



**THE REVITALISATION AND PRESERVATION OF CULTURE
TRADITIONS OF LOCAL WISDOMS IN COMMUNITY HEALTH CARE:
AN ANTHROPOLOGICAL STUDY AT GEOSITE TIPANG OF TOBA
CALDERA , HUMBANG HASUNDUTAN REGENCY, TOBA LAKE AREA**

Robert Sibarani ^a, Echo Sibarani ^{b1*}, Peninna Simanjuntak ^c

^a*Faculty of Cultural Sciences, Universitas Sumatera Utara, Indonesia.*

^{b*}*Faculty of Public Health, Universitas Sumatera Utara, Indonesia.*

^c*Faculty of Cultural Sciences, Universitas Sumatera Utara, Indonesia.*

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Abstract:

The purpose of this research is to describe the role of local wisdoms in community's health care of Batak Toba at Tipang, Toba Lake area. It aims at describing the application of indigenous knowledge as local wisdom in local community's health care. Qualitative paradigm with ethnographic model was applied in this research design. This model uses twelve steps of interview and of observation. This research was conducted by employing anthropological approach with the analytic parameters of interconnection, valuability, and sustainability. This analysis focuses on performance, indexicality, and participation. Indigenous knowledge as local wisdom is applied to overcome the community's own health problems as well as to care for their health. The physical diseases are medicated with local herbs, while non-physical illnesses (psychological or psychiatric) are mostly treated by shamans chanting incantation with or without local herbs. The new contribution of this research is the application of indigenous knowledge as the local wisdom for the local community health care.

Keywords: Tradition, local wisdom, health care, anthropolinguistics, ethnographic study.

1. Introduction

Local community at research location, Tipang Village, Humbang Hasundutan Regency, Lake Toba area possesses indigenous knowledge as their local wisdom in overcoming their own health problems and keeping their health care. They have local wisdoms to overcome the health problems as well as to care their health, passed down from one generation to other generation for hundred years (Sibarani. *et al.*2020).

When they are sick, the solution they are looking for is traditional medication and when they want to keep them healthy, they still use traditional health care. It is a tradition for it has been practiced by local community for hundreds years from one generation to other generation(Sibarani, *et al.*2018).

People first practice indigenous knowledge to overcome their health problems. They then go to modern medication or medical doctor if there is no significant change for recovery. Nowadays, when the sick man cannot be overcome by the modern medical doctor, the sick man goes to traditional medication indexed by herbal, theraphical, and incantional medication (Silaban Immanuel, *et al.* 2020; Halimatussakdiah, *et al.* 2020).

The traditional health care includes the physical and non-physical health. The physical health is usually practiced by herbal medication and therapist's treatment with or without *mantra* 'incantation'. The non-physical health (psychological and psychiatric) is always overcome by incantation with or without herbal medication.

The traditional medication process is the cultural practice which is anthropolinguistically performed by the traditional healer as the performer which is always called "shaman". The medication process includes performance done by the performer, indexicality bringing about comprehensive meaning, and participation acted by participants (Sibarani, 2018).

2. Theoretical Review

Tradition and Ritual for Health Care

Tradition and ritual are two terms relatedly used to refer to the community's cultural activities. Tradition is the cultural performance commonly practiced by a community from one generation to other generation. In tradition, there is a sense of sustainability of inheriting culture as well as a sense of performative process of cultural habit.

When a community commonly possesses and continuously performs a tradition, it may function to differentiate the community's identity from another community's. The people of the community

regard and appreciate their tradition as something meaningful in their lives. Their tradition is protected, developed, and utilized to create community's peace as well as to increase their welfare (Sims and Martine, 2005, Sembiring et al., 2019).

The tradition which is related to the common values or beliefs of the community constitutes ritual of the community. In one hand, the people believe that unluckiness will come if they ignore the ritual and on the other hand luckiness will happen if they perform it. A ritual may strengthen the belief of the community on the tradition (Octavianna. *et al.* 2020).

Performances of rituals are better ordered, organized, and prepared than those of customary traditions. The patterns of rituals are traditionally memorized, uttered, and repeated in traditional performances (Sibarani, Robert, *et al.* 2021a:1-9).

Most rituals are performed with the combination of text such as verbal folk discourses, co-text such supporting materials like traditional food, special equipment, and gestures, and context such as certain places, times, manners or atmosphere .

There are traditions and rituals performatively practiced for community's health care at research location of Lake Toba area. The traditions and rituals contain local wisdoms as the people's indigenous knowledge for their health care. The traditions and rituals have been passed down since hundreds years ago.

Local Wisdom for Health Care

Local wisdom is the core value of local cultures such as tradition and ritual utilized to regulate community's life wisely. The local people practice local wisdom as the operationalization of cultural values to settle the social life of the community for the sake of increasing the local people's welfare and peace. The local wisdom becomes indigenous wisdom or knowledge of the local community deriving from the noble value of cultural traditions or rituals to overcome their socio-cultural problems (Marbun, *et al.* 2018 and Perbawasari 2019a) .

Local wisdoms are the values of local culture such as traditions and rituals which can be applied to manage wisely the social order or social life of the local community. The local knowledge includes all the people's indigenous scholarship that the local people apply to overcome their social problems. Local wisdom consists of two goals, namely for people's welfare or prosperity and for human beings' peace or goodness (Perbawasari et al., 2019 and Sibarani. 2020). Local wisdom plays role in directing local people to do wise relationship within their social interaction, with their natural environment, and with their creator (Izwar, *et al.* 2020).

One of the local community's social problems deals with health care including traditional medication for physical and non-physical problems. The local people usually use their indigenous knowledge to overcome their physical and non-physical health problems.

Anthropolinguistics for Ethnographic Study of Community's Health Care

Anthropolinguists (linguistic anthropologists or anthropological linguists) are not only interested in cultural performances such as traditions and rituals, but also in indexicality referring to cultural values and norms such as meaning and function. The anthropolinguistic study of oral traditions attempts to discover meaning including function as the outer layer, of values including norms as the middle layer, and of local wisdoms as the core layer. It gives a contribution to the interpretation of the content of oral traditions.

As the anthropolinguistic study, it studies language as a cultural resource and speaking or speech as a cultural practice (Hymes, 1964:277; Duranti (1997:2). In this research, local wisdoms are the cultural resources which are invented from the language relating to terms and the verbal expressions of health care.

Anthropolinguistics is the scientific study of language within the anthropological framework, the study of culture within the linguistic framework, and the study of human life aspects in a shared anthropological and linguistic frameworks. As an interdisciplinary study, there are three scopes of anthropolinguistic study, namely the study of language, of culture, and of other aspects of human life. These three scopes are studied from a collaborated framework between linguistics and anthropology (Sibarani, Robert, et al. 2021b).

Parameters of anthropolinguistic analysis consist of interconnection, valuability, and sustainability. Connectivity shows either a linear relationship that is vertically or a horizontally formal relationship. Connectivity is a parameter determining the "grammar" of text, context, and internal and external cotext (internal and external grammar of text, context, and cotext). Valuability shows the meaning or function, value or norm, and local wisdom indexicalized by the text, cotext, and context. These three aspects of valuability are the signification layers. Meaning and function are the outer layer, cultural values and norms are the middle layer, and local wisdom is the core layer. In the anthropolinguistic concepts, these three layers are all called "meaning" indexicalized from beyond the use, misuse, and non-use of language (Foley (1997:3).

Sustainability shows the existence and inheritance of the object under the study including their cultural values and local wisdoms. Revitalization and preservation are two significant concepts in sustainability.

The goal of anthropolinguistics is to study languages by collecting data directly from native speakers. Known as *ethnography* or *participant observation*, the central idea behind this anthropolinguistic approach is that the linguists or anthropolinguists can obtain a better understanding of a speech performance, language and its relation to the overall culture by witnessing directly the language used in its natural socio-cultural context (Danesi, 2004:7).

These analytic parameters (interconnection, valuability, and sustainability) are anthropolinguistically applied for health care treatments at the research location. As the ethnographic study, anthropolinguistics studies language and speech performance of health care with their relations to the local community's health care.

3. Research Methods

Qualitative paradigm with ethnographic model was applied in conducting this research. The ethnographic model for interview and observation each employed twelve similar steps proposed by ethnographic model. The twelve steps applied for collecting data, analyzing data, and writing the report are (1) locating informant and social situation, (2) interviewing informant and doing participant observation, (3) making an ethnographic record, (4) asking descriptive questions and making descriptive observation, (5) analyzing ethnographic interviews and making focused observation, (6) making a domain analysis, (7) asking structural questions and making focused observation, (8) making a taxonomic analysis, (9) asking contrast questions and making selected observations, (10) making a componential analysis, (11) discovering cultural themes and taking cultural themes, and (12) writing an ethnography.

The research of Tipang people's health care conducted by ethnographic model employed anthropological approach with the anthropologically analytic parameters focusing on the performance, indexicality, and participation.

4. Research Result

Traditional Medication for Physical Diseases and Non-physical Illnesses

The findings invented from the research indicated that indigenous knowledge as local wisdom is applied to overcome the community's own health problems as well as to care for their health. The local community usually tries the indigenous knowledge such as traditional herbs and treatment to solve their problems in health care before going to medical doctor. If they could get well after taking the traditional medication, they won't go to medical doctor for medication. They just go to medical doctor for serious diseases.

There are two types of diseases solved by indigenous knowledge, namely physical diseases and non-physical illnesses. The physical diseases are medicated with local herbs, while non-physical illnesses are mostly treated by shamans practicing white magic with or without local herbs.

Ingredients of local herbals are memorized and practiced by local common people that all people can help each other. The ingredients derive from the local natural resources. They may be made of flora, fauna or other natural resources such as water and soil. The sustainability of this traditional medication therefore depends on that of natural resources. Some examples of health medication are as follows.

Table 1: *Traditional Medication and Herbal*

No	Deases	Traditional Medication
1	stomach ache	1. Drinking the warm water put with roasted composition of seven slices of turmeric and handful of rice

		2. Eating guava shoots
2	fever	1. The sick person is put in the traditional steam bath (<i>martungkup</i>), with the ingredients of lemongrass leaves, eucalyptus leaves, and lime leaves boiled in the hot water. 2. The sick person is massaged with red onion and garlic sliced, and pepper broken, then heated with cooking oil
3	head ache	The above ingredient no.2 (red onion and garlic sliced, and pepper broken, then heated with cooking oil) is smeared around the ears, temples, and nose of the sick person.
4	colds	The above ingredient no.2 (red onion and garlic sliced, and pepper broken, then heated with cooking oil) is smeared around the abdomen and chest of the sick person.
5	less of stamina	Two glasses of sweet palm sap are drunk a day, after lunch and after dinner.

Speech Performance, Indexicality, and Participation of the Traditional Medication

Non-physical illnesses may be psychological (severe stress, trauma) or psychiatric (mental illness). The medication process for the non-physical illness at research location is dominated by the traditional incantation (*mantra*) with or without traditional herbals. The power of *mantra* as the traditional speech performance for medication relating to non-physical illnesses is really meaningful. The incantation together with the medication for non-physical illnesses is conducted by *datu* “shaman”: the spell is uttered spiritually and the ingredients are given magically.

Mantra “incantation” as one of the folk discourses is composed with diction of words, choice of phrases, and selection of appropriate sentences (Wanda Kuswanda, et al.2020). *Mantra* ‘incantation’ is possessed, memorized, chanted by the shaman. The speech performance in incantation utterance uses sacred text accompanied by herbal ingredients as context for the medication context. The elements of the speech performance indexicalize meaning relating to medication of non-physical illnesses. The speech indexicality is therefore the phenomenon of a sign (text, co-text or context) pointing, indexing or indexicalizing reference relating to meanings, functions, norms, values or local wisdoms of speech performance. In speech indexicality, text is linguistic sign while co-text and context are non-linguistic signs.

The traditional medication for non-physical illness involves participation of the *datu* “shaman” performing or practicing the traditional medication to *namarsahit* “the non-physical sick person”. The *datu* is the performer who participates to perform traditional medication for the performed *namarsahit* who participates as the patient. The *datu* as performer utters *mantra* “incantation” as well as practices traditional herbals to the performed *namarsahit*.

The participation of the shaman in the performance is to utter the incantation and that of the sick person is to listen and receive the speech power of the incantation. That is speech participation between the shaman as the performer or addresser and the sick person as the performed or addressee. The speech participation is therefore the speaking activities or roles conducted by each participant in the process of speech performance.

In speech performance of traditional medication incantation for the non-physical illness, there are participants playing roles, namely performer or addresser, the performed or addressee, and introductory companion. The *datu* 'shaman' as performer or addresser chants the incantation softly and solemnly in Toba Batak addressing to the sick person as the addressee. When he is chanting the incantation, he often makes available contexts such as *unte pangir* 'lime', and *haminjon* 'incense'. The *namarsahit* as the performed or addressee sits, listens, and comprehends the incantation chanted by the performer. He brings *demban* 'a set of beetle nut' as the sign of asking or requesting something to the *datu*. The introductory companion is the person who accompanies *namarsahit* 'the sick person' as the performed. The introductory companion is usually allowed to see the process of traditional medication conducted by the shaman.

5. Conclusion

The local people at research location still practice indigenous knowledge as local wisdom to overcome their own health problems. Their indigenous knowledge such as treatment with traditional herbal and medication incantation are practiced for their health care. For physical diseases, they practice it before going to medical doctor or medical hospital. For non-physical illness, they ask for the help of shaman practicing incantation relating to white magic with or without local herbals.

The indigenous knowledge has been passed down from one generation to the other generation for hundreds years. The tradition survives because it meets the community's need for the health care.

The interconnection between traditional herbals and the power of incantation for the health care of the local community at research location needs to be analyzed scientifically in order to evaluate the truth of the medication. It will ensure the sustainability of the indigenous knowledge as the community's local wisdom.

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