapeutics (terapi Islam komplementer) in biomedical settings. At one lecture, he pointed to a different inter-generational component in jinn possession: that the

jinn (via Supiyati) explained that he was aiding a dukun in hurting Supiyati only because the dukun threatened to hurt the jinn's own child.

In the book, Dr. Sagiran goes into additional detail about how Supiyati's treatment did not just consist of reciting the Qu'ran over her, but also a more expansive transformation. She learned "independent ruqyah," and, with Dr. Sagiran's support, changed her name to a more Muslim one, Sofiyah, after one of the wives of the Prophet Muhammad (p. 130). Dr. Sagiran also emphasizes throughout the importance of "spiritual accompaniment" ("pendampingan spiritual") by observant Muslims, first while she was in the hospital, as well as afterwards.

#### Possessed by Association: Syirik (shirk) and Ties of Kinship

Aside from cases of suspected sorcery, the other major issue that arises in conjunction with jinn possession is the issue of syirik (Ar. shirk), sometimes translated as "polytheism," or improper association with God.

When new patients arrived at the clinic, their first step was to fill out an intake form and explain their case to Ummi Mirah and Ustad Irham. While reflecting pervasive bureaucratic and biomedical norms, the form also maps out the interrelated nature of interpersonal (often familial) conflict, practices deemed syirik, and jinn possession. In addition to detailing the patient's primary complaint (keluhan), symptoms, and other medical conditions, the initial consultation and intake form aim to capture a picture of the patient's "exposure" to practices of syirik via ancestors, friends or relations, or previous therapeutic experiences. Prominent on the form, and in discussions with new patients, is the question "Are there stories of those in one's line of descent (in one's family) having knowledge of supernatural power?" ("Ada riwayat keturunan yang memiliki ilmu kesaktian?") In meeting with new patients, Ummi Mirah and Ustad Irham

would take great care in discussing answers to this question, as it could provide insights into whether a patient might have “inherited” a family jinn; significantly, it seemed that such an inheritance could follow maternal or paternal lines of descent. Another key item on the form asks whether the patient’s own any “amulets or heirlooms” (“jimat/pusaka”) that are either “kept or cared for” (“disimpan/dipelihara”), further indications that a patient could have been “exposed” to syirik and thus rendered vulnerable to jinn possession and/or sorcery. Specifically, amulets (jimat), Ummi Mirah and Ustad Irham explained to me, are by definition objects that people worship improperly, when worship is something that should only ever be directed to God (Allah), in a fairly classic formulation of the logic of the fetishism. The object itself has no power, Ustad Irham explained to me – but the improper relationship of a person *to* the object, in constituting syirik, provides an opening for jinn or sorcery to find a mark in that person. Here, misrecognition concerning the power of an object gives spirits power.

Ummi Mirah and Ustad Irham related their understanding of “azimat” to Javanese practices of keeping pusaka, sacred heirlooms. In some Javanese households, and in the Sultan’s palace, sacred heirlooms (pusaka) are respected and cared for (dipelihara) as living beings and are given offerings (sesajen). In the opinion of Ummi Mirah and Ustad Irham, as well as other reformist and Salafi peruqya, the apparent power of pusaka actually stems from their connection to jinn. Ummi Mirah and Ustad Irham do not object to the owning of heirlooms in and of itself, but rather to the ways in which such objects are revered and cared for. When they suspect a case of jinn possession stemming from heirloom ownership, they often will do ruqyah over both the owner and the object. The form also asks whether patients have a history of following practices like “tenaga dalam, reiki, meditasi, dll” and asks them to list other places they have previously sought therapy. Again, these contacts are often treated as potential sources of exposure – to

syirik and to jinn. For example, Ummi Mirah related a story of how a patient of hers had been given azimat in the form of cigarettes containing camphor from a dukun. The patient and her children had been beset by jinn in the form of animals, scorpions and centipedes repeatedly showing up in their house (it is not uncommon to hear stories of jinn taking the form of animals). The youngest child in the family also became terrified of going to the bathroom. When asked why, she explained that every time she went there, she would see figures that looked like her parents, but with white hair covering their faces, a familiar-strange image that utterly terrified her.

Throughout fieldwork, I sometimes crossed paths with a variety of stories of jinn possession and recovery, sometimes unexpectedly and outside the context of clinics where such problems were being treated. For example, at one herbalism training for women held at Pak Zain and Ibu Zakirah's house, I met Ibu Dian, a woman in her late thirties. She and her sister were attending the training together, and when I asked them how they became interested in Islamic therapeutics, they recounted how Ibu Dian had been plagued by jinn troubles since childhood. Ibu Dian warmly encouraged me to visit her at home for a longer interview with her and her husband, a preacher (da'i) and ruqyah practitioner (raqi/peruqyah) as well as an assistant to Ustad Fadhlān, a prominent local preacher and "pioneer" of the Prophetic medicine (tibb al-nabawi) movement in Indonesia.

Ibu Dian and Ustad Ahmad's home was a small, cheerful house in the outskirts of Kota Gede, a town approximately 6 kilometers from the Sultan's Palace in the center of Yogyakarta. Once a small town on the outskirts of the city, urban sprawl has overtaken the once sleepy hamlet, and it is now very much a part of the larger metro region of Yogyakarta. Kota Gede is the birthplace of Muhammadiyah, the largest Muslim modernist organization in Indonesia. Ibu

Dian, in addition to caring for the couple's four children, runs a small soaps and cosmetics home industry; one product she sells is soap made with the leaves of a plant (daun bidara) that many ruqyah practitioners believe to repel jinn.

According to Ibu Dian, she had inherited a family jinn who had “chosen” her when she was very young. In addition to violent, angry tantrums, she was often ill, especially with stomach ailments (gastritis). Sitting in her living room now, she explained that the cause: her ancestors (nenek moyang) facing the problems of ill children and poverty, had resorted to animism (lari ke animisme), worshipping animals such as white turtles. Ibu Dian recounted how her parents tried everything to find a cure, but had little success in managing her condition until she was treated by Ustad Fadhlan, one of the “pioneers” of ruqyah in Central Java and a teacher of Ummi Mirah as well. After years of treatment (apparently hers was a very tough case), Ustad Fadhlan persuaded the jinn to leave and her condition improved markedly. Ustad Fadhlan introduced her to one of his assistants, also a ruqyah practitioner, and they ultimately decided to marry. She and her husband continue to manage her condition, with occasional intervention from Ustad Fadhlan. Ibu Dian credits her stable and healthy condition to this new familial support – a particularly pointed example of how ruqyah often works through the cutting of old familial ties and forging of new ones.

### Historical Re-Alignment, Post-Colonial Therapy, Heritage Work

One afternoon, three months after I had begun visiting Ummi Mirah's clinic, the two primary practitioners of the clinic and I sat discussing the cases of the day. In addition to several patients who had requested cupping (bekam), one patient had arrived with a case of apparent possession (kesurupan). Reflecting on the diagnostic questions she had asked, Ummi explained



why she had asked so many questions about whether there was a family history of individuals with “ilmu kesaktian” (spiritually powerful knowledge) or “orang pintar,” “clever people,” a euphemism for “dukun.” She explained that “long ago [zaman dulu], during the time of Dutch Colonialism [pada zaman penjajahan Belanda], Javanese people would protect themselves with azimat (amulets); they would make deals with jinn for protection, and in return the jinn would be able to possess several generations of members of the same family, even until now (sampai sekarang).” This, she explained, was the reason behind many contemporary cases of jinn possession, because in each generation, the jinn would “choose” a descendent of the individual who made the deal to possess. For the first time, this discussion made clear to me that ruqyah, in the hands of these practitioners, does not only constitute history-work on the personal or familial levels, but that these practitioners see it operating simultaneously within frames of broader national or even world history. Here, genealogical history – the inheritance of a family jinn – is tied directly to the frame of (post) colonial history, and the lived experience of embodied colonization – of losing one’s bodily autonomy to an occupying spirit – is tied to broader historical instances of imperialism and colonization. In explaining that possession can be a consequence of colonization, Ummi Mirah and Ustad Irham draw a parallel with how possession is often described as experienced as an assault on sovereignty over the self, which should belong only to God, not to other people, let alone spirits.

The role of ruqyah as therapeutic history-work became especially apparent one afternoon when a group of college students appeared at Ummi Mirah and Ustad Irham’s clinic. Half a dozen young people, both young men and women, arrived together, explaining that they had been on an excursion to a local historical site when two of their number, one young man and one young woman, had suddenly experienced apparent possession (kesurupan). They had piled on

motorbikes and headed to the clinic, where Ummi Mirah and Ustad Irham assessed them. It transpired that the historical site they had visited was a Hindu temple of the pre-Muslim, 11<sup>th</sup> century Mataram Kingdom. Ummi Mirah and Ustad Irham ushered the two young people into their adjoining rooms, where they were accompanied by their friends of the same sex. They then conducted ruqyah jointly, with their voices blending through the partition. Once the ruqyah began, and Ustad Irham asked to speak with any jinn present, it transpired that the jinn were Hindu inhabitants of the temple, remnants of the earlier “pagan” times of Java. Once this became clear, Ummi Mirah and Ustad Irham shifted their focus to persuasion of the “Hindu” jinn, convincing them of God’s authority, persuading them to convert, and offering them a place to live in the neighborhood mosque.

After the ruqyah session was completed, Ustad Irham offered additional suggestions to the students to protect them from re-possession, including exhorting them to pray regularly, and do wudu and zikir. As she sometimes did, Ummi Mirah then stepped in with further remarks that served to frame and contextualize the ruqya session. They often divided their roles in the session in this way, Ustad Irham leading the ritual elements, and Ummi Mirah explaining, summarizing, and elaborating on their importance. She returned to a refrain I heard frequently from raqi/peruqyah, which is that God made humans and jinn only to worship Him (QS 51:55). She explained, re-enforcing the words spoken to the jinn during the ruqyah session, that jinn possession humans went against the will of God. “It is against God’s will for humans to colonize each other, even more so for a jinn to colonize (menjajah) a human!” For these practitioners and their patients, ruqyah constitutes a powerful rejection of subjugation (penjajahan), and a re-assertion of God’s sovereignty.

### Ruqyah, Refusal of Inheritance, and the Body Politic

Discourses about jinn possession and eviction may focus on fortifying the individual, but the practice is inescapably relational and entangled with histories personal, cultural, and political. Ruqyah – as a prominent practice of reformist/revivalist Muslims – in enacting the refusal of certain inheritances, also invites different possible futures. The kind of sociality enacted in Ummi Mirah and Ustad Irham’s clinic, and in the “group” ruqyah described in the introduction, suggests the contours of a healed body politic or “umma” in Islamic terms. In cutting certain ties – human and spiritual – ruqyah practitioners and their patients are enacting a quiet kind of revolution, implicitly asserting that it is possible to choose what one inherits from the past.

## Epilogue: Prophets, Prayers, and Herbal Lore



Figure 18: A rainy season view of Mount Merapi from the herbal garden of Ibu Ayu.

In the outskirts of the city of Yogyakarta, surrounded by rice fields, sits an unprepossessing house, surrounded by a garden. This is the “Jamu [Herbal Medicine] House” of Ibu Ayu (a synonym), an herbalist (“herbalis” was her term of choice) and practitioner of “traditional Javanese therapeutics” (pengobatan Jawa tradisional), who I visited almost every week for the year of my fieldwork. Ibu Ayu’s practice presents an interesting “boundary case” in

the study of Islamic therapeutics. Although she does not advertise her herbalism as Islamic, and she happily treats patients from a wide variety of religious backgrounds and orientations, as I got to know Ibu Ayu I realized that many elements of her practice are deeply informed by Islamic ideas, practices, and even networks of knowledge transmission. Although she has appeared elsewhere in this dissertation as a minor character (see Chapter 3, *Healing with the Hidden*), I pause here to consider her case in a bit more depth as an occasion for reflecting on what we might call the margins of Islamic therapeutics in Java.

Ibu Ayu is in her mid-60s, tall, with a forceful personality and a direct manner. She speaks frequently about how she began to study herbal lore and associated forms of traditional Javanese medicine with her father when she was only seven years old. Ibu Ayu speaks of her knowledge as passed down (*turun-temurun*), an “inheritance” (*warisan*) from her ancestors. During our first extended discussion, Ibu Ayu told me that, actually, this knowledge belongs to God (“*Ilmu Punya Allah*”); as a result, she sees her consultations with patients as a form of “worship” or “*ibadah*,” an Arabic loan word with strong Muslim connotations in Java. As a result, she does not charge for consultations; she says that to do so would be to inappropriately take credit for God’s knowledge. At the same time, she sees her practice as both a form of worship (*ibadah*) as well as a business (*bisnis*) of growing herbs and selling herbal medicines. This conceptual separation is echoed in the spatial layout of the *Jamu House*, with the interior – an expanse of cool tile flooring, with a row of seats along one wall and a table and chairs – being the space where she holds her consultations, whereas all commercial transactions are carried out by her assistants at a register on the verandah outside, at the front of the building.

When a new patient arrived for a consultation, Ibu Ayu would often “break the ice” with a joke. “Do you hear that noise?” She would ask, referencing a squeaky sound. “Is that a snake?”

Or a jinn?” Breaking into chuckles, she would point behind the patient to the wall, where a rotating fan was lodged that made the sinister noise when it moved. Ibu Ayu and the patient would laugh, and Ibu Ayu would reassure them that she was “just an herbalist, not a dukun!” For all its slapstick comedy, I saw in this routine a careful management of reputation and expectations, an effort to dispel assumptions about the sinister figure of the dukun that haunt spaces of traditional and alternative medicine in Java. And yet, as we shall see, Ibu Ayu’s practice does retain linkages to a contested past of traditional healers who might be called dukun.

Ibu Ayu describes her diagnostic process as “reading [the patient’s] face and pulse” (membaca wajah dan nadi). After inviting the patient to sit opposite her at a small table, she would ask them questions about their complaint (keluhan), personal and family history, and other conditions, making notes in one of her case books (each case gets its own number, which Ibu Ayu will ask for if a patient returns, which many patients do). Ibu Ayu told me once that she pays close attention to the patient’s eyes as they speak, as their eyes tell her a great deal about their personality – for example, whether or not they tend to be nervous, or might be hiding something. Then, she asks them to rest their hands on the table, palm up, wrists exposed to the elbow. Using her pointer finger, Ibu Ayu then “reads the pulse,” pressing with a rapid vibration along several points on the wrists. Although these points did not correspond precisely to the pulse points most commonly used in Traditional Chinese Medicine (TCM), Ibu Ayu was familiar with the TCM variants and speculated that they might be in some way related, although she wasn’t sure how. While holding the patient’s hands, she would also check for other qualities of their skin: whether it was damp or dry, hot or cool to the touch. Finally, she would bring the patient’s hands together, cupping them with her own, and say the bismillah (“In the name of

God, the Merciful, the Compassionate”), audibly if the patient was Muslim, silently if they were not.

I was often at Omah Jamu on Friday afternoons (Omah Jamu was unusual among my fieldsites for being open on Fridays, the day of the Muslim congregational prayer), and as a result I quickly became familiar with several of her repeat customers. One family who also visited Ibu Ayu on Fridays was that of Dr. Hani (a pseudonym), a Muslim dentist from Yogyakarta who was struggling with infertility. Like many patients, she traveled to visit Ibu Ayu along with her extended family – not only her husband, but her mother and father would also travel with her to see the herbalist. Dr. Hani’s father had suffered a stroke some months prior to their first visit, and he too would consult Ibu Ayu, who would prescribe herbal medicines and exercises to aid in his recovery. Each week, they would arrive together in a large black SUV and Ibu Ayu would meet with them in turn: the mother and father first, and then Dr. Hani and her husband. She would carefully follow their progress, making notes in her case book and adjusting her herbal prescriptions.

The Jamu House would also often become a social space for visiting patients, especially during the rainy season when patients would wait to leave until heavy rains passed. On one such Friday afternoon, I sat with two ladies in their 60s, one Catholic and one Muslim, discussing their ongoing efforts to maintain their own health and those of their families. Ibu Agnes, who was Catholic, was managing her own high levels of uric acid (*asam urat tinggi*, a common chronic condition among Indonesians), along with her husband’s diabetes, emphasized the importance of eating moderately in staying healthy. Her husband, she said, had been too indulgent; he especially had been prone to eat durian immoderately, which, since durian is a very “hot” food, had overheated him and unbalanced his body. She turned to Ibu Nurul, visibly

Muslim in her jilbab, and said “Even the Prophet (Nabi) said that it was best to eat until one’s stomach was half-full, right?” Ibu Nurul concurred. For me, this exchange demonstrated the circulation of Prophetic discourses of health and hadith citation well beyond obviously or exclusively Muslim spaces, and among non-Muslims as well as Muslims.

### Inherited Knowledge and Signs of the Creator

Ibu Ayu spoke frequently of her father, who had passed his own knowledge (ilmu), especially of herbal medicines (jamu) on to her. Born in 1925 in Pati (town in the northern part of Central Java), Ibu Ayu’s father’s formal work was as a police officer, but his “social work” (pekerjaan sosial), as Ibu Ayu termed it, in his community was as a healer with knowledge of jamu. Ibu Ayu referred to him a “wong pinter” (a common euphemism for dukun), literally a “clever person,” who had inherited a great deal of knowledge (ilmu) from his own father. As a young man, he attended Pesantren Tebuireng in Jombang, the famed pesantren founded by KH Hasyim Asyari (founder of NU and grandfather of Indonesian President Abdurrahman Wahid/Gus Dur). He married twice, after his first marriage ended without children. Ibu Ayu explained that people with a great deal of powerful knowledge (ilmu) sometimes have difficulty conceiving, and he had to let go of some of his knowledge (lepaskan ilmu) before he was able to have children with her mother. The family lived near Pati in the vicinity of a sugar refinery, where there had been many Dutch people in colonial times, some who had married locals and left descendants behind. Ibu Ayu recalled learning to play gamelan with her father – her father on the gendang or drum, and she playing the bonang. There was a Christian hospital near the refinery, and Ibu Ayu told stories about Suster Ann, a Dutch nun who studied gamelan with her father. Ibu Ayu recalled some of the illnesses she watched her father treat: typhus, worms



(cacingan) and other parasites, ailments of the lungs and other endemic diseases. Ibu Ayu attributed some of these diseases to poverty and poor diets among the populace, as the locals sold the good crops ate the poor quality ones themselves – a “colonial inheritance” (warisan jajahan) in Ibu Ayu’s terms.

Ibu Ayu’s education with her father took the form of “nyantrik”, “learning by doing” as an English-speaking Javanese friend glossed it, following her father as he prepared medicines and treated patients. As I discussed in Chapter 3, she narrated that her father had taught her to use written supplicatory prayers (do’a and rajah) along with herbal medicines, practices she kept discreet so that her patients would not “misunderstand” what she was doing as syirik (polytheism or improper association of things with God). Her father taught her a wide variety of embodied mnemonics; for example, under his tutelage she formed a habit of looking at her thumbs, held together in front of her, to remember the importance of remaining honest (‘jujur’) and working for others. She also related that her education had included forms of traditional Javanese lore including astrology based on the day on which a person is born – the combination of their birthday according to the Javanese five-day calendar and the seven-day calendar (in Javanese, “dina lan pasaran”). Ibu Ayu explained that this was important to know: it revealed important things about a person’s life course, because the timing of one’s birth is “written by God (“dicatatkan oleh Allah”). In her framing, practicing Javanese astrology can thus be one of the many modes of reading the signs of God in an effort to promote health and to cure disease.

This orientation to reading signs of God in the material, created world was especially apparent in Ibu Ayu’s discussion of plants. On quiet days, we would sometimes walk around her garden, which she had set up as an educational tool for her patients and visitors to her café, with small signs in front of different plants explaining their medicinal uses.



Figure 19: A sign in Ibu Ayu's garden explains the health uses (kegunaan) of the plant pegagan.

Ibu Ayu liked to teach visitors using an inggu plant. Step closer, she would say, smell: and then she would shake the plant vigorously. Smell that? The fact that the plant emits such a smell when you shake it is a sign (ayat), she would say, because it is made by God (“diciptakan Allah”), specifically, it is good for the lungs when incorporated into jamu. Similarly, she would point to the shape of the pegagan plant's veins and leaves, saying that they look like neurons. According to Ibu Ayu, this is a sign that the plant is good for the brain.

## Plant Medicine: Other Cases

In addition to Ibu Ayu, many of my other interlocutors in the world of Islamic therapeutics also drew on herbal medicines in their practice. Indeed, herbal medicine, along with cupping and ruqyah, was often framed as one of the key health practices of which Prophetic medicine – and an emergent, holistic “Islamic medicine” – could be formed.

In part, this can be understood in relation to the wider historical and economic forces that contribute to making herbal medicine a huge industry in Indonesia and Southeast Asia more broadly. Indeed, the profit motive is unmistakable in many cases, perhaps most notably in the multinational multilevel marketing company, Herba Penawar Al-Wahida (HPA). First based in Malaysia, then developed as an offshoot in Indonesia (HPA-I), HPA markets herbal supplements as “Halal, High Quality, and Natural,” making use of the MLM scheme and marketing clearly to a Muslim public.<sup>1</sup> Although I did not conduct any direct fieldwork with HPA or its affiliate centers in Indonesia, I did regularly encounter signs advertising their products, such as one I passed daily in my neighborhood.

Many of my practitioner-interlocutors in the world of Islamic Therapeutics used some form of herbal medicine in their practices. For example, Dr. Zaidul Akbar (discussed at more length in Chapter 2), holds as one of his titles the “Central Manager of Pusat Asosiasi Pengobat Tradisional Indonesia (ASPETRI); he also refers to himself as a “Herbal Doctor” as well as a “Prophetic Medicine Consultant,” and his social media profiles market a range of herbal products to his followers. Ibu Dian (Chapter 4) makes and sells soap infused with leaves of the bidara tree (Indonesian: pohon bidara; Latin: *Ziziphus mauritiana*), which she and many other reformist and Salafi Muslims assert acts as a repellent to jinn and sorcery (sahir). They identify the bidara tree

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<sup>1</sup> For more on HPA, see Muhammad Abdullah, “Bisnis Multi-Level Marketing Herba Penawar Al Wahida (HPA) Dalam Perspektif Hukum Islam” <https://dspace.uui.ac.id/handle/123456789/16909>.

as the “lote tree” mentioned in the Qur’an as one of the plants in paradise, citing Surah al-Waqi’ah (Chapter 56). In the context of a description of paradise (“the Gardens of Bliss” – 56:12) “the companions of the right” are said to be “among thornless lote trees” (56:27-28). The lote tree is also mentioned in An-Najm “The Star” (Surah 53) verse 14-16, as the “lote tree of the boundary,” an ambiguous phrase that some have interpreted to mean that it stands at the boundary between earthly and heavenly realms. Referencing these verses, as well as hadith in which the Prophet is said to have recommended the leaves of this tree for their protective power, Bu Dian promotes these soaps as protective and in keeping with Prophetic Sunnah.

Dr. Ridho, Pak Zain and Ibu Zakirah all included herbal medicine in their “synergistic” approaches to healing as well, incorporating Chinese herbal recipes into their treatment strategies (see Figure 2.3 in Chapter 2). Pak Zain, in particular, was interested in exploring the use of herbal medicines, perhaps in part because of his training as a pharmacist. I attended several lectures and workshops in which he presented materials on the uses of such medicines, always through the lens of his synergistic approach. For example, he discussed the use of dates (“kurma”) a popular item among many Prophetic medicine proponents as many hadith contain stories of the Prophet eating them, in terms of their changing qualities (“sifat”) as they ripen, from cool and dry to hot and damp, a progression also articulated in classical Prophetic medicine texts. Reflecting on a hadith that the Prophet had reportedly recommended treating jinn possession by eating seven “kurma ajwa” (a specific kind of date fruit), he speculated that this was for a good, materialist reason: kurma ajwa are particularly dense in nutrients as well as being balanced in terms of heat and dryness; as a result, this will fortify the patient, strengthening their body and helping them fend off spiritual attacks. In a lecture on “Herba,” he explained the function of cardamom (kapulaga) as “strengthening the kidneys via the spleen” (“menguatkan

ginjal lewat limpa”); using a picture of a cardamom plant in his PowerPoint lecture, he pointed out that cardamom seeds grow very close to the ground (tanah) “which in TCM is associated with the spleen, as well as the stomach.” He noted as well that the Javanese names for some plants relate to their medicinal uses; for example, “adem ati” (literally, “cool liver”), according to traditional Javanese medicine, functions to cool the liver, while “dandang gulo” (literally “sugar boiler”) is used for diabetes. In bringing together remedies from classical texts on Prophetic medicine, TCM theory, and Javanese herbal lore, Pak Zain commented that this synthesis was probably not new, speculating that Javanese medicine had been influenced by Chinese and Arab-Unani approaches “for a long time” (sejak dulu), implying that these traditions were always already synergistically entwined.

So what does Ibu Ayu’s case, along with the work of these other herbalists, show us about evolving formations of Islamic therapeutics in Java? Although her practice is different from many of the others I have examined, Ibu Ayu also shares an attention to reading God’s signs (ayat), especially in the natural world and the human body, and an orientation to God (Allah) as the ultimate source of both knowledge and healing. I once heard Ibu Ayu repeat the popular Qur’anic phrase, “We shall show them our signs, on the horizons and in themselves” (Qur’an 41:53). In learning and teaching others to attend to the “signs of God,” in plants and bodies, and in striving to cultivate Muslim flourishing in the form of holistic “health,” I suggest that Ibu Ayu’s case similarly demonstrates complex entanglements between transmitted knowledge and unfolding experience centered in the embodied person.

## **Afterword: Lives and Afterlives of Islamic Therapeutics**

Much has changed since I left Indonesia in 2018, not least the irrevocable transformations wrought by the Covid-19 pandemic. Some of the “healthy houses” where I did fieldwork have closed; others have opened. New forms of community and devotion emerged and transformed. Hadith reports about what to do in case of plague were re-interpreted conjunction with contemporary understandings of public health; the call to prayer (azhan) urged believers to stay at home rather than “come to pray;” new prayers (du’a) circulated on Whats App, facebook and Instagram; victims (korban) of the disease were memorialized remotely. Meanwhile, the landscape of the economy and public health continues to transform; Indonesia aims to achieve universal health care by 2024; it already has the world’s largest single-payer health care system (the Lancet article). Others better positioned and informed than I continue to document these transformations. Here, I merely note that what began as an “ethnography of history” has already become, as all ethnographies do, a historical ethnography, an archive of a moment in time. From this vantage point, on the other side of a major global transformation, it is more evident than ever that Islamic therapeutics, like Islam, is “an abstraction that we posit through reflecting on a vast net of interconnected traces” (Bashir 2022), traditions dynamically engaged with ever-changing experiences of the present.

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