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History of Islamic-Based health care networks through treatment and medical practices

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Abstract. The history of Islamic medicine in Bandung, which then spread to West Java and later to Indonesia, is the result of medical practices taught in Bandung that subsequently spread throughout Indonesia. This represents a form of medical and a network based on health communication related to herbal and religious-based medicine in West Java. This represents a form of medical history and a network based on health communication related to herbal and religious-based medicine in West Java. The questions raised in this article are how the history and network of traditional medicine in Bandung developed, how this social network developed, and how it will be examined in this article. The purpose of this article is to describe the historical development and network of Islamic medicine in Bandung, which later spread to areas in West Java. The method used in this article is qualitative, involving in-depth observation and interviews with a descriptive approach. The results of the study show that the historical development and network of Islamic medicine were carried out using training and teaching methods in Islamic medicine, which consisted of theoretical and practical lessons. What can be said is that the historical development and health communication network in Bandung and the city of Bandung is the result of teachings carried out by therapists who initially studied in Malaysia and then developed their skills in Bandung and West Java, before teaching people who studied in Bandung, who then taught in various regions in Indonesia. The contribution of this article is to provide an overview of the practice and history of the Islamic-based medical network.

Key words: History, network, health, holistic, communication

Introduction

Historical overview of health social networks

This article is important because it provides an overview of the history of social networks in Islamic-based health communication through informal education and the history of the development of Islamic medicine in society. The social network conditions of Islamic-based health communication form the basis for examining the history of existing health communication social networks in society, which provides an overview of the history of Islamic-based health communication social networks in Indonesian society. This article was written to explain the history of social networks in health communication within Islamic-based health services in society, which have developed to the present day, becoming popular and serving as an alternative form of treatment. The hypothesis proposed is that the history of social networks in traditional Islamic-based health communication provides a history of religious-based social networks, and the practice is carried out through informal education within society. This history of social networks the existence of a religion-based social network history surrounding it has strengthened the development of Islamic medicine and provides an overview of the history of social networks surrounding life in society.

The factors that make the history of this health communication social network strong are those related to the important issue of a strong social network history, which is based on informal education carried out in the community and also provides a strong picture of the history of social networks and the beliefs of their supporters, who are people who believe in religious-based medicine. The inhibiting factor is the existence of various modern management problems that make modern medicine still dominant in society, so that religion-based medicines are still inferior to well-managed modern medicine.

The history of the development of Islamic medicine has had a tremendous influence on both modern and classical medicine. This can be seen in Malay medical texts, which provide in-depth lessons on Islamic medicine and will certainly benefit and enrich the welfare of humanity (1). And in Islamic-based medicine derived from the Quran and hadith, one of them is the *ruqyah* method, which was taught by the Prophet Muhammad SAW, where the practice is to perform treatment using the sharia *ruqyah* method in the process of teaching and practicing this method of treatment (2). Another important point is how Islamic medicine has kept pace with technological advances, making the combination of Islamic and modern medicine essential for healing sick people, as demonstrated by a study conducted in Malaysia that showed the successful integration of Islamic and modern medicine (3).

The development of the concept of Traditional Arabic and Islamic Medicine (TAIM), which began in the late 1960s, has not yet emerged as a comprehensive health care model compared to the Western health model, so it needs to be further advanced in the future (4). However, the development of Islamic-based medicine has grown rapidly today, making it popular among the public in terms of public health care through the practices carried out for treatment. Therefore, the purpose of this article is to describe the history of health communication networks among religious healers in the context of religion-based health communication. The aim of this article is to understand the historical aspects of communication networks for Islamic medicine, as well as the history of these networks and their practices within the framework of Islam. Theoretically, this article can contribute to the development and correct understanding of religious-based medical practices.

Compared to previous studies, there has not been much research related to the history of religious-based health communication networks, so the differences are clear from previous studies and research. This makes this study more interesting, leading to certainty, and becomes another interesting aspect of this article, providing an important overview for future research. Related to existing literature, such as studies on policies from specific and different countries in dealing with medical issues in the country, the point of discussion is on the policy issues of the country related to medical treatment (5). In addition, cultural shifts have led medical practitioners and doctors to accept these shifts and innovate in treatment to respond to them (6). It is also recognized that the topic of alternative medicine, which includes complementary medicine,

is a very interesting topic and is widely practiced in society (5). Even more encouraging is research on the increasing role of traditional medicine among young people in practicing traditional medicine, so that many traditional medicines originate from young people (7).

In developing countries, trust in traditional medicine is increasing because such medicine is culturally acceptable (8). This means that the practices carried out strengthen community bonds within society (5). It also means that the treatment carried out in existing communities collaborates with primary care, which means that this treatment is in line with aspects of modern medicine (5). However, financial support is urgently needed, and problems related to involvement and funding are still lacking (5,7). What is needed, of course, includes the development of the social history of health networks, which is still limited due to funding constraints and the development of digital technology opportunities to provide the effects of new developments, especially when linked to increasingly developing networks (7,6). However, youth movements represent a collective force present across the globe today, spanning various regions within countries, particularly in relation to the growing prominence of traditional medicine (7).

History of religious-based healthcare social networks

Therefore, the history of the health network is very important, and by developing it, it will become stronger with the development of traditional medicine and even create jobs from this development (7).

One aspect that makes health treatment unacceptable is the issue of mental disorders in the form of dislike, which can certainly make the health network less effective (9). The history of this network has led to more intense communication and greater understanding of the global health impact of traditional medicine (7). However, concerns have emerged about the weakening of the relationship between healers and patients with the development of digital technology, which is related to the relationship between doctors and patients (6).

The occurrence of behavioral changes with the development of digital technology has created problems in traditional medicine related to the development of digital technology (6). As a result, there are those who reject the current innovations in medicine (6). There is also a different view, namely that achieving higher quality health requires innovation, health education, and health promotion, which can indirectly provide potential for health networks to develop further and lead to changes in society, thereby making the community healthier (10,11). Changes towards better health based on medicine and holism are related to education that provides deeper knowledge in community empowerment, especially for rural communities (11, 12). Regarding medicines, pharmaceutical drugs require multidimensional studies that look at many aspects of their development, so that studies on social aspects and health communication can also be seen in them (13). Another study found that anxiety is an important part of mental health and causes fear when using traditional medicine, so this needs to be addressed (14).

Consumption by the community shows that herbal medicines are highly needed for treatment because they are needed by the community, and traditional medicine is also needed because its training is organized and collaborates multidimensionally across various disciplines (13, 15). Research on religious identity has shown that it can lead to active involvement in religious aspects, which can result in social integration within like-minded groups (16). The findings also show that there is a correlation between religious traditions that benefit institutions, which means that religious traditions are significant to institutions and religion, and that social support also plays an important role in achieving good health by providing a significant relationship (17, 18). There has been a shift from conventional medicine to Islamic medicine, which has brought about changes so that even today, people continue to use Islamic-based medicine in their medical practices (19).

Religion in vaccine policy, for example, which forces and makes choices that prioritize trust and safety in making decisions about vaccine use, as well as issues of religion and belief, are sensitive issues that must be taken into account when addressing various issues and beliefs (20, 21). It has been proven that the relationship between religion and health is very good, thus encouraging improvements in health aspects (22). There is even interesting research that proves

that weight issues are related to aspects of religion and other health aspects in treatment (23). This research can be conducted using a practical approach in the analysis, so that the practices carried out can lead to the development of social networks that are very interesting to describe and analyze, which are also very important when looking at health communication social networks, factors, and practices carried out in religion-based medicine (24, 25, 26, 19).

Methodology

This study focuses on the history of social networks in Islamic-based health communication through informal education and religious lectures in Bandung City and Bandung Regency in Indonesia. The focus of this study is important because it concerns the social history of health communication as seen from the development of practices based on religious medicine in the community. The method used was a qualitative method with an ethnographic approach that could describe the field conditions comprehensively and in depth. The qualitative research used provides in-depth information related to the theme of the reset, namely the history of Islamic-based health networks. This method provides an understanding of the history of these Islamic health networks and also provides an understanding of direct participation in the field to obtain data and understand the meaning of the field data. This study uses a qualitative approach because this method is appropriate for the existing field conditions and to examine the social network history of Islamic-based health communication in Bandung City and Bandung Regency in Indonesia. The data collection techniques used in this social history research on Islamic-based health communication in Bandung City and Bandung Regency in Indonesia were observation and interviews, as referred to in qualitative research (27).

Interviews can be conducted openly, repeatedly during the interview, or using in-depth participatory observation methods in researching the history and development of Islamic medicine and health communication social networks in Bandung City and Bandung Regency (28, 29). To obtain research data on the history and health communication networks of traditional healers in Bandung City and Bandung Regency, interviews and observations were conducted, as well as document studies in the form of documents available in libraries or scientific journals. Document studies were conducted as supplementary data to enrich research on Islamic medicine social networks in Bandung City and Bandung Regency, in addition to observation and interviews (30). The methodology of this article is qualitative research with observation and in-depth interviews. There were 15 informants in this study, consisted of traditional healers, traditional leaders, religious teachers, and herbal medicine and religious medicine sellers who were selected based on their understanding of the topic.

Observations were conducted by participating in activities, observing the activities themselves, the time they were carried out, and the people involved. Naturally, the observation process did not interfere with the informants' activities in order to obtain the desired information for the research. The criteria for selecting informants in this study were individuals who possessed knowledge and experience, and who understood the history and network of Islamic-based healers and treatments. In the initial interview process, the informants selected were highly senior individuals who understood the context of the study as key informants. Key informants were sought, and then other informants were developed based on information from the key informants, who were referred to as regular informants.

The interview process was carried out by making appointments and visiting the informants who wanted to be interviewed. The interviews were conducted in a structured manner, covering all the questions that needed to be asked, but the conditions at the time of the interview were also taken into account. For example, it was necessary to create a relaxed atmosphere during the interview, as a overly formal atmosphere would be disruptive. Therefore, the interviews were conducted in a flexible manner, as long as it did not cause any disruption and the atmosphere remained relaxed. Of course, it was also carried out by participating in Islamic medical activities, where the interviews were conducted by participating in Islamic-based medical activities and their history was also included in the data collection process without

disrupting these activities. Therefore, the process was flexible and could be carried out in a structured manner or not if conditions did not allow it.

The data analysis method used in this article is to look at the history and social network of health communication in Bandung City and Bandung Regency, Indonesia, through data collection, presentation, and conclusion drawing, which is then analyzed and categorized (31).

This research was conducted in Bandung City and Bandung Regency. The reason for choosing this research location was based on the consideration that Bandung City is a city with a long history and a large network of Islamic healers and their networks. The data analysis process is important, where the first thing that needs to be done is to transcribe the interviews, then classify the themes that emerge from the interview data, which are then categorized from the interviews. This categorization is then followed by data interpretation, which produces data analysis from the research results. This analysis then becomes the themes in the writing of the research results.

Results

The issues

The practices carried out by the community based on their existing culture have a strong impact on the history of social networks than Islamic-based health communication in achieving good health and empowerment in the community culture for existing health communication social networks in the community. Health communication networks are very important in relation to the roles of actors in health communication (32).

The social history of Islamic healthcare social networks can be described as social networks that bring benefits to better public health and the development of religion-based traditional medicine, leading to the development of religion-based medicine, and also leading to the growth of social networks of religion-based medicine that are increasingly developing and experiencing social network development. Related to this aspect of trust, it is very important to pay attention to the aspect of patients' trust in the use of their health aspects (33).

Regarding the history of Islam-based networks in the context of health communication, there is a way of working within Islam-based historical networks, which is carried out by holding meetings of Islam-based healers. From these discussions, Islam-based medicine can be developed. It involves the existence of health institutions, (34) in the community, such as health institutions in Islamic boarding schools. These religious healers hold gatherings and meetings, which they do regularly through meetings at Islamic boarding schools and also by treating patients by examining their health and teaching them about the importance of practicing Islam-based medicine.

The social history of the religious-based healing network, as stated by a healer, indicates that religious-based healing always takes place at Islamic boarding schools, which are part of religious-based healing activities. Social networks can be related to individuals, and there are collective actions taken by individuals together (35). An important part of the existing religious healing network is carried out in various ways, namely through training conducted by the healing network, which then provides a correct understanding of treatment in the training they conduct. As stated by an Islamic healer informant, as follows:

"The training is conducted to provide participants with an understanding of the importance of Islamic medicine, which then gives participants an overview of Islamic medicine. This Islamic medicine training is held every Saturday or on holidays, and it is from there that participants will gain a correct understanding of Islamic medicine in a comprehensive and holistic manner."

The history of the development of Islamic medicine networks began with the proliferation of Islamic medicine studies in Malaysia, which provided systematic instruction on Islamic medicine and, of course, brought about an integral understanding of Islamic medicine. And of course, it has had a positive and extraordinary influence on Indonesians studying in Malaysia and through existing training programs, bringing a thorough understanding of the lessons on Islamic medicine taught in Malaysia and, of course, providing the strength to deepen their understanding of Islamic

medicine. And of course, it provides an overview of medicine and the history of health communication social networks and provides strength to medicine and social networks.

An Islamic healer informant said:

> "The development of Islamic medicine brought from Malaysia was disseminated through training sessions held by teachers, which then flourished. The history of the development of Islamic medicine through the dissemination of knowledge about Islamic medicine, resulting in the widespread adoption of Islamic medicine and becoming an integral part of Islamic medical knowledge, spreading from Malaysia and then Indonesia."

Discussion

Based on history

Data from informants shows that Islamic medicine was disseminated to various groups, so that it became a practice and brought benefits to the community in order for the community to be healthy and also to practice Islamic medicine. This history of dissemination was carried out in a health education network that taught Islamic medicine, which of course led to an understanding of Islamic medicine and spread the importance of Islamic medicine.

This certainly brings benefits to Islamic medicine, which has spread throughout Indonesia, and is taught in Islamic boarding schools, which teach Islamic medicine using various Islamic medical techniques. What is taught in Islamic medicine training includes various treatments taught in Islam, as well as herbal medicine and other treatments, so that medicine becomes synergistic with other treatments and provides an understanding of the medicine that is taught and then taught again to the community. Thus, there is integration with various other treatments to achieve healing of the body (36).

The training provided also contributes to the development of increasingly effective treatments, as evidenced by the widespread use of these treatments, which has strengthened traditional medicine in various areas and throughout history. As a result, people have learned about Islamic medicine in various aspects of community life. Learning through education also begins with lessons on various aspects of Islamic medicine, namely learning about various aspects of treatment. Islamic medicine is taught from various aspects related to health benefits and Islamic healing networks through the sale of health products. It is important to teach Islamic medicine because people must understand it so that they can share it by teaching their families and then the community. Initially, this medicine was taught based on religion, and traditional healers based on religion received training in Malaysia, and many also studied traditional medicine in Malaysia.

At that time, many Indonesian citizens studied Islamic medicine in Malaysia, and it took quite a long time to complete the training, with Indonesian citizens who had studied extensively in Malaysia being trained there for up to three months. As a result, many Indonesian citizens acquired skills and then taught medical training in Indonesia. The history of Islamic-based medical practices is a reinforcing practice, due to strong religious factors, so that these practices continue to thrive. For medical practices carried out by traditional healers based on this religion, they are conducted through Islamic boarding schools, which then become the healers' understanding of knowledge about medicinal plants. The medicinal plants widely used by healers for their treatments include olive, *habatussauda*, honey, rosella, and *bidara* leaves (37, 19, 38). Religion-based medicinal plants that already exist in religious teachings, which then provide an understanding of medicinal plants and the use of medicinal plants that is easy and not too difficult to understand. This medical practice is a long-standing practice that provides great benefits for health based on Islam (39).

The history of religious-based medical practices has deep roots and is also based on religion, so the media used in teaching in religious classes and forums is very well done. As stated by an informant who is also a prominent traditional healer, this healing network has developed and flourished thanks to the teachings of healing masters in Malaysia, which were then further developed, explored, and taught to healers in Indonesia. In Bandung in particular, many people have studied and become experts, developing a large network that continues to grow and advance Islamic healing.

In addition to Bandung, they also teach the community and other cities throughout Indonesia, so that religion-based medical science continues to grow and its network continues to expand. The historical development of the existing network also provides an overview of the supporting and inhibiting factors that have made the religion-based medical communication network in the city of Bandung so strong. The supporting factors for the network's successful development are a good understanding of religion, which has enabled the history of the social health communication network to run smoothly and has led to the smooth running and development of religion-based medicine. This understanding of religion is important and brings strength to the existing health treatment network, which of course has a very positive impact, and the development of the health treatment network is progressing well.

The factors

And then there is an important aspect of history, which led to the emergence of communication factors that directed the development of a good social communication network, thereby impacting the development of a strong communication network. Communication is encouraged through social media and current technological developments, which have also led to the advancement of religion-based communication networks, which are widely used in society. Cultural factors also provide benefits and encouragement by utilizing culture as a benchmark in society, meaning that the communication developed is a cultural factor carried out through language mechanisms, such as the use of Sundanese as the language of communication. This, of course, forms the basis for the development of communication networks between religious-based healers in the city of Bandung and the regency of Bandung. For regional languages, this is illustrated and carried out by conducting treatments such as the use of regional languages in the world of medicine (40).

And the factors that support this network are also strengthened by the Sundanese cultural values used in the dissemination of this religion-based medicine, meaning the values of gentleness and also the values of mutual love, mutual encouragement, and mutual care, which are values that exist in Sundanese culture, are developed so that the traditional healing network that has been established becomes stronger and better and strengthens the communication network for religion-based healing that is being implemented.

In Sundanese culture, there are cultural values that have developed from the ancestors in spreading this Islamic-based medicine through Sundanese culture. These Sundanese values have always been used as a benchmark in spreading the values of this religion-based medicine, so that its spread has become strong and grounded in Sundanese society. These cultural values must not be excluded from the spread of this religion-based medicine. In addition, factors that inhibit health communication social networks include issues related to the intensity of meetings caused by the large number of training sessions conducted, which leads to greater development and fewer relationships because participants already understand the training conducted in faith-based medicine. The cause is a loss of control over communication, which then leads to a weakening of communication networks (41). Another issue is related to the development of independent practices without utilizing existing networks, which has led to poor development. A practitioner stated:

> "One of the reasons why this network is not functioning well is the development of Islamic-based medicine, which has led to practitioners developing their own practices independently, with little coordination with those of us who initially spread the word. This has certainly fragmented the network."

However, the important point is that this treatment has become fundamental, widespread, and practiced by the Muslim community as an alternative for achieving a healthy life. This means that the role of Islamic medicine, disseminated by the ulama, is to achieve health for the community and to obtain health (42). Another fundamental problem is that existing treatments allow for leniency in social relationships within the network, which results in the network becoming loose and weak. Not to mention issues related to existing individual problems that weaken traditional medical networks, which develop partially within the medical development network because

they understand and create their own networks for economic reasons and want to establish their own networks.

Many Indonesians study in Malaysia to learn about Islamic medicine practices. In addition, in Malaysia, they receive training related to Islamic medicine, which is also practiced through direct learning of medical practices in Islamic medicine, which certainly helps those who study to become highly skilled in this field of medicine. Furthermore, teachers from Malaysia also often come to Indonesia to teach Islamic medicine to students who are studying there. To gain knowledge about medicinal plants, they study and search for medicinal plants in forests from existing sources of medicinal plants (43).

And from references that mention this as a medical phenomenon, which is also a developing Islamic medical practice and, moreover, this is social capital and existing social networks that have become greater than Islamic medicine (44, 26, 45). As stated, it was from Malaysian teachers that Islamic medicine was then studied and brought to Indonesia, becoming part of the developing Islamic medicine. It then developed from this Islamic medicine in West Java, providing training in West Java, and then becoming an integral part of it. It also developed in other regions of Indonesia.

The lecture was also interspersed with an overview of Islamic medicine and information about Islamic medicine and its historical development. The concept used was that of culture, in which there was an evolution of medicine from its poles and the treatment of human behavior and its interactions (45). The significant benefits derived from this medicine have been transformed into an evolution of healthcare within the medical field (46). There has also been a shift by society from conventional-based medicine to Islamic-based medicine (19). Society's interest in choosing Islamic medicine is based on belief and social media (47). This study is related to culture, health, and health history and its network, namely socio-cultural interactions and human behavior that affect human health and disease, which certainly provide a history of the development of herbal-based medicine influenced by aspects of health communication (45, 47).

Conclusion

The conclusion is that the history of the network has developed well, and this is due to a strong religious understanding that idolizes religious-based medicine, so that this medicine continues to develop and exist and has a strong influence in its spread, resulting in the development of the network to the present day, where there are various religious-based medicines in the city of Bandung and Bandung Regency that have shown that what was started from the beginning is nothing, now possesses considerable strength and has had an impact on the development of religious-based medicine, which has progressed well and advanced in its development. And in its subsequent history, the development of Islamic medicine spread to other cities in Indonesia. In conclusion, the history of this religion-based medical network is related to the results and application of technology, meaning that within the religion-based medical social network, there are practices carried out by the community in various conditions, which cause the network to strengthen existing health communication networks and lead to practices that reinforce good technology through social media. The answer to the existing problem is that the development of the network is caused by the increasingly strong use of internal technology applications. Social networks contribute by providing input on how the movement occurs, and the network's response to various issues that bring input from the existing movement, in line with expectations, can provide aspects of social networks. Social networks provide answers to various aspects that provide benefits that impact the underlying social network, meaning that the history of the religious-based healthcare social network has developed well.

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