Cultural Construction Of Traditional Chinese Medicine (Tcm) Treatment From Healer In Surabaya-Indonesia

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Abstract :-

Objective: To seek cultural construction of health-illness concepts in herbs Traditional Chinese Medicine (TCM) conducted by healer (sinse) in Surabaya.

Methods: Through ethnographic methods approach using the ethnographic method of domain analysis strategy, taxonomies, components, and analysis of the theme from Spradley (1970). There are 5 respondens from the 27 active participants who registered in the Surabaya City Health Department who met the inclusion criteria and were willing to engage in depth interviews, discussion, observation and using of documents in the data mining process, and analyze them with the ethnographic method.

Results: Cultural construction of herb TCM that has been formulated through the study explained that the construction of cultural herbs medicine is built through four diagnostic methods of TCM.

Conclusions: The new invention in this research show that herb treatment pattern of healer is different from China, especially in dispensing. We also found that the numbers of Chinese herb drug store decrease as well as a number of healer are retired or pass away.

Keywords:- culture construction, healer(sinse), herb, traditional chinese medicine

I.

INTRODUCTION

The aim of health development is towards Healthy Indonesia, namely to increase awareness, willingness and ability o healthy life for every person to realize the optimal degree of public health through the creation of community, nation, and the state of Indonesia which is characterized by citizens who live in a healthy environment and behavior, have the ability to reach quality health services in a fair and equitable, and have optimal health status in all regions of the Republic of Indonesia. Health paradigm initiated by the Ministry of Health of the Republic of Indonesia and is expected to be a health efforts in the long term could encourage people to become more resilient and able to avoid the disease in order to live productively. The health paradigm is a model of development in the long-term health could encourage people to be self-sufficient in maintaining personal health through higher awareness on the importance of health care that is promotive and preventive . Complementary-Alternative Medicine is a non-conventional treatments aimed at improving community health status include promotive, preventive, curative, and rehabilitative obtained through structured education with quality, safety, and high efficacy based biomedical science that has not been accepted in medicine conventional.

Research data from Indonesian Health Department in 2013 showed how many percent proportion of Indonesian people using herbs in the basic health service.

sevice according to the characteristics, Indonesia 2013									
Characteristic	The reason people utilizing herbs in the basic health Service (5%)								
	Maintai ning for health	More efication	Health belief	Low cost	More safety	Trial by error	Hope- less	others	
Housing									
Urban	55,3	17,3	11,4	5,4	4,0	3,3	1,8	1,5	
Rural	49,6	19,6	13,3	8,3	2,7	2,2	1,8	2,4	
Source + Indension Health Department 2012, page 51									

 Table 1.1 Proportion of households by main reason utilizing herbs in the basic health sevice according to the characteristics, Indonesia 2013

Source : Indonesian Health Department 2013, page 51

The goal of this research to find how could the healer built their culture construction with TCM treatment based on their chinese culture in Indonesia. Implementation of this study could be used for Indonesian herb developing by substituting similar Indonesian herb.

1. Methods

This type of research is a qualitative research study distinctively field of cultural anthropology. Specific methods were applied as in the form of qualitative data collection through participants observation, in-depth interview at the study site. This study tried to find the relationship between the phenomena by comparing the differences or similarities properties of various symptoms or phenomena are found, then researcher classify these phenomena that have similar properties and then make generalizations and eventually formed a theory. The research design is qualitative ethnographic design version Craswell (2011). Design ethnography is a qualitative procedure to describe, analyze, interpret patterns of cultural groups, the diversity of behaviors, beliefs, languages, which evolved over time. Implementation of this research study uses measures proposed by Spradley (1980), namely: (1) make observations / interviews, (2) the domain analyst, (3) focused interviews, (4) taxonomic analysis, (5) selected interviews, (6) component analysis, and (7) analysis of themes

The informant has the following characteristics:

- 1. Healers has been practicing more than 20 (twenty) years,
- 2. Healers are people belonging to the Chinese Ethnicity,
- 3. Healers were registered as a member of the Council of East Java Indonesia,
- 4. Healers were officially registered as TCM healer (Sinse) in Surabaya City Health Department.
- 5. Healers can communicate thoughts, views, attitudes, and expectations of them well,
- 6. Healers could be read and written in Mandarin,
- 7. Healers has more than 10 patients per day,
- 8. Healrers has a record of treatment,

Tabel 1.1 Profile of healer (sinse) in Surabaya											
No	Name	Age	Experiences	Patient/day	Price	Internal	Eksternal	Aku	Using	Using	Working Area
					IDR("000)	Education	Education	Puntu	ТСМ	СРМ	
								ris			
1	YU	62	25	10	100		V	V	V	V	MANYAR K
2	AN	66	10	10	30	V		V			
3	IL	56	15	10	100	V		V		V	BRONGGALAN
4	ST	34	6	3	150		V	V			NGAGEL JAYA
5	MM	62	30	10	80		V	V	V	V	gondokusumo
6	LL	62	17	30	35	V	D3	V	V	V	SULUNG
7	YC	68	34	10	100	v	V	v	v	V	MANYAR K
8	HW	70	36	10	100	v	V	v	v	V	MANYAR K
9	IH	68	40	10	100	V	V	V	V	V	JAGALAN 79 H
10	TS	65	43	25	100	V/S3	V	V	V		JAGALAN
11	KS	64	30	3	30	V		V		V	WASPADA 15
12	HA	58	30	3	30	V		V		V	WASPADA 15
13	RP	74	33	10	30	V		V		V	WASPADA 15
14	ТН	64	30	10	30	V		V		V	WASPADA 15
15	EH	70	50	2	50	V		V	V		KEDUNG T
16	ОТ	66	48	5	50	V	S1	V	V		KARANG A 4
17	EH	73	50	2	100	V					RACI I
18	RPT	69	13	4	50	V		V	V		BARATAJAYA
19	TY	68	25	10	50	v	V	v	v		GADUNG 1
20	LT	59	8	3	35	v			v		KAPASAN 131
21	NN	60	30	5	75	V		V			MANYAR R
22	СН	30	8	20	100	V/S3	V	V	V	V	JAGALAN 117
23	YH	31	9	18	100	V/S3	S1	V	V	V	JAGALAN 79
24	KH	25	3	15	100	V/S2	S1		V	V	JAGALAN 79
25	CS	27	3	5	75		S1				TANJUNG A
26	AS	29	2	19	100		S2		V		DARMO P 3
27	RW	25	2	20	90		S1		V	V	LOMBOK 9
TOTAL REGISTERED HEALER (SINSE) : 31											
INTERVIEWED : 27 S1= Strata 1 S2=Strata 2 S3 = Strata3											

II. RESULTS AND DISCUSSIONS Tabel 1.1 Profile of healer (sinse) in Surabaya

The findings of this study include the finding of a general nature that is the place of practice, background healers ethnic types of patients, and the results of the data analysis. To get the problem simple to complex, researchers begin with descriptive questions to the informant. Various combination of descriptive questions performed starting from the grand tour in practice, the question of experience and native language question. Based on the results of research and discussion, it can be concluded that the pattern of cultural construction in TCM treatment by healers in Surabaya as follows:

1. TCM in Surabaya originated from Mainland of China and has been developed in Surabaya-Indonesia since the entry of the Chinese merchants to Indonesia in the 13th century. TCM is a method of treatment that is used to prevent, cure disease and improve the quality of human life.

2. Amount healer of traditional chinese medicine are less than before it, because their sons or daughters did not follow their parents professions or the old healers were already retired or pass away.

3. The number of TCM herbal store is less than last time because of the raw materials of TCM from China is difficult to find.

4. TCM has four diagnostic methods for determining a disease syndrome ofdifferentiation. 5. TCM syndrome differentiation were able to identify a disease by Zang and Fu organs. TCM uses 5 Zang, namely the liver, spleen, kidneys, lungs, and heart as the core of treatment. Element is connected to the Zang Fu 6 elements, namely the small intestine, large intestine, gall bladder, urinary bladder, stomach and Sanjiao, 5 main tendon tissue (tendons), vessels (blood vessels), muscle, skin, and bone and holes (eyes, tongue, mouth, nose, ears, holes anterior and posterior holes). All are connected through a meridian and collateral, as well asintegrated and functioning together as an inseparable unity. Qi, Xue, and body luids is the main ingredient for the physiological activities of the human body, which then through metabolism in Zang Fu organs.

6. Nature and flavor of herbs: Herbs TCM has a special characteristic in the form of four properties and five flavors which allow the treatment of TCM to be optimal.

7. Factors affecting pain: TCM is able to detect a differentiation syndrome through internal and external factors.

8. Implications discovery as the implications of the cultural construction of TCM herbal medicine by healers in Surabaya researcher found that the selection of TCM herbal medicine could help prevent and promote health for Indonesian people with low cost.

III. CONCLUSIONS

Most of healers gave treatment without directly gave herb to the patient but taken to the TCM drug store. A number of TCM drug store is less than before because of no new generation continue it. Herbs of TCM could be substituted with Indonesian herbs.

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