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Baduy Traditional Medicine and Modern Medicalization: Spirituality as an Alternative Health Knowledge System

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Abstract
The dominance of the biomedical paradigm in the formal health system tends to marginalize indigenous health practices as irrational, despite their recognized effectiveness in certain socio-cultural contexts. However, studies on the epistemological structure of Baduy indigenous medicine and its relationship to modern medicalization are still limited. This study aims to analyze the knowledge system of Baduy indigenous medicine and identify the dynamics of its interaction with the modern health system. This study uses a qualitative approach based on critical ethnography, drawing on a systematic literature review of scientific publications, ethnographic reports, and related documents, which are analyzed using interpretive thematic analysis to uncover patterns of health knowledge, practices, and discourses. Baduy indigenous medicine has a coherent epistemological structure that integrates spirituality, cosmology, and ecological relations as the basis for diagnosis, therapy, and disease prevention. Diagnosis is carried out through reading bodily signs and imbalances in the human-nature relationship. At the same time, therapy includes healing rituals, the use of herbal remedies, and behavioral regulation based on customary norms. Spirituality serves as an operational framework that regulates health practices systemically, not merely symbolically. The analysis also reveals three patterns of relationships with modern medicalization: selective resistance to interventions perceived as disruptive to the customary order; pragmatic adaptation in specific cases, such as infectious diseases; and functional coexistence without full integration. These findings confirm that Baduy traditional medicine is a legitimate alternative health knowledge system and demonstrate the importance of recognizing medical pluralism in developing inclusive health policies.

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Keywords: Baduy Tribe; Health Spirituality; Critical Ethnography; Modern Medicalization; Medical Pluralism

Abstrak

Dominasi paradigma biomedis dalam sistem kesehatan formal cenderung memarginalkan praktik kesehatan adat sebagai irasional, meskipun efektivitasnya diakui dalam konteks sosial-budaya tertentu; namun, kajian tentang struktur epistemologis pengobatan adat Suku Baduy dan relasinya dengan medikalisasi modern masih terbatas. Penelitian ini bertujuan untuk menganalisis sistem pengetahuan pengobatan adat Baduy serta mengidentifikasi dinamika interaksinya dengan sistem kesehatan modern. Penelitian ini menggunakan pendekatan kualitatif berbasis etnografi-kritis melalui studi literatur sistematis terhadap publikasi ilmiah, laporan etnografi, dan dokumen terkait, yang dianalisis dengan teknik analisis tematik interpretatif untuk mengungkap pola pengetahuan, praktik, dan wacana kesehatan. Pengobatan adat Baduy memiliki struktur epistemologis koheren yang mengintegrasikan spiritualitas, kosmologi, dan relasi ekologis sebagai dasar diagnosis, terapi, dan pencegahan penyakit. Diagnosis dilakukan melalui pembacaan tanda tubuh dan ketidakseimbangan relasi manusia-alam, sementara terapi mencakup ritual penyembuhan, penggunaan ramuan herbal, serta pengaturan perilaku berbasis norma adat. Spiritualitas berfungsi sebagai kerangka operasional yang mengatur praktik kesehatan secara sistemik, bukan sekadar simbolik. Analisis juga menunjukkan adanya tiga pola relasi dengan medikalisasi modern, yaitu resistensi selektif terhadap intervensi yang dianggap mengganggu tatanan adat, adaptasi pragmatis dalam kasus tertentu seperti penyakit infeksi, serta koeksistensi fungsional tanpa integrasi penuh. Temuan ini menegaskan pengobatan adat Baduy merupakan sistem pengetahuan kesehatan alternatif yang legitim dan menunjukkan pentingnya pengakuan terhadap pluralisme medis dalam pengembangan kebijakan kesehatan yang inklusif.

Kata Kunci: Suku Baduy; Spiritualitas Kesehatan; Etnografi-Kritis; Medikalisasi Modern; Pluralisme Medis

Introduction

The Baduy traditional medicine represents a health knowledge system rooted in spirituality, cosmology, and the harmonious relationship between humans and nature, which serves as the basis for the legitimacy of healing. This practice is oriented towards reconstructing moral, social, and spiritual balance through culturally validated symbolic mechanisms, rituals, and collective experiences (Sumarlina et al., 2024). In contrast, modern medicalization rests on a biomedical paradigm that views the body as a clinical entity, disease as a biological dysfunction, and healing as the result of technological and pharmacological interventions (Bodington et al., 2025). These ontological and epistemological differences give rise to conceptual tensions between scientific rationality based on empirical verification and cultural rationality based on symbolic experience and customary legitimacy. The rationality of Baduy medicine operates through consistency of practice, collective validation, and community-recognized socio-spiritual effectiveness, thus forming a coherent local epistemological system (Putri et al., 2025). However, few studies have analytically explained how this spiritual rationality is constructed, maintained, and negotiated in the face of the dominance of modern biomedicine.

The global resurgence of traditional medicine reinforces the relevance of this issue. The World Health Organization (2025) reports that more than 80% of the world's population still relies on traditional medicine as a primary source of healthcare, particularly for indigenous peoples and rural communities. The United Nations Permanent Forum on Indigenous Issues (2025) notes that modern health policies often neglect the spiritual dimension as an essential component of healing, resulting in a mismatch between medical interventions and local cultural values. This situation is concretely reflected in the Baduy community, which consistently limits modern medical interventions, including the use of formal health facilities and certain pharmacotherapies, and relies more heavily on traditional healing practices led by authoritative figures such as shamans or spiritual leaders (Ariningrum et al., 2020). This situation presents an empirical paradox: global recognition of traditional medicine is increasing, but the implementation of health policies remains reductionist and insensitive to local epistemologies. This tension has implications for the potential marginalization of indigenous knowledge and opens up space for conflict between modern health systems and traditional healing practices.

Several studies have examined the relationship between culture, beliefs, and health practices, but have not provided a comprehensive explanation of spirituality as an autonomous health epistemology. Sivalogan et al. (2023) found that local belief systems influence illness perceptions and treatment choices, but their analysis was general and failed to elaborate on the underlying epistemic mechanisms. Kirmayer (2023) demonstrated, using an explanatory model, that the meaning of illness is culturally constructed. However, her focus was limited to the interaction between patients and medical personnel, without addressing resistance to local knowledge systems. Hakim, Kartini, and Zakaria (2025) identified the social structures and customary practices of the Baduy community, including traditional medicine. However, their study was descriptive and did not link them to a medicalized framework. Feng and Yang (2025) highlighted the role of shamans as spiritual mediators but did not examine the power dynamics between traditional and biomedical systems.

Zhang et al. (2025) examined the integration of traditional medicine into national health policy, but tended to position spirituality as a complement, rather than as an autonomous knowledge system. Previous studies can be classified into three main trends: cultural approaches to the meaning of illness, descriptions of traditional practices, and policy integration efforts. However, none of these studies specifically analyzed Baduy traditional medicine as a health epistemological system with its own rationality and in the context of the process of modern medicalization. The gap lies in the lack of analysis of the construction of spiritual rationality, the mechanisms of legitimacy of traditional health knowledge, and strategies of resistance to biomedical dominance.

The research questions include: how Baduy traditional medicine functions as a spirituality-based health knowledge system; how the rationality and legitimacy of this knowledge are constructed and maintained; and how its position is negotiated in relation to modern medicalization. This research aims to analyze the epistemological structure, healing practices, and spiritual values of Baduy medicine, while also examining the dynamics of its relationship with biomedical dominance within the framework of medical pluralism. The initial argument of this research asserts that spirituality is not merely a subjective belief but an epistemic framework with cultural validity, practical consistency, and social effectiveness, as demonstrated by the collective experiences of the community. The theoretical contribution of this research can be to strengthen health anthropology through the elaboration of local epistemological concepts and symbolic rationality in healing practices, while its practical contribution is to provide an analytical framework for the formulation of more culturally sensitive health policies and the development of equal dialogue between modern health systems and indigenous medicine.

Method

This study uses a qualitative design based on critical interpretive synthesis and critical discourse analysis to examine the epistemological construction of Baduy traditional medicine and modern medicalization as two knowledge systems operating within relations of power and meaning. This approach was chosen to enable the integration of literature synthesis with a critical reading of the production of health discourse. Data sources are secondary data, including peer-reviewed journal articles indexed by Scopus and SINTA, ethnographic books, research reports, and health policy documents published between 2000 and 2025. Data collection was conducted through systematic searches in databases such as Scopus, Web of Science, JSTOR, and Google Scholar using a combination of keywords “Baduy traditional medicine,” “indigenous healing,” “medicalization,” and “spiritual health” with Boolean operators, followed by a selection process based on inclusion-exclusion criteria and step-by-step filtering. Data were analyzed using reflexive thematic analysis with open, axial, and selective coding stages to establish categorical relationships between concepts and further deepened through critical discourse analysis to identify dominant knowledge structures. Validity is maintained through source triangulation, audit trails, and researcher reflexivity to ensure transparency and consistency of interpretation.

Results and Discussion

The Structure of Traditional Medical Knowledge of the Baduy Tribe

The Baduy community’s conception of illness is formed through a relational epistemological framework that links bodily conditions, adherence to customs, and cosmological balance. Illness is understood as an indicator of disordered relations between humans, the environment, and the normative order (Putri et al., 2025). This

perspective aligns with the explanatory model, which positions the meaning of illness as an operational cultural construct (Conrad & Barker, 2010). The causality at work is normative, as violations of customs, inappropriate exploitation of nature, or social disharmony are positioned as primary triggers. The body serves as an epistemic locus that represents these structural disturbances through interpretable symptoms. Health is not simply the absence of symptoms, but a state of stable relational balance. Healing is understood as a process of restoring order through behavioral adjustments, the use of herbal remedies, and the reconciliation of disturbed normative relations (Sasmito et al., 2024).

The epistemological structure of Baduy medicine demonstrates a non-reductionist character, rejecting the separation of biological, social, and ecological dimensions. This framework can be interpreted through an embodiment approach, which positions bodily experience as a medium for the articulation of collective knowledge (Z. Zhang, Song, & Liu, 2024). Causal relationships are formed through the simultaneous interaction of material and nonmaterial factors, understood as an ontological unity. The categories of illness, health, and healing serve as classificatory tools that not only explain an individual's condition but also regulate social and ecological relations. In this context, diagnosis does not stop at identifying symptoms but involves interpreting the network of relationships surrounding the individual. This framework demonstrates the internal consistency of the Baduy knowledge system, enabling the community to understand and respond to experiences of illness in operational terms without relying on biomedical reductionism.

Sources of healing knowledge are constructed through the accumulation of collective experiences passed down across generations through structured social mechanisms. Knowledge exists as lived practices internalized through observation, participation, and the repetition of socially verified experiences. The validity of knowledge is determined by the success of healing practices, collective recognition, and conformity to customary norms, which serve as an evaluative framework (Khastini, Wahyuni, & Saraswati, 2018). This approach reflects the situated nature of knowledge, which is dependent on specific ecological and social contexts (Klein et al., 2024). Nature not only provides medicinal ingredients but also serves as a diagnostic indicator through changes in environmental cues. The processes of plant selection, harvesting times, and compounding techniques follow a causal logic validated by collective experience (Shamsutdinov et al., 2022).

Knowledge transmission occurs through selective mechanisms that reflect social structures and the unequal distribution of epistemic authority. Access to specific knowledge is limited based on social roles, experience levels, and community recognition of individual capacity. The learning process occurs through direct involvement, repeated observation, and internalization of normative values governing medicinal practices (Putri et al., 2024). This pattern demonstrates a selective-adaptive system that maintains the stability of meaning while allowing for

limited adjustment. This perspective reveals the relationship between knowledge and power, where control over the distribution of knowledge serves to maintain epistemic consistency while maintaining social structures. Restricting access helps safeguard the validity of knowledge against distortion by interpretations inconsistent with established customary frameworks.

The role of the healer occupies a central position as a holder of epistemic authority, connecting collective knowledge with concrete practices. The healer's legitimacy stems from community recognition of adherence to customs and the accumulation of proven effective experience. The diagnostic process is conducted through a relationship reading that encompasses physical condition, behavioral history, social interactions, and other relevant environmental cues (Silalahi & Purwanto, 2025). This practice aligns with the concept of symbolic healing, which places meaning as a central element of the therapeutic process (Itzhak, 2015). The healer not only identifies symptoms but also interprets the underlying causal context, including possible normative violations or ecological imbalances. The interaction between the healer and the sick individual creates an interpretive space that allows for the reconstruction of the meaning of the illness and the determination of appropriate healing actions.

The principle of causality used in Baduy medicine is multicausal and integrative, so that every illness is understood as the result of the interaction of various factors that cannot be analytically separated (Putri et al., 2025). This approach rejects the dichotomy between material and nonmaterial causes, viewing both as part of the same causal network. Each healing action is aimed at restoring the entire relationship, not just eliminating the visible symptoms. The mechanism for evaluating treatment success is also contextual, as healing is measured by the restoration of relational balance and the reduction of the individual's distress. Healing failure is understood as an indication that some aspect of the relationship has not been identified or adequately restored. This framework suggests an internal evaluation system that allows for correction of interpretations without altering the underlying epistemological structure.

Spirituality as the Epistemic Basis of Healing Practice

Spirituality in the Baduy community can be understood as an epistemological foundation that regulates the production, legitimacy, and distribution of health knowledge through a structured cosmological framework. Knowledge about illness and health is positioned as a consequence of the relationship between humans, ancestors, and supernatural entities believed to influence life actively (Putri et al., 2025). This framework demonstrates a form of relational epistemology that aligns with the notion in medical anthropology of the embeddedness of knowledge in local meaning systems (Andersen, Høybye, & Risør, 2024). Rationality does not refer to linear causal verification, as in biomedicine, but rather to the consistency of the relationship between human actions and cosmic responses. Knowledge is deemed

valid when produced through practices collectively recognized as a means of accessing supernatural realities.

The Baduy community's ontological assumptions about the existence of invisible forces underpin epistemic processes that reject the separation of subject and object. The body is understood as a relational node connecting humans to the cosmic order (Silalahi & Purwanto, 2025). This ontological framework allows physical symptoms to be interpreted as manifestations of moral and spiritual imbalance. The process of understanding illness involves interpreting human actions as either violating or maintaining cosmic harmony. This approach aligns with a phenomenological perspective, which emphasizes the body's existential involvement in a meaningful world (van Rhyn, Barwick, & Donelly, 2021). Knowledge is generated through lived experience integrated with belief structures. The separation between ontology and epistemology remains analytically identifiable. However, everyday practices demonstrate their intertwining, so that the process of knowing is always rooted in assumptions about reality that are considered true.

Healing rituals function as epistemic mechanisms that connect empirical experience to cosmological structures through symbolic actions with practical consequences. The ritual process produces knowledge through interactions between the healer, the patient, and supernatural entities performed in performance (Miharja & Munawaroh, 2025). The anthropological perspective of ritual demonstrates that symbolic actions can shape social reality and provide a framework for interpreting the experience of illness (Kirmayer, 2023). The validation of knowledge depends on the alignment of ritual procedures with the cosmological rules recognized by the community. Healing failure does not automatically invalidate the system; rather, it is interpreted as an indication of an inaccurate implementation or an imperfect relationship with supernatural powers. This internal evaluation mechanism demonstrates that rituals have a complex epistemic function, encompassing the simultaneous production, interpretation, and verification of knowledge.

Mantras serve as a form of linguistic articulation that connects language to the effectiveness of action through the principle of performativity. Sacred utterances are understood as actions that produce tangible consequences within a cosmological framework (Heriyanto et al., 2020). A speech act theory approach allows for the understanding that mantras function as performative utterances, not only stating something but also doing something (Allington, 2021). The structure of language, passed down through generations, contains certain patterns considered to be in harmony with the cosmic order, so its success is measured by the appropriateness of its form and context of use. The epistemic process occurs when the healer interprets the patient's condition and selects the appropriate mantra formulation. The effectiveness of mantras depends on the ability of these utterances to establish

a harmonious relationship between humans and supernatural powers, which are believed to be responsive to sacred language.

Lifetime taboos constitute a form of preventive knowledge that operates through behavioral regulation and is grounded in assumptions about the relationship between human actions and cosmic consequences. Certain prohibitions are understood as the result of accumulated collective experience interpreted within a cosmological framework (Damanhuri, Hasani, & Jamaludin, 2025). A risk anthropology perspective suggests that the taboo system functions to manage uncertainty by categorizing actions deemed potentially disruptive to equilibrium (Boholm, 2015). Health knowledge is internalized through daily practices, fostering a sustained awareness of humanity's place in the universal order. This mechanism allows communities to anticipate potential illnesses without the need for formal classifications as in biomedical systems. The varied application of taboos demonstrates interpretive flexibility while remaining within the boundaries of a relatively stable structure of meaning, enabling the knowledge system to adapt without losing its internal coherence.

The production and reproduction of health knowledge in Baduy society is inextricably linked to social authority, which determines the legitimacy of healing practices. Traditional healers gain authority through collective recognition based on their ability to access and interpret supernatural realities. The process of knowledge transmission occurs through a mechanism of inheritance that combines empirical experience, ritual learning, and the internalization of moral values (Silalahi & Purwanto, 2025). This framework demonstrates that epistemic validity depends on the social position of the actors producing the knowledge. The relationship between knowledge and power, as discussed in social theory, demonstrates that epistemic authority is always tied to specific social structures. The Baduy system demonstrates that the distribution of knowledge is regulated through selective mechanisms that maintain cosmological consistency while ensuring the sustainability of healing practices in the context of social change.

A comparison with biomedical systems reveals fundamental differences in ontological assumptions, epistemic methods, and criteria for validating knowledge. Biomedicine reduces the body to a biological object that can be analyzed through scientific methods (Greene & Loscalzo, 2017). In contrast, the Baduy system views the body as part of a network of cosmic relations inseparable from moral and spiritual dimensions. This difference underscores the existence of a plurality of epistemologies, each with its own internal logic. Comparative analysis allows for the identification of common ground, such as a concern for order and predictability, as well as differences in the means by which these goals are achieved. This approach avoids reducing spirituality to irrationality and opens space for the understanding that different knowledge systems can operate in parallel, each with distinct criteria of validity, while remaining coherent in their respective contexts.

Modern Medicalization and Negotiation of Health Practices in Baduy

Medicalization operates as a mechanism of knowledge production that constructs the body, illness, and healing through institutionalized power relations. A medical sociology perspective positions medicalization as a historical process that strengthens the authority of the medical profession and the state apparatus, as formulated by Peter Conrad (2007) regarding the expansion of medical jurisdiction, and Michel Foucault (1980) through the concepts of biopower and governmentality, which highlight population regulation based on scientific rationality. The Baduy context demonstrates that biomedical penetration occurs through public health programs, administrative regulations, and the intervention of medical personnel who implement national health norms. This rationality presupposes the universality of the biological body, while the Baduy understand the body as a relational entity bound by cosmology, collective ethics, and social balance (Romi & Purwanto, 2022). This ontological difference forms a field of epistemic contestation that determines the limits of the legitimacy of modern health practices.

The entry of modern health services is mediated by an active selection mechanism that reflects the collective agency of the Baduy community. The findings of Silalahi and Purwanto (2025) indicate that therapeutic decisions are determined not only by individuals but also by customary authority and communal considerations that assess the appropriateness of medical practices in relation to cosmological norms. Immunization practices and the treatment of certain acute conditions are accepted with limited discretion because they are perceived to have pragmatic benefits without disrupting the social order. This selectivity indicates that the acceptance of medical technology is not synonymous with the adoption of biomedical epistemology. The structuration theory framework emphasizes that the Baduy community is not in a passive, subordinate position but rather mobilizes external resources in line with local interests. Collective deliberation mechanisms engage in internal negotiations that consider symbolic and social risks, positioning medicalization as an instrumental resource rather than as a single authority of truth.

Power relations are a key dimension in understanding the interactions between the state, medical institutions, and the Baduy community. National health programs construct the body as an object of normalization through medical standards that represent dominant rationalities (Gamalliel & Fuady, 2024). A Foucauldian approach suggests that these practices function as a form of biopolitics, regulating the population through preventive and curative health interventions. Public health discourse often positions indigenous practices as irrational and risky, creating a hierarchy of knowledge that places biomedicine as the superior standard (Agudelo-Hernández, Plata-Casas, & González-Abril, 2025). The Baduy community responds through everyday forms of resistance, as conceptualized by James Scott (1990), such as restricting access to medical personnel, regulating the timeframe of

visits, and separating modern practice from ritual spaces. These practices are not confrontational but effective in maintaining community autonomy.

Adaptations to modern medical practices demonstrate a dynamic of hybridity that does not lead to epistemic assimilation but rather to selective appropriation, thereby maintaining local interpretive frameworks. Postcolonial perspectives, particularly Homi Bhabha's (1994) concept of hybridity, help explain how biomedical elements are integrated without erasing institutionalized meaning structures. Modern medical practices are used as supportive technologies when indigenous treatments are deemed inadequate to address specific conditions, such as severe infections or physical trauma. However, the decision to use remains in the community's hands, guided of ethical, social, and cosmological considerations. The medical pluralism approach asserts that the coexistence of medical systems does not necessarily result in the dominance of one system, but rather creates a complex space of interaction (Hsu, 2008). This appropriation demonstrates that biomedicine is losing its claim to universality as it is forced to adapt to local logics governing the meaning of illness and healing.

The tension between biomedical and indigenous rationalities manifests itself in concrete practices that demonstrate the limits of medicalization's effectiveness. Refusal of hospitalization, restrictions on the use of certain medications, and avoidance of invasive procedures reflect a prioritization of relational balance over technical interventions. A study by Silalahi and Purwanto (2025) showed that patients preferred to return to their communities even when medical professionals recommended further treatment, as social presence was considered integral to the healing process. Indigenous rationality serves as the primary evaluative framework determining the validity of medical interventions. Kleinman's (1988) perspective on local health systems reinforces the argument that therapeutic decisions are not solely based on clinical diagnosis but are also influenced by the social meaning of illness. The claim that medicalization has become the dominant regime is unfounded, as local practices retain interpretive authority over the body and illness.

Critical analysis of medicalization also reveals a tendency to depoliticize health issues through a reduction to behavioral aspects and access to services. The structural violence perspective of Paul Farmer et al. (2006) demonstrates that the health conditions of indigenous communities cannot be separated from histories of marginalization and structural exclusion. The Baduy community's interactions with state health institutions demonstrate an awareness of these implications, fostering a cautious attitude toward medical intervention. Biomedical knowledge is not rejected due to its scientific shortcomings, but rather because of its potential to shift community control over the body and social life. This selective rejection can be understood as a cultural political act that maintains epistemic autonomy. The body is not entirely surrendered to the logic of the state and the pharmaceutical market,

so medicalization loses its transformative power when it fails to accommodate power relations equally.

Baduy Traditional Medicine as an Alternative Health Knowledge System

Baduy traditional medicine deserves to be understood as an alternative health knowledge system because it operates through an autonomous epistemic framework that cannot be reduced to complementary or transitional categories. The concept of alternative needs to be freed from the subordinating dichotomy that has dominated global health discourse, particularly through the framework of medical pluralism, which positions various healing systems as interacting entities within configurations of power relations that are not always equal (Uibu, 2021). Baduy medicine demonstrates that alternatives refer to parallel epistemic pathways with their own criteria of validity, not simply variations in practice. Equality is defined as the system's ability to maintain social legitimacy, practice sustainability, and contextual effectiveness. This position challenges the assumption of biomedicine as a single center of authority. It opens up space for analysis of how local systems maintain autonomy without being completely free from modern epistemic pressures.

The epistemology of Baduy medicine is constructed through mechanisms of knowledge production, transmission, and verification based on long-term collective experience and systematic observation of the interconnectedness of the body, the environment, and social relations. Validation of knowledge depends on the consistency of practice outcomes across generations, community recognition, and the practice's ability to address varying health conditions. The corrective mechanism occurs through a collective evaluation of therapeutic failures, which then triggers adjustments to practice without altering the underlying epistemic structure. The resulting rationality is relational and pragmatic, as truth is determined through the interrelationship between healing outcomes, social stability, and ecological balance (Kusmayani & Elfrida, 2025). This perspective aligns with the notion of situated knowledge, which emphasizes that knowledge is always rooted in a specific context but maintains internal consistency (Haraway, 2020).

The Baduy ontology of healing positions health as a state of relational balance involving the human body, the ecological environment, and the broader social order (Silalahi & Purwanto, 2025). This ontology fundamentally differs from the biomedical approach, which is rooted in Cartesian dualism and biological reductionism. This difference has direct implications for how disease is understood and treated. Disease is not reduced to a mere physiological disorder but is understood as an indication of a relational imbalance that requires comprehensive restoration. This relational ontology is internally coherent because it consistently explains the interrelationships between individual conditions and environmental dynamics. This approach broadens the horizons of understanding health while demonstrating that distinct ontological frameworks shape medical reality.

The coherence of Baduy healing practices is reflected in the integration of knowledge, values, and therapeutic actions carried out as part of daily life. Healing practices exist as an extension of a lifestyle that maintains relational balance. The effectiveness of the practice is measured through the sustainability of individual health and community stability, rather than through standardized quantitative indicators. This mechanism demonstrates that therapeutic success can be achieved without reliance on high technology, as long as there is consistent application of knowledge within the ecological and social context. However, limitations arise when practices are confronted with diseases that require intensive biomedical intervention, creating space for negotiation between local and modern systems. This situation emphasizes the adaptive nature of Baduy medicine in addressing contemporary health challenges without losing its internal coherence.

The relationship between Baduy medicine and biomedicine demonstrates a power dynamic of knowledge that cannot be understood through a simple dichotomy between traditional and modern. Biomedical systems gain authority through institutionalization, standardization, and state legitimacy, while Baduy medicine maintains its authority through historically validated social beliefs. Tensions arise when claims of biomedical universality clash with contextualized local practices. A biopolitical perspective demonstrates that biomedical dominance is not only scientific but also political, as it determines formally recognized health standards (Parashar et al., 2023). Baduy medicine responds to this situation by selectively resisting, accepting certain interventions without adopting the entire biomedical epistemic framework. This strategy demonstrates that autonomy does not mean isolation, but rather the ability to negotiate without losing epistemic identity.

The use of the concept of the alternative requires a redefinition that goes beyond understanding it as either complementary to or opposed to biomedicine. Alternatives are better understood as parallel epistemic systems capable of explaining, managing, and restoring health conditions through a coherent internal logic. Baduy medicine exemplifies the category of alternative medicine, signifying the existence of a different form of rationality. This perspective challenges the hierarchical structure of health knowledge that places biomedicine as the sole standard. The analysis also reveals that a system's success is determined not only by formal scientific validation but also by social acceptability, sustainability of practices, and appropriateness to local contexts. This redefinition makes a conceptual contribution to global health studies by positioning epistemic pluralism as the norm rather than a deviation. The framework opens up space to understand health as a domain produced through the interaction of multiple knowledge systems.

Conclusion

The Baduy traditional medicine demonstrates that healing practices operate as a holistic health system, integrating empirical experience, the authority of

traditional leaders, and spiritual beliefs that guide the determination of the cause of disease, the selection of therapies, and the legitimacy of healing. Key findings demonstrate that therapeutic decisions are not based solely on physical symptoms but rather are the result of a negotiation between traditional diagnoses, moral considerations, and pragmatic assessments of the effectiveness of biomedical interventions, particularly for acute conditions such as severe infections or childbirth complications. This pattern affirms pragmatic coexistence, expanding the concept of medical pluralism and challenging the linear assumption of modernization by demonstrating that cross-epistemic integration is situational. Practical implications include the need for culturally mediated clinical communication models and collaborative referral schemes that recognize the role of traditional healers. Limitations include reliance on referral sources that may be biased in representation, limited transferability due to the specifics of the Baduy context, and the underexploration of gender and generational relations. Future research agendas should examine cross-community variation through longitudinal ethnography and mixed-method approaches to assess the dynamics of knowledge authority and the effectiveness of context-based health collaborations.

Acknowledgments

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Author Contribution Statement

The authors' contributions to this study include RI, who played a role in conceptualizing the research, developing the study framework, analyzing the data, writing the main draft, and coordinating the revision process and correspondence of the manuscript. MS contributed to data collection and management, the literature review, and the preparation of the study's methodology and results sections. FA played a role in critical analysis of the findings, data verification, strengthening academic arguments, and editing the substance of the manuscript. MT contributed to the validation of the results, the final review of the manuscript, the refinement of linguistic and formatting aspects, and the evaluation of content consistency.

Conflict of Interest

There are no conflicts of interest whatsoever related to the preparation, implementation, analysis, writing, or publication of this manuscript. The authors have no financial, professional, institutional, or personal relationships that could affect the objectivity, integrity, or interpretation of the research results. The entire research and writing process was conducted independently, in accordance with the principles of academic honesty and the ethical standards of scientific publication.

AI Usage Statement

Artificial intelligence is used only to a limited extent to assist with language editing, grammar correction, sentence clarity, and document formatting. All ideas, concepts, analyses, research results, interpretations, scientific arguments, and

conclusions presented in the manuscript are the intellectual work of the authors. The authors are fully responsible for the accuracy, validity, integrity, and content of the entire manuscript, including all academic decisions related to the research and writing process.

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