

## Hindu Healing Practices For Childhood Illness: An Anthropological Inquiry

Anggara Putu Dharma Putra<sup>1\*</sup>

### Abstract

This study explores Hindu healing practices for childhood illness in contemporary Indonesian communities, focusing on Bali, Lombok, and Tengger. Illness in children is not solely understood as a biological issue but is interpreted as a disruption of spiritual and cosmic balance. Using a participatory ethnographic approach, the research combines ritual observation, in-depth interviews, and visual documentation to capture the lived experiences of parents, healers, and children. Findings reveal that mantras and rituals function as channels of divine resonance, with healers—*balian*, temple priests, and birth shamans—acting as spiritual mediators rather than medical experts. Parents perceive healing not only as symptom relief but as the restoration of ancestral harmony and moral order. Despite strong spiritual beliefs, families often pragmatically combine traditional and biomedical treatments, forming hybrid health practices. The study shows that Hindu healing is a culturally meaningful and adaptive system, reflecting epistemological pluralism in health behavior. These findings contribute to medical anthropology by illustrating how ritual, spirituality, and emotion converge in healing processes. It advocates for culturally sensitive health policies that recognize traditional knowledge as a valid and dynamic component of public health. Healing is thus not just clinical recovery, but the spiritual restoration of meaning, identity, and community.

**Keywords:** Hindu healing rituals; childhood illness; traditional medicine in Indonesia; medical anthropology; spiritual health practices; cultural health integration.

### Introduction

In the context of medical anthropology, understanding health and healing cannot be separated from the symbolic, cultural, and spiritual realms of local communities. In various parts of the world, including Hindu communities in Indonesia, traditional healing practices for childhood illnesses remain an important part of the public health care system. Although modernization and biomedicine have spread widely through formal institutions, spiritual and ritualistic approaches are still actively used and believed to be able to cure diseases—especially those that cannot be explained medically. Ethnographic research on healing practices among Hindus in Bali and Tengger, for example, shows that mantras, offering rituals, and other spiritual interventions are not only religious instruments, but also integral therapeutic strategies. In this case, prayer is not just an expression of faith, but also a medium for conveying healing intentions and a relational channel between humans, gods, and nature. Previous research has emphasized the importance of the symbolic dimension in understanding illness and healing in traditional societies. Arthur Kleinman distinguishes between "disease" as a biological disorder and "illness" as a subjective experience influenced by culture and social environment (Kleinman, 1982). In Hindu communities, the experience of childhood illness is not only interpreted as a biological problem but also as a disruption of cosmic or spiritual balance. Studies such as those by Connor and Lamb show that healing rituals in India and the Hindu diaspora often involve deities as healing agents, while the child is positioned as a sacred entity that needs protection from evil spirits or bad karma (Jannah & Zurinani, 2017). In the context of Bali, Geertz notes that offerings and mantras are an integral part of strategies for dealing with childhood illnesses ("Cultural Stylization

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<sup>1\*</sup>Doctoral Program in Religious Studies, Postgraduate Program of I Gusti Bagus Sugriwa State Hindu University Denpasar, Denpasar, Bali, 80237, Indonesia. [ankgafdd@uhnsugriwa.ac.id](mailto:ankgafdd@uhnsugriwa.ac.id)

and Mental Illness in Ball TERENCE KETTER,” 1983). Contemporary studies, such as those by Naregal, even show that these practices continue to persist and adapt amidst the penetration of modern medicine (A’la, 2024). The existence of traditional medicine is spread all over the world and is still widely used by the community (Wulanyani et al., 2020). Traditional medicine emerges as part of a culture that is strongly rooted in society (Panggabean & Tampubolon, 2022). People get traditional medicine from generation to generation and it becomes part of the group's identity. However, there is complexity in understanding how these traditional healing practices are applied concretely in everyday life, especially in cases of children's illnesses. Illness in children often causes deep anxiety for parents, triggering a search for holistic healing. In many cases, parents not only take their children to the doctor but also to *pemangku*, *balian*, or *dukun bayi* to get spiritual treatment. This is where the dilemma arises between traditional beliefs and modern biomedical approaches. It is not uncommon for people to integrate both simultaneously, creating hybrid healing practices that reflect the dynamics between cultural heritage and the demands of the times.

The main issue that this research wants to examine is how traditional Hindu healing practices—including the use of mantras, prayers, and religious rituals—function in responding to children's illnesses in contemporary Hindu communities. This issue is important because it concerns the continuity of local knowledge and the child's right to culturally meaningful health services. In many regions, including Bali, Lombok, and the Tengger region, traditional healing practices are often the first avenue in dealing with children's health problems before seeking formal medical help. This raises questions about the effectiveness, legitimacy, and meaning of spiritual approaches to healing in the midst of medical globalization. Various regions in Indonesia still use plants as traditional medicine which is a hereditary heritage (Adiyasa & Meiyanti, 2021). This knowledge is preserved through environmental conservation practices (Guzman, 2024).

In general, solutions to this problem often come in the form of integrating traditional health services into the national health system. In Indonesia, the government has recognized the existence of traditional medicine as part of the health service system through regulations and the establishment of herbal *posyandu*, as well as training for traditional health workers. However, most of these policies are still administrative and have not touched the epistemological and spiritual dimensions of traditional healing practices. In fact, within the context of Hindu communities, healing not only involves the elimination of symptoms but also the restoration of spiritual harmony between body, mind, and cosmos. Therefore, a deeper anthropological understanding is needed to formulate a more culturally sensitive approach to child healing.

Some studies have attempted to explain healing practices in the Hindu tradition from the perspective of sacred texts and classical Ayurvedic teachings. For example, Chandrasekhar traces the concept of dosha balance in Ayurveda and its correlation with purification rituals in the treatment of childhood diseases (SURYAVANSHI et al., 2020). Meanwhile, Sharma highlights the role of mantras in forming a spiritual resonance that is believed to be able to repair energy disturbances in a child's body (Prasad et al., 2020). However, these literatures are often normative and do not give enough space for local practices that are improvisational and contextual. On the other hand, ethnographic approaches such as those developed by Alter and Bode show that healing experiences are always colored by social relations, ritual performance, and the negotiation of meaning between parents, healers, and the community environment (Jannah & Zurinani, 2017). This is the approach that will be used in this study, namely by seeing healing as a living cultural practice that is fluid and always negotiated in social spaces.

One important contribution to understanding child healing practices in the Hindu context is studies that highlight the relationship between sound, vibration, and health. According to Zarrilli, in the Hindu tradition, sound has a therapeutic role because it is considered a form of pure energy that connects humans with divine power (The Use of Sound in Healing, 2013). Therefore, the use of mantras in child healing is not only verbal but also performative. Mantras are not only read but also sounded with a certain rhythm, in the context of sacred space, and with a directed spiritual intention. In daily practice, *pemangku* or *balian* will chant mantras while performing rituals such as *mebanten*, water

purification, or attaching protective symbols to the child's body, such as tridatu thread or sacred perfume.

Although various studies have revealed the important role of sound and ritual in healing, there are still gaps in the literature regarding the relationship between Hindu religious practices and child healing from the perspective of the experiences of parents and ritual actors. Most studies focus on the structure of rituals or their theological aspects, while the subjective meanings experienced by parents and children are rarely examined in depth. In fact, understanding how parents assess the effectiveness of mantras, how they choose between healers and doctors, and how children experience this healing process is very important to understanding the dynamics of traditional healing practices as a whole. This is where the research gap that this study seeks to bridge lies—namely, mapping the experiences of child healing based on an ethnographic approach in contemporary Hindu communities.

This study aims to explore and analyze traditional healing practices for childhood illnesses in Hindu communities, emphasizing the roles of mantras, rituals, and spiritual agents in the healing process. The novelty of this study lies in its use of a participatory ethnographic approach to understand the experiential and meaningful dimensions behind healing practices, rather than merely viewing them as ritual structures or doctrinal teachings. By focusing on the subjective experiences of parents, *pemangku*, and the children themselves, this study hopes to make a significant contribution to medical anthropology and religious studies by offering a more holistic understanding of how healing is practiced, given meaning, and negotiated within the Hindu context. The scope of this study includes Hindu communities in three main locations—Bali, Lombok, and the Tengger region in East Java—emphasizing local variations and cultural dynamics that shape healing practices. In presenting these narratives, this research also offers a critical reflection on the role of spirituality in public health systems and how traditional beliefs can contribute to the development of more culturally rooted health approaches.

## Methodology

The research approach used in this study is ethnography, which allows researchers to engage deeply in the daily lives of Hindu communities and observe child healing practices directly (Perangin-Angin & Zuska, 2021). Ethnography was chosen because of its ability to capture cultural complexities, emic perspectives, and the social dynamics involved in traditional healing practices (Wula & Mboka, 2021). Ethnography, as a methodological approach, enables researchers to explore meaning from the perspective of social actors, as well as capture the symbolic and performative dynamics of healing rituals that cannot be reduced merely through textual or statistical analysis. To complement the in-depth qualitative data, this study also uses simple quantitative methods such as surveys to collect demographic data and basic information about the prevalence of childhood illnesses and the use of traditional and modern healthcare services.

This research will be conducted in three Hindu communities that are geographically and culturally distinct: Bali, Lombok, and the Tengger region in East Java. The selection of these locations is based on the consideration of encompassing variations in religious practices and medical systems that exist within Hindu communities in Indonesia. Bali was chosen because it is the center of Hindu culture in Indonesia, with ritual practices and traditional medicine systems that are still very much alive and integrated into daily life (Yanti, 2022). Lombok, with its Hindu community that is a minority amidst a Muslim majority, offers an interesting context to observe how traditional healing practices adapt and interact with modern medical systems and other religious beliefs. The Tengger community in East Java, known for their ancient Hindu traditions, provides a unique perspective on how healing practices have been passed down and maintained over centuries in geographic and cultural isolation. The selection of these three locations is expected to provide a comprehensive overview of the diversity of child healing practices in the Hindu context in Indonesia.

## **2.1 Research Design**

This research is designed as a multi-site ethnographic study covering three main locations: Bali, Lombok, and the Tengger region in East Java. The selection of these locations is based on the strong sustainability of traditional healing practices within the local Hindu community, as well as the diversity of ritual forms that are practiced. By tracing healing practices in three locations that are geographically and culturally different, this research allows for a richer and more comparative understanding of the phenomena being studied.

This study is exploratory and descriptive-interpretive. This means that its main objective is not to test causal hypotheses, but to understand the patterns of meaning produced and reproduced through traditional healing practices, as well as how social actors—parents, pemangku, balian, and children—negotiate the meaning of sickness and healing. (Teh et al., 2021)

## **2.2 Theoretical Approach**

This research is rooted in the framework of symbolic anthropology and medical anthropology. The two main concepts used as analytical tools are: ritual healing as a cultural practice involving symbols, performance, and transcendence; and illness narrative as a way for individuals to understand and communicate the experience of illness. Clifford Geertz's theory of symbolic meaning in religion and Arthur Kleinman's theory of illness experience are key references. In addition, Zarrilli's concept of vibrational healing is used to understand the performative and auditory dimensions in the use of mantras in the context of healing (Purwanti & Wahyuni, 2020).

## **2.3 Data Collection Techniques**

Data was collected through three main techniques: participatory observation, in-depth interviews, and visual-textual documentation.

### **2.3.1 Participatory Observation**

Participatory observation was conducted in the context of healing rituals involving children. Researchers attended various ceremonies such as banten panaluan, melukat, and balian bebaihan aimed at healing children's illnesses. The researcher not only observed but also participated to a limited extent as a guest or helper in the ritual, allowing for an understanding from within the context and dynamics of the ritual. These observations were recorded through field notes describing the details of the atmosphere, interactions, sequence of rituals, and emotional expressions of the actors involved.

### **2.3.2 In-Depth Interviews**

In-depth interviews were conducted with three main groups:

- Parents of children undergoing healing rituals, to understand their motivations, perceptions of the illness, and expectations for healing.
- Pemangku and balian, to explore their understanding of the disease, the spiritual sources of children's illnesses, and the role of mantras in the healing process.
- Community leaders and local health workers, to gain perspective on the relationship between traditional healing and formal health services.

The interviews were conducted in a semi-structured manner, with open-ended question guides that allowed narratives to develop according to context. Each interview lasted 45–90 minutes and was recorded and transcribed verbatim.

### **2.3.3 Visual and Text Documentation**

As part of the visual ethnographic approach, this research also documents healing practices through photos, videos, and the collection of local documents such as mantra texts, lontar, and balian practice notes. The purpose of this documentation is not merely for aesthetics but as reflective material that allows for the triangulation of meaning between practice, symbols, and discourse.

## **2.4 Informant Selection Technique**

Informants were selected through purposive sampling and snowball sampling techniques. Purposive was used to select individuals known to be active in child healing practices—both as practitioners and recipients. Meanwhile, snowball sampling was used to expand the network of informants through recommendations from initial informants. A total of 35 informants were involved in this study, consisting of:

- 15 parents,
- 10 pemangku and balian,
- 5 local health workers,
- 5 traditional and community leaders.

Inclusion criteria included: a minimum age of 25 years, permanent residence in the research area, having been directly involved in child healing rituals in the last two years, and willingness to be interviewed and observed ethnographically.

## **2.5 Data Validity and Triangulation**

To ensure the validity of the findings, source, technique, and time triangulation techniques were used. Source triangulation was carried out by comparing narratives from parents, pemangku, and medical personnel. Technique triangulation was carried out by combining observation, interviews, and visual documentation. Meanwhile, time triangulation was carried out through repeated visits to the same location at different times to observe the consistency of practices and changes in meaning patterns. In addition, member checking was also carried out by reconfirming the researcher's initial interpretations with several key informants, to ensure that the analysis made fairly represents local understanding.

## **2.6 Data Analysis Techniques**

Data analysis was carried out using a thematic analysis approach based on qualitative coding. Interview transcripts and field notes were read repeatedly to identify recurring patterns of meaning, key symbols, and dominant narratives that emerged from the data. The analysis process involves five stages:

1. Familiarization with the data
2. Open coding, which is marking significant parts of the text
3. Axial coding, grouping codes into themes and sub-themes
4. Symbolic interpretation of the main themes with reference to the theoretical framework
5. Preparation of an analytical narrative that connects findings with the socio-cultural context
6. Supporting software such as NVivo was used to help organize data and maintain analytical consistency between research locations.

## **2.7 Research Ethics**

This research adheres to the principles of social research ethics, with an emphasis on informed consent, confidentiality, and cultural sensitivity. Before interviews or observations were carried out, the researcher explained the aims and methods of the research to prospective informants orally and in writing, and obtained their conscious consent. The identities of informants were disguised to maintain confidentiality.

In the context of rituals, researchers ensured that visual documentation was only carried out with permission and within the limits deemed appropriate by the local community. Researchers also followed local customs and etiquette, such as dressing modestly during ceremonies, following the protocols of sanctity, and not interrupting the course of the ritual.

## **2.8 Research Limitations**

This research has several limitations that need to be noted. First, because it is ethnographic, the findings cannot be statistically generalized, but are contextual. Second, the presence of researchers in sacred and intimate spaces such as healing rituals can influence the behavior of informants, although this has been minimized by conducting repeated visits. Third, the experiences of children who are the focus of healing practices are often articulated through parents or adults, so that the dimension of children's subjective experience remains mediated.

Nevertheless, this methodological approach allows for an in-depth understanding of healing practices as a complex, dynamic, and culturally meaningful phenomenon in Hindu communities. Through a structured ethnographic strategy, this research not only presents a picture of practice, but also opens up space for reflection on the importance of cultural sensitivity in the provision of inclusive health services.

## **Results**

This section presents the results of multi-site ethnographic research conducted in three Hindu communities: Bali, Lombok, and Tengger. Field findings are analyzed through a thematic approach, supported by literature reviewed in the introduction and methodology sections. The three main themes that emerged are: Local conceptions of childhood illness; Mantra and ritual-based healing practices; and Social and spiritual authority of healers. The analysis is supplemented with direct quotations from interviews and visualizations in the form of diagrams and tables to support narrative understanding.

### **3.1 Local Conceptions of Childhood Illness: Medical Ambiguity and Metaphysical Certainty**

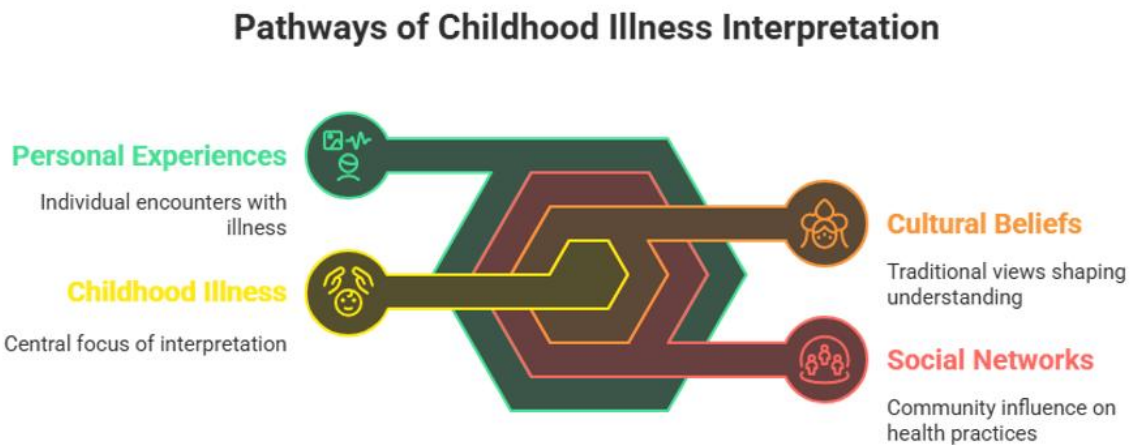
In all three research communities, the understanding of childhood illness is not limited to biological dimensions. Instead, illness is often interpreted as a form of spiritual or moral disturbance, indicating an imbalance in the relationship between humans, ancestors, and nature. This conception is consistent with Arthur Kleinman's notion of the difference between disease and illness (Kleinman, 1978). Disease refers to a pathological condition diagnosed medically, while illness reflects the subjective experience and cultural interpretation of the disease.

In Bali, common childhood illnesses such as fever, cough, cold, or diarrhea are often associated with magical powers like *Leak* or the influence of evil spirits called *Bebai*. Parents often recount experiences of seeing signs of the presence of supernatural entities before a child falls ill, such as strange noises at night or recurring nightmares.

In Bangli, a mother stated: "My child had a high fever that wouldn't go down even after going to the community health center. After being checked by a *balian*, it was said that there was an angry ancestral *taksu* because we forgot to make *banten odalan*. After a small *caru* was made, the next day, they immediately recovered." This narrative indicates that illness is seen as a message or reprimand from a spiritual entity that needs to be responded to with appropriate ritual actions.

In Lombok, especially among the Hindu Sasak community, childhood illness is often associated with the actions of parents or family members who violate traditional norms. A traditional leader in Sembalun Lawang Village explained: "If a child is often sick, the parents are usually asked first whether they have done wrong to others or broken promises. If so, it must be resolved traditionally before being treated medically." This practice shows that a child's health is seen as a reflection of the social and moral balance within the family and community.

Meanwhile, in the Tengger community, childhood illness is often associated with disturbances from spirits inhabiting sacred places such as *Sendang* or *Alas Keramat*. A *dukun bayi* (traditional midwife) in Ngadisari Village said: "If a baby is constantly fussy and refuses to breastfeed, they are usually taken to *Sendang Widodaren*. There, they are bathed and given prayers to keep them away from evil spirits." The connection between illness and sacred places reflects the cosmological view of the Tengger people, who consider nature as a living entity inhabited by various spiritual forces that can affect human health.



**Figure 1.** Pathways of Interpretation of Childhood Illness in Hindu Communities

This conception shows that people do not reject medicine entirely, but juxtapose it with spiritual beliefs. When clinical results are deemed unable to explain the child's condition, spiritual interpretation is considered to provide a more complete and emotionally reassuring meaning.

### 3.2 Healing Practices: Mantras, Rituals, and Cosmic Resonance

Mantras and rituals are essential elements in the child healing process. In field practice, mantras are positioned as a medium of spiritual resonance that connects the child's body with divine energy. This is in accordance with Zarrilli's view that sound in the Hindu tradition is understood as a healing vibration that activates the relationship between humans and the cosmos (Seidel, 2012).

In Bali, the use of mantras varies greatly depending on the type of disease and the spiritual level of the healer. A *balian pengobatan* (healing practitioner) in Gianyar chanted the following mantra while treating a child suffering from seizures: “*Om Sang Hyang Widhi Wasa, tityang nunas pasupati waras, ambuwer kasakitane, mantra waras sara.*” This mantra is a prayer to God Almighty to grant healing and eliminate disease. In addition to mantras, rituals also play an important role in the healing process. In Tampaksiring, a *pemangku* (priest) explained: “If a child is exposed to *panas roh* (spiritual heat), we cannot arbitrarily give medicine. We ask permission from the ancestors first, then chant the *Tri Sandhya* mantra, add the *Panugrahan* mantra, while wiping *tirta* water on the child's body.” The use of holy water as a medium of healing shows the belief that the water has been filled with spiritual energy that can cleanse and restore the child's condition.

In Lombok, healing practices involve changing the child's spiritual name to trick the spirits, with spontaneous prayers recited by the *dukun bayi* (traditional birth attendant). Meanwhile, in Tengger, *ruwatan* (exorcism) is a form of collective healing with the use of ancient Javanese mantras, symbolic cutting of the child's hair, and offerings of food to the mountains as part of breaking bad karma. This ritual reflects the cosmological understanding of the Tengger community, which considers humans an integral part of the universe and their health is influenced by harmonious relationships with the spiritual environment.

**Table 1.** Mantra Practices and Ritual Components in Three Research Locations.

Location	Type of Mantra	Ritual Media	Spiritual Purpose
Bali	<i>Tri Sandhya</i> , <i>Panugrahan</i>	<i>Tirta</i> (holy water), <i>banten</i> (offerings), incense	Purification, ancestral blessings
Lombok	Sasak spontaneous prayers	Supernatural <i>nyongkolan</i> , <i>sesangi</i>	Protection, deceiving spirits
Tengger	Ancient Javanese mantras	<i>Ruwatan</i> , offerings for the mountain	Karma cleansing, family harmony

These practices show that healing is not merely a technical act, but a spiritual performance full of meaning and collective involvement.

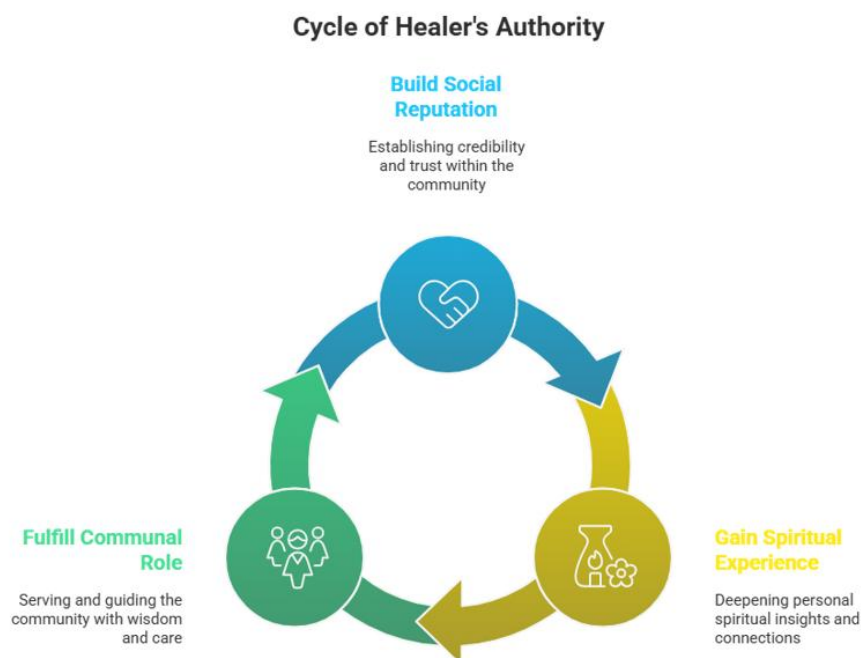
### 3.3 Healer Authority: Spirituality, Charisma, and Communal Legitimacy

Healers in Hindu communities play a dual role as spiritual figures and guardians of the community's morals. Trust in them is not built on the basis of academic degrees, but through spiritual experience, inherited knowledge, and social recognition. This is in accordance with Janzen's framework regarding therapeutic authority based on trust and the proof of rites (Simanjuntak et al., 2021). In Bali, *balian* have a hierarchy based on ability and specialization. *Balian Usada* master the knowledge of herbal medicine, *Balian Taksu* have the spiritual ability to communicate with unseen entities, and *Balian Mancu* specifically handle childbirth and infant problems. A *Balian Usada* in Ubud explained: "I learned from my father, who was also a *balian*. I used to often accompany him to find medicinal plants in the forest, then learn to mix and read *lontar Usada*."

A female *balian* in Bangli said: "I didn't go to high school, but since I was young, I often got 'ketempelan' (possessed) and dreamed of being taught mantras by my ancestors. Sick children come to me not because I am smart, but because I am trusted."

In Lombok, the role of female *dukun bayi* is considered special because they are considered to have intuitive abilities that come from maternal instincts. In Tengger, healing is carried out collectively by traditional elders, local *dukun*, and heads of hamlets, so that the legitimacy of healing is institutionalized communally.

An interview with a traditional leader in Cemoro Lawang Village shows that the authority of healers is not only individual but also collective and bound to the cultural value system adopted by the community. This authority makes healers a point of mediation between family, community, and transcendent forces in an effort to restore the child's health.



**Figure 2.** Dimensions of Healer Authority

In Hindu Communities. The authority of the healer is thus the result of a dialectic between personal spirituality and social relations that are lived continuously.

### 3.4 Parental Perceptions: Healing as Restoration of Meaning and Morality.

For parents, healing not only means the disappearance of physical symptoms but also the return of peace, ancestral blessings, and family harmony. A father in Jetak revealed: "We know the child still has to go to the doctor. But if the offerings and mantras have not been made, the heart is not calm. It



feels like we haven't atoned for our mistakes to our ancestors.” This statement confirms that spiritual healing functions as a medium for restoring inner and moral peace. Rituals become a means to reveal guilt, reaffirm intergenerational relations, and strengthen family spirituality. Furthermore, parents consider the child's involvement in rituals as a form of value education. Children who are brought to healing ceremonies from an early age are expected to grow up with an awareness of the importance of maintaining spiritual harmony in their lives.

### 3.5 Pragmatic Integration: Traditional and Medical in a Hybrid Landscape.

Although spirituality occupies a central position, almost all families state that they still take their children to formal medical facilities. There is no explicit antagonism towards modern medicine. On the contrary, many integrative practices are found that demonstrate epistemological pluralism (Putra & Abrar, 2022). In Bali and Lombok, some *balian* maintain informal communication with village midwives. They will refer patients if they feel the child's disorder is medical, and conversely, midwives sometimes suggest rituals if treatment is not effective. In Tengger, the head of the hamlet actively encourages that every child undergoing *ruwatan* is still taken to the community health center as a form of precaution.

This integration reflects the adaptive strategies of society in the face of social change. Health services based on Pancasila values are expected to reach all levels of society without discrimination, respecting cultural diversity and individual needs (Aprilia et al., 2024). Collaborative efforts between doctors and religious or community leaders have also proven effective in increasing access to mental health services and preventing harmful practices (Cipta et al., 2024). A mother in Batur said: “I used to only believe in *balian*, but not anymore. After my child was taken to the doctor and recovered, I realized that medicine is also important. But still, I will ask the *balian* to bless my child to always be healthy.” This phenomenon is in line with the concept of “pluralistic health” which emphasizes that individuals and communities have the freedom to choose and combine various treatment systems according to their needs and beliefs (Sumarni, 2020) (Ahmad, 2021). Thus, the landscape of child healing in Hindu communities is a complex hybrid arena, where spirituality, traditional knowledge, and biomedicine interact and negotiate with each other. Technological developments have connected the world, so that community interactions are influenced by various backgrounds (Samuel & Tumonglo, 2023).

**Table 2.** Integration of Spiritual and Medical Treatment in Hindu Communities

Community	Healing Strategies	Relationship with Formal Medicine	Practice Dominance
Bali	<i>Balian bebaihan, Melukat</i>	Informal collaboration with midwives	Balanced coexistence
Lombok	<i>Dukun bayi, Sesangi</i>	Parallel consultation	Value-based complement
Tengger	Communal <i>ruwatan</i> , collective mantras	Support from village head	Systematic complementarity

These findings show that in contemporary Hindu society, child healing takes place in a transitional space between spirituality and medical rationality. This creates health practices that are not only functional but also culturally meaningful.

Overall, the results of this study show that child healing practices in Hindu communities are a complex articulation of faith, local knowledge, and emotion management. Healing is practiced as a cosmic restoration process, not just a response to body pathology. In this space, the child becomes a meeting point between the ancestral past, current social conditions, and future spiritual hopes.

## Discussion

This research confirms that child-healing practices in Hindu communities are not merely a response to physical pathology but a complex representation of spirituality, morality, and social relations lived

collectively. Within the framework of health anthropology, these findings broaden our understanding of how local communities construct experiences of illness and recovery, and how traditional knowledge systems coexist and negotiate with formal medical systems.

#### 4.1 Child Illness as a Symbol of Cosmic

ImbalanceAs Kleinman explained, the experience of illness involves not only the biomedical dimension (disease) but also cultural and social dimensions (illness) (Chiu & Unschuld, 1983). In the Hindu communities studied, child illness is seen as a manifestation of cosmic imbalance and a violation of the spiritual order. This view explains why the response to illness is not limited to medicine but also requires the restoration of relationships with ancestors, nature, and protective deities. This confirms that the child's body becomes a "symbolic container" that carries messages from the unseen dimension. Each symptom is understood as a form of communication that demands religious interpretation and ritual action. Thus, healing not only aims to eliminate symptoms but also to restore the disrupted cosmic balance.

#### 4.2 Mantras as a Medium of Performative and Audiospiritual

HealingThe practice of using mantras in child healing reflects the concept of speech act in Austin's theory, where words not only convey meaning but also perform actions (Seidel, 2012). In the context of Hindu rituals, mantras are not merely verbal texts but performative media that mediate bodily vibrations with spiritual power. Zarrilli notes that in the Hindu tradition, sound is considered the purest form of healing energy that works through resonance (Zarrilli, 2011). Field data shows that mantras are always contextualized in sacred space and time—recited with specific intentions, by figures with spiritual legitimacy, and accompanied by ritual media such as tirta and banten. This reinforces the understanding that the effectiveness of mantras lies in their performance integrated with rituals, not merely in their verbal content.

**Table 3.** Performative Elements in the Use of Healing Mantras

Performative Element	Sacred Context	Spiritual Actors	Supporting Media
Sound vibration	Specific sacred times (e.g., full moon, temple festivals) and consecrated spaces (temples, sacred springs)	<i>Pemangku</i> (temple priest), <i>balian</i> (traditional healer), <i>dukun</i> (folk healer)	<i>Tirta</i> (holy water), incense ( <i>dupa</i> ), ritual offerings ( <i>banten</i> ), sacred threads

#### 4.3 Healers as Mediators of Morality and Communal

SpiritualityJanzen's concept of therapeutic authority is very relevant to understanding how healers acquire and maintain their authority (Mulyati et al., 2021). Balian, pemangku, and dukun bayi do not obtain their authority from formal institutions but from social recognition, spiritual reputation, and the ability to convey moral security.

In societies steeped in spirituality such as Bali and Tengger, healers are not only considered to heal the body but also to maintain social and spiritual stability. Healing becomes an arena of negotiation between personal trauma and collective values. Thus, healing practices also reproduce moral structures and strengthen community integrity. (Herrmans, 2021)

#### 4.4 Healing as Restoration of Meaning, Morality, and Intergenerationality

Interviews with parents show that child healing is understood as the restoration of disrupted meaning and morality. This process functions as a reflective mechanism to resolve guilt, affirm spiritual identity, and rebuild relationships with ancestors. This is in line with Victor Turner's theory of ritual as a social drama that allows society to emerge from crisis and return to a stable social order (Herrmans, 2021).

The importance of child involvement in rites also demonstrates the pedagogical function of healing. Parents view rituals as a medium for teaching spiritual and ethical values. Thus, healing becomes a

medium for the intergenerational transmission of values that strengthens the connection between the child's body and collective cultural identity.



**Figure 3.** Restorative Dimensions in Child Healing

#### 4.5 Epistemological Pluralism: Integration of Spiritual and Biomedicine

The finding that Hindu communities actively integrate spiritual healing with modern medicine confirms the existence of medical pluralism in daily life (Sundararajan et al., 2020). Practices such as cross-referrals between *balian* and midwives, or the advice of village heads to perform *ruwatan* before going to the community health center, reflect a living and pragmatic form of epistemological negotiation. This integrative healing model allows people to benefit from both systems of knowledge without having to sacrifice spiritual beliefs. Parents do not see a contradiction between the two; instead, they believe that the power of mantras can accelerate the effectiveness of medical drugs.

In this context, spirituality is not the antithesis of medical rationality but a complement that fills the symbolic and affective dimensions often ignored by clinics. Therefore, the existence of traditional healing systems should not be seen as a residue of the past but as a source of local knowledge that is relevant in designing more inclusive health services.

**Table 4.** Comparison of Traditional and Medical Healing Functions in the Context of Children

Aspect	Traditional Healing	Modern Medical Treatment
<b>Primary Focus</b>	Emphasis on meaning, spirituality, ancestral harmony, and moral well-being	Emphasis on pathology, biological symptoms, and clinical diagnosis
<b>Key Practitioners</b>	<i>Balian</i> (traditional healer), <i>dukun</i> (folk healer), <i>pemangku</i> (temple priest)	Doctors, nurses, midwives
<b>Healing Media</b>	Healing mantras, <i>tirta</i> (holy water), <i>banten</i> (offerings), incense	Pharmaceuticals, diagnostic tools, surgical or medical equipment
<b>Main Objectives</b>	Restoring cosmic balance, spiritual cleansing, moral realignment	Clinical recovery, physical stabilization, prevention of complications

#### 4.6 Theoretical and Practical Implications

Theoretically, this research shows that child healing in Hindu communities is a multi-level practice that cannot be reduced to a single functional category. It is a spiritual, performative, moral, and pedagogical practice that is intertwined within the social structure of society. This study enriches the literature on health anthropology by showing how healing rituals function as an arena for negotiation between local beliefs and global health systems.

Practically, the results of this study can serve as a basis for health policymakers to formulate more contextual and culturally sensitive approaches. Recognition of the role of local healers in the public health ecosystem will not only improve the effectiveness of services but also strengthen public trust in the formal health system.

Furthermore, this research opens opportunities for further studies on the subjective experiences of children in healing rites, as well as changes in healing practices in the context of digitization and urbanization. These questions become important for understanding how spirituality, meaning, and health will be negotiated in an ever-changing cultural landscape.

## Conclusion

This study reveals that the practice of healing childhood illnesses in Hindu communities in Bali, Lombok, and Tengger is a multidimensional process involving spiritual, symbolic, social, and emotional dimensions. Childhood illness is understood not only as a biological disorder but as a manifestation of cosmic and moral imbalance, which demands a response in the form of rites, mantras, and collective involvement. Mantras are practiced not only as verbal tools but as performative media that connect humans with spiritual power and healing energy. The authority of healers is built through social trust and spiritual legitimacy, making them central figures in the negotiation of the meaning of illness and healing.

The main implication of these findings is the importance of understanding healing not only as a clinical intervention but as a process of restoring meaning, social harmony, and family spirituality. This study contributes to health anthropology by showing how local practices can shape a distinctive and culturally relevant epistemology of healing. Amidst the dominance of biomedicine, Hindu healing practices demonstrate a form of epistemological resistance and integration that can serve as a basis for more holistic health service models.

This research opens the door for further studies, particularly on the child's experience as an active subject in healing rites, as well as the dynamics of adapting spiritual practices amidst the development of technology and public health modernity.

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