

Abstract

In 2002, In Yogyakarta (and Magelang regency), there arose a community that practiced Prophet Medication Style (*Thibbun Nabawi*) named HPAI (Herbal Penawar Al-Wahida Indonesia) that still exist until now. They are like a doctor: diagnosing diseases, doing medical action (*hijamah*), giving prescription to their patient (public/society). How are the meaning of *thibbun nabawi* in the HPAI community in Yogyakarta and Magelang Regency, and how the institutionalization of them in social life? In the that institutionalization, in relation with modern medication (regim of medic), what dimention in it: sinergic with medicalization, demedicalization, or neo- medicalization?

It needs a research to find out about norm, value, and medical treatment, and also, to explain the reasons why *Thibbun Nabawi* of HPAI can grow up and exist. By using an approach of a contructionist (Peter L Berger), the researcher believes that *Thibbun Nabawi* in Yogyakarta is a social reality deliberately constructed that there is a knowlegde about “Healthy with Prophet style” that has been being developed in this community, so it is necessary to investigate and elaborate. It needs : Observing history data (literature study and deeply interview), observing the mindset and behaviour of the doers (hybrid participate observation, including informal dialogue). After collecting the data, the researcher did a socio-historical and thematic analysis.

In 2000, HPA TN entered Indonesia. HPAI become the core community that was active in Developing TN in Yogyakarta, and exsisted because of external factors (revivalism of islam, the problem of conventional medication, and also the weak Macro-Economy) and in ternal factors (close relationship, young educated muslim activists, diseases solution, and economy). *Thibbun Nabawi*, known as Prophet Medication Style,consists of preventive and curative acpects that is identical with the Prophet charaters. The HPAI activists implement those characters in their own and family daily life. Then, they share those characters to others also as a business. HPAI TN internalization is started by face-to-face interaction between agent with the new members based on relationship (blood relationship and or the closeness of islamic thought). It is strengthened by HEBAT training. Then, it is maintained by a weekly homesharing. There is a narration about an ideal health that is constructed by HPAI community: Prophet Health Style of Muhammad PBUH that includes healthy physically, economically, and socially –were been institutionalized.

The institutionalization of *thibbun nabawi* in HPAI oppose monopoly of the doctor in medication and wealth, marketing of synthetic and chemical medicine, inhumane and non-hopitalized medication) and, at once, potentially create commercialization of *thibbun nabawi*.

Keywords: Social Construction, *Thibbun Nabawi*, HPAI, medicalization.

Abstraksi

Tahun 2002, di Yogyakarta (dan Kabupaten Magelang), muncul komunitas pengamal pengobatan *ala Nabi* (*Thibbun Nabawi*) bernama HPAI (Herbal Penawar Al-Wahida Indonesia) yang eksis hingga kini. Mereka bertindak selayaknya dokter: mendiagnosa penyakit, melakukan tindakan medis (bekam), dan memberi resep pada pasien (masyarakat). Bagaimana makna *thibbun nabawi* yang berkembang pada komunitas HPAI di Yogyakarta dan Magelang, dan bagaimana institusionalisasi makna tersebut dalam kehidupan sosial? Dalam institusionalisasi tersebut, dikaitkan dengan relasinya terhadap pengobatan modern (rezim medis), dimensi apa yang berkembang: bersinergi dengan medikalisasi, demedikalisasi, atau neo-medikalisasi?

Perlu penelitian untuk mengetahui nilai, norma, dan tindakan kedokteran-kesehatan, serta, menjelaskan alasan *Thibbun Nabawi* ala HPAI bisa tumbuh dan eksis. Menggunakan pendekatan konstruksionis (Peter L Berger), meyakini bahwa *Thibbun Nabawi* di Yogyakarta adalah realitas sosial yang sengaja dikonstruksi, ada pengetahuan tentang “sehat *ala Nabi*” yang telah, sedang, dan mungkin akan berkembang pada komunitas ini, sehingga perlu diteliti dan diuraikan. Pemaparan bagaimana konstruksinya, perlu: meminjam data sejarah, serta memahami pikiran dan tindakan pelakunya. Data didapat dari wawancara mendalam dengan informan yang diambil dengan teknik *snowball*, ditambah hasil observasi dan analisis dokumen. Data yang terkumpul, disajikan, lalu dianalisis dengan mengkaitkannya dengan pemikiran konstruksi sosial Berger dan Luckmann, medikalisasi Ivan Illich, serta analisis wacana kritis Norman Fairclough.

Tahun 2000, TN ala HPA masuk Indonesia. HPAI menjadi komunitas inti yang aktif mengembangkan TN di Yogyakarta, dan eksis karena faktor eksternal (revivalisme Islam, kebuntuan pengobatan konvensional, serta lemahnya ekonomi makro) dan internal (hubungan kedekatan, muslim aktivis, muda, dan pembelajar, solusi penyakit dan ekonomi). *Thibbun Nabawi* dipahami sebagai pengobatan ala Nabi, yang mencakup upaya preventif (pencegahan) dan kuratif (pengobatan) sebagaimana perilaku Nabi. Aktivis HPAI menerapkan perilaku tersebut dalam kehidupan sehari-hari diri dan keluarga. Serta mendakwahkan pada orang lain, sekaligus sebagai bisnis. Internalisasi TN ala HPAI diawali melalui interaksi *face to face* antara agen dengan anggota baru berbasis kedekatan (hubungan darah dan atau kedekatan pemikiran keislaman). Dikuatkan dengan HEBAT Training. Lalu, dipelihara melalui *homesharing* rutin setiap pekan sekali. Narasi sehat ideal yang dibangun komunitas HPAI: sehat ala Nabi Muhammad SAW yang meliputi sehat diri, ekonomi, dan sosial –yang telah terinstitusionalisasi.

Institusionalisasi HPAI berdimensi demedikalisasi (karena menentang monopoli dokter dalam pengobatan dan kekayaan, mendekonstruksi pemasaran obat kimia sintetis, menentang klaim bebas nilai pengobatan, serta tidak merumahsakitkan), sekaligus berpotensi komersialisasi *thibbun nabawi*.

Kata kunci: konstruksi sosial, *thibbun nabawi*, HPAI, medikalisasi