GPH-International Journal of Social Science and Humanities Research
(Online ISSN: 3050-9637)
Volume 9, Issue. 6, June 2026
Publisher: Global Publication House
DOI: https://doi.org/10.5281/zenodo.21624346
Journal Link: https://gphjournal.org/index.php/ssh/index

Healing, Heritage and Cultural Sustainability: Traditional Healers in Minangkabau Society

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Abstract

Traditional healers preserve and transmit forms of knowledge that extend beyond the treatment of illness. This article examines how Minangkabau *dukun*, or traditional healers, contribute to cultural sustainability. Drawing on ethnographic observations, conversations with healers in a Minangkabau village community and relevant scholarly literature, the article offers an interpretative analysis of selected healing practices and the cultural meanings associated with them. Particular attention is paid to the Minangkabau principle *alam terkembang jadi guru* ('nature, in its unfolding, becomes a teacher'), the interpretation of signs and numerical patterns, and the transmission of medicinal, ritual and textual knowledge. The analysis is informed by Frederick Errington's account of the sign-oriented character of Minangkabau culture. It suggests that traditional healers help sustain cultural knowledge not only through their therapeutic practices but also by preserving oral narratives, manuscripts, understandings of the natural environment and practices concerned with communal well-being. Their work therefore connects healing with broader processes of cultural continuity and adaptation. Rather than representing an unchanging remnant of the past, traditional healing emerges as one sphere in which inherited knowledge continues to be interpreted and applied within contemporary village life. Further research could examine the position of traditional healers within the increasingly plural medical landscape of Minangkabau communities.

Keywords:

Cultural sustainability; ethnomedicine; Minangkabau; traditional healers.

1. Introduction

1.1 Traditional Knowledge and Healing

Globalisation has brought far-reaching changes to local societies and their systems of knowledge. In many contexts, traditional forms of knowledge have been displaced or marginalised by models originating in the West. Psychological concepts developed in Western societies, for example, are now applied in markedly different cultural settings, although their integration is not always straightforward (Watters, 2011). At the same time, awareness has grown that traditional knowledge constitutes a complex intellectual and cultural resource worthy of preservation. This is particularly evident in the field of traditional medicine. Curare,

originally used as an arrow poison by Indigenous peoples of South America, became an important source for the development of anaesthetic medicine (Balick & Cox, 1997; Lee, 2005). Such examples demonstrate the practical significance of traditional medical knowledge, but remedies are only one part of this heritage. Healers themselves may preserve knowledge of medicinal plants, ritual practices, oral narratives and culturally specific understandings of illness and well-being.

In the Malay-speaking world, healing has historically been connected to a broader ritual and cosmological order. Rituals associated with rice cultivation, for instance, drew upon beliefs concerning *semangat*, a vital force attributed not only to human beings but also to plants and other elements of the natural world (Leow, 2026). Although such practices have changed considerably or disappeared in some places, the knowledge associated with them remains part of the cultural history of the region. Traditional healers are particularly important in this context because their role frequently extends beyond the treatment of individual illnesses to matters affecting the household and the wider community.

Traditional healers have long occupied a recognised place in Minangkabau society. Their practices attracted the attention of early European researchers, including Kreemer (1908) and Kleiweg de Zwaan (1912). In more recent public discourse, however, the term *dukun* has sometimes acquired negative connotations, particularly through popular portrayals of healers as practitioners of harmful magic. Such representations obscure the diversity of Minangkabau healing practices, including their close and often complex relationship with Islam. Traditional medicine may be broadly understood as comprising "knowledge systems that developed over generations within various societies before the era of modern medicine" (Mardiana Idayu Ahmad et al., 2015, p. 4). In the Minangkabau context, these knowledge systems encompass not only ways of treating illness but also ideas about the natural environment, spiritual agency, social relationships and communal well-being.

Against this background, the present article examines how Minangkabau *dukun*, or traditional healers, contribute to the continuity and adaptation of cultural knowledge.

1.2 Cultural Sustainability

Cultural sustainability has received increasing scholarly attention as a dimension of sustainable development. Alongside its economic, environmental and social dimensions, culture has been proposed as a fourth and distinct pillar of sustainability (Sabatini, 2019). From this perspective, sustainability concerns not only the management of material resources or social institutions but also the capacity of communities to maintain, reinterpret and transmit the cultural knowledge through which collective life acquires meaning. James defines the cultural domain as encompassing "the practices, discourses and material expressions which, over time, express the continuities and discontinuities of social meanings of life held in common" (2015, p. 53). This definition is particularly relevant to the present study because it recognises both continuity and change: cultural sustainability does not require culture to remain static, but concerns the ability of communities to preserve meaningful elements while responding to new circumstances.

Culture encompasses both material and intangible forms of heritage. Material culture includes physical objects such as buildings, tools, manuscripts and ritual artefacts, while intangible heritage comprises knowledge, narratives, practices and worldviews. Under the

pressures associated with globalisation and social transformation, communities may develop strategies that allow them to preserve cultural continuity and strengthen their capacity for adaptation (Järvelä, 2023). Such resilience depends partly on individuals who retain specialised knowledge and transmit it to others.

In Minangkabau society, representatives of customary law, or *adat*, are commonly regarded as guardians of cultural continuity. These include the *penghulu*, who serve as heads of matrilineages and represent them within the village community. Traditional healers may perform a comparable, though less formally recognised, function. Through their knowledge of medicinal plants, healing practices, ritual procedures, oral narratives and culturally significant places, they preserve elements of both material and intangible heritage. This knowledge is nevertheless vulnerable. Some of the healers encountered during the research were elderly, and the transmission of their knowledge to a younger generation could not always be assured. Examining the role of traditional healers therefore offers a way of understanding cultural sustainability not as an abstract principle, but as an ongoing process of preserving, interpreting and transmitting knowledge within the community.

1.3 Change and Continuity in Minangkabau Society

Minangkabau society is one of the world's largest matrilineal societies. Its social organisation has undergone substantial political, religious and economic change, yet the matrilineal principles underlying kinship, inheritance and communal identity have proved remarkably resilient (von Benda-Beckmann & von Benda-Beckmann, 1985). This capacity to accommodate change without relinquishing central elements of *adat* provides an important context for understanding the position of traditional healers. Two particularly useful explanations of this cultural resilience are offered by Frederick Errington (1984) and Taufik Abdullah (1966, 1985).

Errington distinguishes between the peripheral and core elements of *adat*. While peripheral practices may change in response to new circumstances, the principles regarded as fundamental to the social order remain comparatively stable:

> The Minang thus balance continuity and change through decisions made by the local community which specify what sorts of change are both possible and desirable. The community is able to solve this general social and conceptual problem in part through distinguishing between the peripheral and core elements in *adaik* [*adat*]. The peripheral elements can usually be allowed to change as long as the core elements remain fundamentally the same. (Errington, 1984, p. 37)

This distinction allows cultural change to be understood not simply as the abandonment of tradition, but as a process of selective adaptation. New practices may be incorporated provided that they do not threaten the principles perceived as constitutive of Minangkabau social life. Continuity therefore depends neither upon complete resistance to change nor upon the preservation of every inherited practice. It rests instead upon a communal understanding of which elements may be modified and which must remain intact.

Errington connects this capacity for continuity with what he describes as the sign-oriented aesthetic of Minangkabau culture. Rather than repeatedly questioning the foundations of the social order, attention is directed towards the recognised signs through which social relationships and positions are expressed:

> The sign-oriented aesthetic does not lend itself to a rethinking of the basis of culture itself. By focusing, for example, on the different ways in which respect for a clan titleholder may be exhibited, the potentially radical and perplexing question of why clan holders should receive respect – or even why respect should be an essential part of the social order – never arises. (Errington, 1984, p. 38)

The distinctive clothing worn by a *penghulu*, for example, is more than a form of decoration. It identifies him as the head of a matrilineage and visibly expresses the respect attached to this customary role. The visible sign reinforces the social position without requiring its underlying legitimacy to be continually renegotiated. Errington's argument is particularly relevant to traditional healing because signs, patterns and their interpretation occupy a prominent place within Minangkabau diagnostic and divinatory practices.

Taufik Abdullah offers a related but different explanation of Minangkabau cultural continuity. He emphasises the productive role of tension and contradiction within the social order:

> In Minangkabau, the conflict is not only recognized but is institutionalized within the social system itself. Conflict is seen dialectically, as essential to achieving the integration of society. (Abdullah, 1966, p. 3)

From this perspective, apparent contradictions do not necessarily destabilise society. They may instead be accommodated within its institutions and thereby contribute to a new equilibrium. Historically, for example, the Minangkabau recognised kingship within a society otherwise characterised by comparatively egalitarian village institutions. Royal succession also followed patrilineal principles, in contrast to the matrilineal organisation of the wider society. Rather than eliminating one of these principles, the social order allowed them to coexist within different institutional spheres.

Abdullah applies this understanding of tension and accommodation to the relationship between Islam and *adat*. Drawing upon Victor Turner's concept of anti-structure, he describes the initial relationship between the expanding influence of Islam and the established social order in the following terms:

> Islam did not begin the conversion of Minangkabau by addressing itself to structural problems. At the early stage of the process, Islam was basically 'anti-structure' if *adat* could be taken to represent structure. (Abdullah, 1985, p. 148)

Turner (1991) employs the concept of anti-structure in his analysis of rites of passage. During a transitional or liminal phase, established relationships and classifications are temporarily suspended or challenged before a new social condition is formed. In Abdullah's interpretation, Islam initially represented a set of religious principles that stood in tension with certain elements of the existing *adat* order. Over time, however, this relationship was reformulated so that Islam and *adat* could be understood as mutually connected components of Minangkabau identity.

This accommodation is expressed in a well-known maxim concerning the relationship between *adat* and Islamic law. An earlier formulation stated that "*adat* is based on *syarak*, *syarak* is based on *adat*" (Abdullah, 1985, p. 146). It was subsequently reformulated as "*adat*

is based on *syarak*, *syarak* is based on *kitabullah*" (p. 146): *adat* is founded upon Islamic law, while Islamic law is founded upon the Book of God, the Qur'an. The explicit reference to the Qur'an reflects the growing influence of a more textually oriented and reformist understanding of Islam in West Sumatra, particularly during and after the rise of the Padri movement in the early nineteenth century (Dobbin, 1983; Graves, 1981; Hadler, 2009; Stark, 2023).

The perspectives offered by Errington and Abdullah illuminate complementary aspects of Minangkabau cultural resilience. Errington emphasises the distinction between enduring principles and adaptable practices, as well as the social importance of recognised signs. Abdullah draws attention to the capacity of Minangkabau institutions to accommodate tensions and incorporate apparently conflicting elements. Together, these approaches provide a useful framework for examining traditional healing, a field in which inherited Minangkabau concepts, local understandings of the natural and spiritual worlds, and Islamic practices frequently coexist.

Although considerable attention has been devoted to the resilience of *adat* and its relationship with Islam, the contribution of traditional healers to this process has received comparatively little consideration. By examining the knowledge, signs, narratives and practices associated with healing, the present article explores how traditional healers participate in the continuity and adaptation of Minangkabau culture.

1.4 Research Aim and Questions

This article examines the contribution of traditional healers to cultural sustainability in Minangkabau society. It focuses on the ways in which healing practices preserve, interpret and transmit culturally significant forms of knowledge.
The analysis is guided by the following questions:

1. What forms of Minangkabau cultural knowledge are preserved through traditional healing practices?
2. How do these practices contribute to cultural continuity and adaptation within the community?

2. Research Approach

This qualitative study draws on ethnographic observations and conversations with traditional healers in a Minangkabau village community. The fieldwork focused on healers who were willing to discuss aspects of their knowledge and practices. Not all those approached were prepared to do so, partly because of the sensitivity surrounding traditional healing and the increasingly negative associations attached to the term *dukun*. In accordance with the ethical guidelines of the American Anthropological Association (2012), identifying details have been omitted in order to preserve the participants' anonymity.

The field material is interpreted through a combination of emic and etic perspectives. The emic perspective directs attention to the ways in which healers themselves understand their practices, including their interpretations of illness, signs, medicinal plants and spiritual agency. The etic perspective places these accounts within broader patterns of Minangkabau culture and considers their relationship to cultural continuity and sustainability. As Nanda and Warms observe, ethnographic research requires both an understanding of participants' own

perspectives and an analytical consideration of cultural patterns that may not be consciously articulated by the people concerned (2007, p. 60).

The analysis is interpretative rather than representative. It does not seek to provide a comprehensive account of all traditional healers in Minangkabau society, nor does it suggest that healing practices are uniform across different communities. Instead, it examines selected practices and accounts as examples of how traditional healers may preserve, interpret and transmit culturally significant knowledge. The field material is considered alongside historical and anthropological literature on Minangkabau society, traditional medicine and cultural continuity.

3. Traditional Healers and the Preservation of Minangkabau Cultural Heritage

This section examines several aspects of traditional healing through which culturally significant forms of knowledge are preserved and transmitted. These include understandings of the relationship between human beings and the natural environment, the interpretation of signs and numerical patterns, the preservation of written and oral knowledge, and the contribution of healers to individual and communal well-being.

3.1 Immanence and the Supernatural in Everyday Life

Recent anthropological scholarship has used the concept of immanence to describe societies in which beings and forces commonly classified as supernatural are not understood as belonging to a separate, transcendent realm. Instead, they form part of the world in which human social life takes place (Sahlins, 2022). Such a perspective can also be found in many Malay-speaking societies, where ideas concerning *semangat*, or vital force, have historically shaped understandings of human beings, animals and plants. Rituals associated with rice cultivation and the rice goddess Dewi Sri, for example, were intended to protect the crop and help ensure a successful harvest (Nastiti, 2020). Although many of these rituals have disappeared or changed over time, the ideas underlying them remain relevant to an understanding of traditional healing.

Within the worldview described by healers and other members of the community, forests, mountains and other natural environments may be inhabited by beings that influence human life. Among the most widely known are the *orang bunian*, or ‘hidden people’, who are believed to inhabit remote forested areas. Narratives concerning them are found in both Sumatra and Malaysia. They are said occasionally to reveal themselves to human beings and, in some accounts, to cause travellers to lose their way (Sia, 2015). Such narratives influence how people enter and behave in particular landscapes. Visits to forests or mountains may therefore require the observance of specific prohibitions, known as *pantangan*, about which traditional healers possess specialised knowledge.

A further example was found within the village itself. A pond in an undeveloped area was associated with the presence of a *jin*. Bubbles rose irregularly through its water, and villagers had refrained from constructing houses near it because they believed that disturbing the site could have harmful consequences. The pond was consequently left physically intact. Its preservation did not result from a formal conservation policy, but from a culturally transmitted understanding of the place and its invisible inhabitant. The example illustrates how beliefs

concerning non-human beings may influence the ways in which particular features of the landscape are approached and used.

The relationship between healing and the inhabited natural environment is illustrated by beliefs surrounding the *rongeh* tree. Contact with its sap may cause a painful skin condition. In the explanation recorded during earlier research, however, the physical properties of the tree did not constitute the only possible cause of the affliction: the tree was also understood as the dwelling place of a *jin* (Stark, 2018). Treatment could therefore involve both the application of medicinal plants and an attempt to persuade the *jin* to leave the affected person. Within this understanding of illness, physical and spiritual causes are not necessarily mutually exclusive. The healer's knowledge encompasses both the medicinal properties of the natural environment and the culturally recognised relationships between human beings and non-human agents.

Some of these understandings draw upon traditions that preceded the spread of Islam in the region, while others have been reinterpreted within an Islamic framework (Winstedt, 2007). It is therefore difficult to divide Minangkabau healing practices neatly into 'pre-Islamic' and 'Islamic' categories. Elements associated with different historical traditions may coexist within a single explanation or therapeutic practice. What earlier scholarship has described as Malay folk belief is better understood here as a field in which inherited ideas have been retained, adapted and given new religious meanings over time (Osman, 1989).

Mountains occupy a particularly important position within this cultural landscape. Near the village in which the fieldwork was conducted, a cave on a mountain was associated with the practices of certain *dukun*. Some healers were said to withdraw to this cave for periods of contemplation or ritual seclusion. Their purpose was to acquire particular abilities or seek knowledge from the beings believed to inhabit the area. Trees may possess comparable significance. The *beringin*, or banyan tree, is widely regarded in parts of Indonesia as a dwelling place of invisible beings and consequently occupies an important position in local narratives and ritual practices (Beratha et al., 2018).

Traditional healers help preserve knowledge of these beings, places and appropriate forms of conduct. Their role is therefore not confined to the treatment of illness. By transmitting narratives concerning forests, mountains, trees and invisible inhabitants, they also sustain a culturally specific understanding of the relationship between the community and its environment. These narratives may indirectly encourage caution and restraint in people's treatment of particular places, although they should not automatically be interpreted as deliberate programmes of environmental conservation. Their importance for cultural sustainability lies primarily in the continued transmission of meanings through which the natural environment is understood and socially inhabited.

3.2 Nature as Teacher

The maxim *alam terkembang jadi guru*, which may be translated as 'nature, in its unfolding, becomes a teacher', occupies an important place in Minangkabau thought (Navis, 2015). It expresses the understanding that the natural world can be observed and interpreted as a source of knowledge. Within an Islamic framework, the phenomena of nature may also be regarded as signs of God's greatness and creative power (Schimmel, 1994). Nature is therefore

not merely the physical setting in which human life occurs; it provides models for conduct, materials for healing and signs through which broader meanings may be discerned.

The term *alam* also appears in the expression *Alam Minangkabau*, or 'the Minangkabau world'. In its traditional geographical understanding, this world encompasses the three highland regions of Agam, Tanah Datar and Lima Puluh Kota, together with the surrounding territories. These highlands contain numerous *nagari*, traditional village communities that historically enjoyed a considerable degree of political and social autonomy (Josselin de Jong, 1980). The concept of *alam* thus connects the observation of nature with a wider understanding of Minangkabau territory, society and identity.

Several of the traditional healers encountered during the fieldwork lived on the outskirts of villages or in relatively remote locations. Their places of residence provided access to forests and other areas in which medicinal plants could be gathered. Remoteness may also have been connected to the healers' relationships with *jin* and other beings believed to inhabit particular parts of the landscape. At the same time, their physical location reflected their somewhat ambiguous social position. Healers could be respected for their knowledge and sought out in times of need, while remaining socially marginal because of their perceived association with magic and invisible beings. This position may have helped some of them retain forms of knowledge that were becoming less familiar within the wider community.

The principle of learning from nature can also be seen in methods used to determine whether a particular day is favourable for an intended activity. One such method is known as *Gala Selapan* (Stark, 2018). In this system, the healer draws four lines and places the names of animals at their outer ends, creating a diagram around which a sequence can be counted. The calculation is related to the months of the Islamic lunar calendar and is used to identify the animal associated with a particular day. The characteristics or significance assigned to that animal then indicate what should be considered before the planned activity is undertaken.

According to one healer's explanation, establishing the precise lunar date could be difficult for people working for extended periods in the forest. A traditional method of estimating the date involved placing a thin cloth over the face and observing the moon through it. A person trained in the practice was said to be able to recognise lines whose number indicated the date. Once the date had been established, the healer began the calculation with the eagle and continued counting around the diagram until the relevant animal was reached. The resulting sign was then interpreted in relation to the proposed activity.

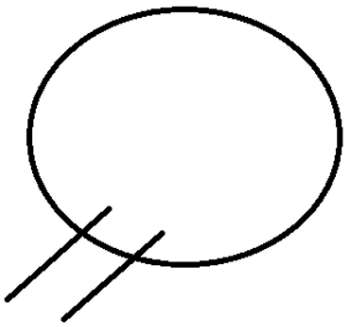
This method brings together several forms of culturally specific knowledge. It depends upon observation of the moon, familiarity with the lunar calendar, the symbolic interpretation of animals and the healer's knowledge of an established system of calculation. Nature becomes a 'teacher' because its visible phenomena are not treated as isolated objects but as signs that can be read and applied to human circumstances. Through the continued use and transmission of such methods, traditional healers preserve ways of interpreting the natural world that form part of the wider intellectual heritage of Minangkabau society.

3.3 Signs and Numerical Patterns in Traditional Minangkabau Healing

Signs and numerical patterns occupy a prominent position in traditional Minangkabau healing. They may be used to identify the perceived cause of an illness, determine an appropriate course of treatment or relate an individual condition to a broader cultural order (Stark & Huszka, 2013). Their meaning is not regarded as immediately accessible to everyone but depends upon the specialised knowledge of the healer.

One method of etiological diagnosis involves an egg obtained from a village chicken. The healer recites a *doa*, or invocation, over the egg and examines the patterns believed to appear on its shell. Although these patterns are meaningful to the healer, they may not be recognisable as signs to an uninitiated observer. One example is reproduced in Figure 1.

Figure 1. Pattern observed on an eggshell



Source: Stark (2018, p. 184), reproduced with the author's permission.

The pattern shown in Figure 1 was interpreted as indicating that an object had been placed near a staircase. The healer could then inspect the indicated location for anything unusual. Alternatively, the diagnostic process might be continued by breaking the egg and examining the patterns formed in or around the yolk. The egg thus served not merely as a physical object but as a medium through which otherwise concealed causes were believed to become visible.

The semiotic distinction between the signifier and the signified is useful for understanding this practice. The signifier is the perceptible form taken by a sign, while the signified is the concept with which that form is associated (Saussure, 2001; Chandler, 2007). In this case, a pattern on the eggshell functions as the signifier, while the hidden object or cause to which it refers constitutes the signified. The connection between the two is not self-evident; it becomes meaningful only within the interpretative system known to the healer.

As Leach (1976) observes, signs derive their meaning from their position within a culturally recognised system of distinctions. Individual symbols cannot be interpreted in isolation, just as the elements of a mathematical formula lose their relational meaning when removed from the formula as a whole. The patterns used in Minangkabau divination similarly acquire meaning through comparison, classification and interpretation. The healer's specialised knowledge enables apparently irregular forms to be read as parts of an established system.

Because access to this knowledge is restricted, the ability to interpret such signs also distinguishes initiated healers from other members of the community. Their interpretations may

have a social as well as a diagnostic function. The signs generally identify a type of cause or indicate a location without necessarily naming the person believed to be responsible for the affliction. This restraint is significant in situations involving suspicions of sorcery or poisoning, where the direct identification of an alleged perpetrator could intensify an existing conflict. In his study of healing rituals in Negeri Sembilan, Peletz notes the anxiety surrounding precisely such suspicions:

> I might add that some of those who were present evinced much concern with identifying the individual(s) responsible for the patient's afflictions. This is not to suggest that villagers make no assumptions concerning the identity of the attackers, or that they do not harbor intense hostility coupled with a deep sense of dread toward those presumed guilty of sorcery or poisoning. (Peletz, 1988, p. 148)

Although assumptions about responsibility may circulate within the community, the diagnostic patterns themselves provide more general information and do not disclose personal names. By directing attention towards the treatment of the condition rather than the public identification of a suspected attacker, the healer's interpretation may help prevent accusations from developing into open conflict. The sign-oriented character of the healing system can therefore contribute not only to diagnosis but also to the maintenance of social relationships.

Numerical patterns are equally important. Heider identifies four as the dominant pattern number in Minangkabau culture:

> For Minangkabau, four is the dominant pattern number. That means there is a strong tendency to sort things into four categories, or to give four explanations for something. (Heider, 2011, p. 54)

This pattern is also evident in traditional medicine. One prominent example is *tawa nan ampek*, or 'the four remedies', a group of medicinal plants used in the treatment of several conditions (Tas'ady et al., 2013). The significance of four, however, extends well beyond healing. Minangkabau classifications structured around this number include the following:

a) The body is understood as comprising four elements: water, fire, air and earth.
b) *Adat* is divided into four categories: *adat nan sabana adat*, associated with fundamental or religious principles; *adat nan diadatkan*, attributed to the legendary ancestors Datuk Katumanggungan and Datuk Perpatih Nan Sabatang and encompassing the matrilineal social order; *adat nan teradat*, consisting of locally established practices that do not contradict the fundamental principles of *adat*; and *adat istiadat*, referring to customs particular to an individual village community.[1]
c) One traditional classification distinguishes among four kinds of people: *orang bijaksana* (a wise person), *orang pandai* (a knowledgeable or clever person), *orang licik* (a cunning person) and *orang bodoh* (a foolish person) (Yulika, 2012).
d) Leadership within the matrilineal community may be represented through four customary roles: the *penghulu*, *malim*, *manti* and *dubalang*. The *penghulu* heads the matrilineage, while the other figures perform supporting functions connected with religion, administration and security.

[1] [1] For a more detailed discussion of the four categories of *adat,* see Anwar (1997) and Stark (2018).

These are among the many aspects of Minangkabau culture organised into groups of four (Ilyas, 2010). The appearance of the same pattern in traditional healing situates therapeutic knowledge within the wider classificatory order of Minangkabau society. This is particularly noteworthy given the ambiguous social position of the *dukun*. Although healers may be viewed with suspicion because of their perceived connections with *jin* or magic, their practices remain structured by principles found throughout Minangkabau culture.

Three functions as a secondary pattern number. Heider writes:

> But it must also be noted that three is a sort of secondary pattern number. There are sets of three's that act as pattern numbers: for example, the Minangkabau heartland is considered to be in three parts, and each part or *luhak*, has three well-known attributes. (Heider, 2011, p. 55)

The number three also appears in healing practices. *Tawa nan ampek* consists of four plants *sidingin*, *sikoraw*, *sikumpai* and *sitawa* used in the treatment of measles and other conditions (Stark, 2018). In the practice described by the healer, three leaves were selected from each plant and placed in a container of water. The water was then sprinkled onto the patient's back. If this initial procedure did not produce the desired result, two further stages of treatment were available. The numerical organisation of the practice thus combined the four medicinal plants with a treatment structured around groups or stages of three.

The wider cultural importance of three is also reflected in the division of the Minangkabau heartland into Agam, Tanah Datar and Lima Puluh Kota. Historically, three rulers were associated with the Minangkabau kingdom, each possessing distinct responsibilities. Such correspondences do not necessarily mean that every occurrence of three or four carries an identical meaning. They do, however, show that traditional healing draws upon classificatory patterns recognisable elsewhere in Minangkabau social and cultural life.

The use of signs and numerical patterns therefore connects healing with a wider Minangkabau system of knowledge. Eggshell patterns are interpreted within a specialised diagnostic framework, while the recurring numbers three and four relate therapeutic practices to broader principles of classification. By retaining and transmitting these systems, traditional healers help preserve culturally specific ways of organising experience and assigning meaning to illness, nature and social life.

3.4 Written and Oral Traditions of Healing

Traditional healing knowledge is transmitted not only through practice and oral instruction but also through written texts. In the Malay-speaking world, manuscripts concerned with medicine and healing are commonly known as *kitab tib* (Piah, 2015). These works may contain descriptions of medicinal substances, methods of diagnosis, calculations for determining auspicious times, and instructions for treating conditions attributed to physical or spiritual causes. The preservation and interpretation of such manuscripts form another way in which healers contribute to the continuity of traditional knowledge.

One text known among healers in the village community was the *Taj al-Muluk*. Thought to have been composed by Shaikh Abbas of Aceh during the nineteenth century, the work brings together forms of astrological, physiognomic, botanical and therapeutic knowledge (Wardani, 2010). Its contents illustrate the breadth of traditional healing, within which the

observation of the body, the properties of plants and the interpretation of celestial or numerical signs may form parts of a connected system.

Other texts used within restricted circles were associated with Sufi teachers and traditions. These works introduced a moral and spiritual category of illness commonly described as the 'diseases of the heart'. Such conditions include pride, excessive attachment to worldly matters and the desire to display one's piety or achievements before others. Illness is therefore not understood exclusively as a disturbance of the physical body; it may also involve the ethical and spiritual condition of the person. Sufi traditions developed their own methods of addressing these conditions through spiritual discipline, instruction and devotional practice.

Knowledge of the internal organisation of the body is also relevant within this context. The Naqshabandiyyah-Khalidiyyah Sufi order, which has had a considerable presence in the region, teaches the existence of subtle centres known as *lataif* (singular: *latifah*). These centres are associated with different dimensions of the inner person and may be cultivated or purified through particular forms of *zikir*, or remembrance of God (Nafis, 1988). Some traditional healers therefore work with an understanding of the body that encompasses physical, emotional and spiritual dimensions.

Older manuscripts are preserved in a number of *surau*, the traditional Islamic prayer houses that have also served as centres of religious teaching. Not all healing knowledge, however, is contained in formally composed works. Some *dukun* acquired their knowledge from individual teachers and recorded what they learnt in personal notebooks or collections of handwritten material. These records, often written in Malay using the Arabic-derived Jawi script, may contain remedies, invocations, diagrams and observations accumulated over many years. Although such notes were not necessarily intended for a wider readership, they form part of the intellectual heritage of traditional healing.

Oral narratives constitute another important means of transmitting knowledge. Particular medicinal plants may be associated with stories that explain their origins, properties or effectiveness. One such narrative concerns *tawa nan ampek*, the group of plants known as 'the four remedies. According to the account recorded by Stark (2018), two carpenters became separated during a journey. One later returned with *sitawa* and *sidingin*, which he said he had found in the sea. The remaining plants, *sikoraw* and *sikumpai*, were associated with a liquid obtained by the other carpenter. When the four plants were brought together, they enabled the carpenters to heal an affliction and drive away a *syaitan*.

The narrative does more than recount the supposed origin of the plants. By connecting *tawa nan ampek* with a journey, a threatening being and a successful act of healing, it places medicinal knowledge within a memorable cultural account. The story affirms the plants' therapeutic importance while also linking them to the wider cosmological world in which illness may possess both physical and spiritual dimensions. Its transmission helps preserve the names of the plants, their collective identity and the meanings attributed to their use.

Traditional healers thus preserve both written and oral forms of knowledge. Manuscripts and personal notes provide a material record of remedies, calculations and spiritual practices, while narratives connect these practices with culturally meaningful places, beings and events. The healer acts not merely as the owner of this knowledge but as its interpreter:

written instructions, inherited stories and practical experience must be brought together and applied to particular circumstances. This relationship between preservation and interpretation is central to the cultural sustainability of traditional healing.

3.5 Healing and Communal Well-Being

The responsibilities of traditional healers are not confined to the treatment of physical illness. Within the village community, they may be consulted about personal, domestic and communal problems that would not ordinarily fall within the domain of biomedicine. Their role is based upon a broad understanding of well-being in which bodily health, social relationships, material security and protection from harmful influences are closely connected.

Some healers, for example, use divinatory methods to assist in the search for missing possessions. By interpreting particular signs or patterns, they attempt to provide information about the location or fate of a lost object. Although this activity is not therapeutic in the conventional medical sense, the disappearance of an important possession may cause anxiety, suspicion or conflict within a household. The healer's intervention is therefore directed towards restoring a condition of certainty and order.

Healers may also be invited to perform protective rituals for newly constructed houses. In the practices described during the research, *tawa nan ampek* could be used for this purpose in a manner comparable to its therapeutic application. The plants were intended to protect the house and its occupants from *syaitan* or other harmful influences. Their use demonstrates that the distinction between healing a person and protecting a dwelling is not absolute: both activities seek to establish an environment in which individuals and families can live safely.

The well-being of the wider community may likewise fall within the healer's sphere of responsibility. A failed harvest or an unsuccessful hunting season can threaten the material security of a village and place strain upon social relationships. Such misfortunes may be interpreted not only in practical terms but also in relation to disturbed spiritual or social conditions. In these circumstances, a healer may be called upon to identify the source of the problem, avert a harmful influence or help restore the balance believed to have been disrupted.

This responsibility is especially important when misfortune is attributed to sorcery or other intentionally harmful practices. Direct accusations could intensify existing tensions and undermine relationships within the community. The healer's task is therefore not necessarily to identify and expose a suspected perpetrator. As the earlier discussion of diagnostic signs suggests, attention may instead be directed towards removing the harmful influence and restoring the affected person or community to its previous condition.

Traditional healing consequently operates within a conception of well-being that extends from the individual body to the household and the village. The healer may treat illness, protect a house, recover a missing possession or respond to a perceived threat to communal security. These activities differ in their immediate purpose, but each is concerned with the restoration of order. By retaining the knowledge and ritual practices through which such problems are understood and addressed, traditional healers contribute to both social continuity and the preservation of culturally specific approaches to well-being.

4. Discussion

The findings suggest that traditional Minangkabau healing contributes to cultural sustainability through the preservation and continued interpretation of several interconnected forms of knowledge. These include knowledge of medicinal plants, diagnostic and divinatory signs, numerical classifications, oral narratives, written texts and culturally significant places. Their continued existence does not depend upon healers merely reproducing inherited practices without alteration. Rather, healers apply this knowledge to changing circumstances and thereby keep it meaningful within contemporary community life.

The relationship between healing and the natural environment is particularly important. The principle *alam terkembang jadi guru* presents nature as a source of knowledge whose signs can be observed and interpreted. Medicinal plants possess practical therapeutic value, but they may also be connected with narratives, invisible beings and systems of classification. Forests, mountains, caves, trees and bodies of water similarly acquire significance through the accounts associated with them. The pond described above illustrates how culturally transmitted meanings can influence the treatment of a particular place and may indirectly protect it from physical alteration. This should not be interpreted as evidence of a deliberate environmental conservation programme. It nevertheless demonstrates that the preservation of a landscape may arise from culturally specific understandings of how human beings should relate to the visible and invisible beings associated with it.

Errington's distinction between the core and peripheral elements of *adat* helps explain how traditional healing can remain culturally significant while also undergoing change. The practices discussed in this article combine inherited Minangkabau classifications with Islamic invocations, Sufi understandings of the inner person and beliefs associated with earlier cultural traditions. These elements do not necessarily form a fixed or entirely consistent system. Their coexistence instead reflects the capacity of Minangkabau culture to incorporate new religious meanings while retaining established ways of interpreting illness, nature and social relationships.

A similar process can be understood through Abdullah's (1966, 1985) account of institutionalised tension. The relationship between *adat* and Islam has not been resolved simply through the disappearance of one system into the other. Instead, apparently different principles have been accommodated within a changing social order. Traditional healing reflects this process on a smaller scale. A healer may use medicinal plants alongside Qur'anic passages or Islamic invocations, while an illness may be explained through both bodily symptoms and the intervention of a *jin*. Within the worldview documented here, these explanations need not be regarded as mutually exclusive.

The sign-oriented dimension identified by Errington (1984) is also evident in healing practices. Patterns appearing on an eggshell, observations of the moon and classifications based on the numbers three and four become meaningful within systems known to the healer. These signs connect an individual diagnosis with wider Minangkabau principles of classification. They may also perform a social function. When a condition is attributed to harmful magic, the interpretation of signs can direct attention towards treatment without publicly naming an alleged perpetrator. Although this does not eliminate private suspicion, it may reduce the danger of an accusation developing into open conflict.

The cultural significance of healers is further reinforced by their preservation of manuscripts, personal notes and oral narratives. These materials contain more than instructions for preparing remedies. They connect healing with religious teachings, ethical understandings of illness, memories of individual teachers and stories concerning the origins of medicinal plants. Cultural continuity therefore depends not only upon preserving the physical manuscript or remembering the narrative, but also upon retaining the interpretative knowledge required to apply it. In this respect, the healer functions as a mediator between inherited knowledge and present circumstances.

The social position of traditional healers is nevertheless ambivalent. Some villagers interviewed during the research expressed a preference for consulting a *dukun*, explaining that healers devoted time to listening to their medical histories and personal concerns. Healers were also willing to engage with explanations involving magic or spiritual influence that patients felt could not readily be discussed in biomedical settings. This responsiveness may strengthen trust because patients experience their concerns as being taken seriously within a familiar cultural framework. At the same time, healers may be viewed with suspicion because of the very knowledge and associations that make their services distinctive.

This ambivalence is central to their contribution to cultural sustainability. Traditional healers are neither fully outside the social order nor straightforward representatives of its formal institutions. Their partly marginal position allows them to retain specialised knowledge, while their continued involvement in village life provides opportunities for that knowledge to be used and transmitted. However, preservation cannot be assumed to occur automatically. The ageing of some healers, the absence of successors and the negative connotations attached to the term *dukun* may interrupt the transmission of knowledge.

Traditional healing should therefore not be treated as an unchanged survival from the past. It is better understood as a field of cultural negotiation in which inherited Minangkabau concepts, Islamic practices and contemporary expectations continue to interact. Its contribution to cultural sustainability lies in this combination of continuity and adaptation. Healers preserve culturally significant knowledge, but they also reinterpret and apply it in response to the needs of individuals, households and the wider community.

5. Conclusion

This article has examined how traditional Minangkabau healers contribute to cultural sustainability through the preservation, interpretation and transmission of culturally significant knowledge. Their role extends beyond the treatment of physical illness. It encompasses knowledge of medicinal plants, diagnostic signs, oral narratives, manuscripts, ritual practices and places associated with invisible beings. Healers may also be consulted in relation to domestic difficulties and threats to communal well-being.

The practices discussed in this study are closely connected with the Minangkabau principle *alam terkembang jadi guru*, according to which nature serves as a source of knowledge and instruction. Plants, animals, celestial phenomena and features of the landscape may be observed not only for their physical properties but also as signs requiring interpretation. This way of understanding the natural world situates healing within a wider cultural framework

that connects individual well-being with the household, the community and the surrounding environment.

The analysis has also shown that traditional healing reflects the sign-oriented dimension of Minangkabau culture described by Errington (1984). Eggshell patterns, lunar observations and classifications organised around the numbers three and four acquire meaning within systems understood and transmitted by healers. These systems connect therapeutic practices with broader Minangkabau principles of social and cultural classification. In situations involving suspected sorcery, the interpretation of signs may also direct attention towards treatment without publicly identifying an alleged perpetrator, thereby reducing the possibility of open conflict.

Traditional healing should not, however, be understood as an unchanged remnant of the past. Its cultural significance lies partly in its ability to accommodate different historical influences. Minangkabau concepts, Islamic invocations, Sufi teachings and beliefs associated with earlier traditions may coexist within the same field of practice. This combination of continuity and adaptation corresponds with Errington's (1984) distinction between the enduring and changeable elements of *adat*, as well as Abdullah's (1966, 1985) account of the capacity of Minangkabau society to accommodate tension within its social order.

The study is interpretative and does not claim to represent all traditional healers or village communities in West Sumatra. Nevertheless, the practices considered here demonstrate how healers may serve as custodians of both material and intangible heritage. Manuscripts and personal notes preserve written knowledge, while oral narratives and practical instruction transmit meanings that cannot be retained through physical objects alone. The future of this knowledge remains uncertain, particularly where elderly healers have no successors or where the term *dukun* has acquired strongly negative connotations.

Further ethnographic research could examine how traditional healers position themselves within the increasingly plural medical landscape of Minangkabau communities. Particular attention could be paid to the transmission of knowledge between generations and to the ways in which healers, biomedical practitioners and Islamic healing specialists coexist, compete or cooperate. Such research would help clarify whether traditional healing knowledge is disappearing, being transformed or finding new forms of expression within contemporary society.

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