INTRODUCTION

The epidemic and pandemic outbreaks are very dangerous and deadly which require serious, intensive and fast handling in various ways. Thus, both epidemic and pandemic countermeasure models are relatively similar both in the prevention, treatment, and care after disease outbreaks. These disease outbreaks require a high level of collective awareness of the public and Government about dangers and deadly impacts as well as a high commitment for intensive prevention and treatment with a variety of therapist approach.

To mitigate the impact of epidemic, protect the health workforce and ensure continuity of health service during and after them, stronger health systems are needed. Epidemics and pandemics put these systems under great pressure and stress. People, efforts, and medical supplies all shift to respond to the emergency (Anon 2018).

To stop the epidemics and pandemics, including the COVID-19, scientists in almost
all countries think of to do and share actions experiences amongst the global inhabitants. For more effective efforts to avoid transmission, spread, and treat epidemics and pandemics as natural calamities of humanity, then an integrative and collaborative approach is a very essential and needed. In this context, both modern and traditional medicine or medication become important role in handling the disease outbreak. Lin, Hsu, and Lin (2014) underlined that medicinal plants application can be traced back to the origin of civilization. Besides, managing life-style and avoid physical contact are recommended to all the people.

Paying attention to this matter, it is interesting to launch the question on the local treatment of handling the virus. What is local angle of solution dealing with the virus as an epidemic? This paper elaborates local wisdoms practiced by Nusantara local people by focusing on one area that is Aceh, as an area which has many legacies from their ancestors. The local wisdoms of traditional medication are kept in hand writing books called manuscripts produced by the Acehnese ulama of different time. The local knowledge and therapy of these matters had been used and practiced in the community at large to keep healthy and to increase their immunity from any disease especially epidemic.

Handling virus diseases as epidemic, there are at least two strategies that had been offered by many researchers. First is the way to manage life-style in social and cultural aspects. Valdez (2012) lets us know on the benefit of practicing social distance as a strategy for epidemic control (Valdez and Macri 2012). The work of Van Bavel (2020) is about the effectiveness of social and cultural influence on behavior to response the covid-19. Meanwhile, herbal medicine is also another alternative for minimizing the epidemic spread (Van Bavel and Baicker 2020). The second is the effectiveness of using traditional medicine. Traditional Chinese medicine includes herbal medicine and acupuncture was very popular in the society especially to prevent and to treat of disease by boosting the immune system. The development of three viruses namely SARS (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome) and SARS-Cov-2 could be reduced by the use of traditional medicine and medication (Shahrajabian and Sun 2020) Studies carried out by Chiang et.al. (2003) and Chen et.al (2007) that quercetin as antioxidant flavonoids in both fruits and vegetables with tremendous antiviral activities may influence SARS-CoV when cultured with target cells and causal agents of URT1. Thus far, the studies are mostly focus on sociological and anthropological aspect in nature, as it has been elaborated above. Historical research using local manuscripts especially using Nusantara manuscripts as primary resources for handling the virus has never been conducted, especially for the Acehnese manuscripts. In fact, it is provided a comprehensive data or even offered an insight of solution to handle the virus in different angle, especially in the aspect of local cultural legacy. The manuscripts give contribution of local knowledge on traditional medicine and local treatment in handling diseases and epidemic. This study will give a great contribution to the people today.

Until today, there has been no exact calculation of the number of Nusantara manuscript due to some obstacles (Holil 2019). Until 2019, it was recorded that Indonesia had almost 60,000 archipelago manuscripts (Hendrawati 2018) which were stored in various domestic and foreign libraries. Of this number, more than 1500 are Aceh manuscripts and 14,361 of Malay one. In a bibliographic note, there are not less than 1,500 volumes of manuscripts, collected in the Aceh museum. Most of them are written in Acehnese, Arabic, and Malay or Jawi (Arabic script to write Malay language or other their languages), covering wide variety of subjects including literature and the Islamic sciences (Nurdin AR 2012: 102). Among the collection is on the traditional system of medication deals with procedures for diagnosing daily diseases faced by the Acehnese society and how to cure
or treat it as codified in the manuscript origin of Aceh, by Fakhriati (2011: 205-226). This work did not focus on the uses of traditional medicine for epidemic, yet.

**Research Method**

This study intends to explore and to describe the three manuscripts deal with traditional medication. Those manuscripts are; first is manuscript written by Teungku Syik Kuta Karang entitled *Ar-Rahmah Fi at-Tibb Wa Al-Hikmah*. The manuscript is a classical hand writing book of Teungku Syik Kuta Karang, an Acehnese prominent figure lived in 19th century who has a good friendship with Snock Hurgronje1. This manuscript is already transcripted and transliterated by Mohd. Kalam Daud in (2014) and Affendi and Hermansyah (2017). The content of this manuscript describes various traditional medicines used by the Acehnese. The second manuscript used in this paper is an anonymous manuscript collected individually by Teungku Nurdin Aceh Utara. This manuscript also does not have a title since the first and the last pages are missing. This manuscript is not digitized yet by any institution. The researcher found the manuscript directly from the collector that is Teungku Nurdin. The third is a manuscript collected individually by Teungku Amir Teupin Raya, Pidie district in Aceh. This manuscript is already digitized by Endangered Archive Program (EAP) The British Library. Its digital version is kept in The British Library with reference code EAP329/5/33. This manuscript is also anonym and does not have its title. The manuscript is not complete anymore, because the first and the last pages are already missing. The content is varied and it is dominant with the local knowledge of traditional medicine and finding good fortune in daily life.

For the purpose of this study, a philological approach is used in this study by means of using the written historical resources or literary texts. Besides, historical approach used to analyze the social, economic, cultural, and religious context when the texts are written and used by the people in that time. To collect the data of the manuscripts, this study at least uses three steps. The three first steps considered as a philological approach are identifying the manuscripts of traditional medicine, searching the related information from the text written in manuscripts, and reading the manuscript texts by reducing unrelated information, resuming the contents, and highlighting the essence of the knowledge provided. Second step is finding the data from the local experts on this matter by interview to connect the text with the context. The final step is collecting any historical data from secondary sources related to the theme of this research.

**Results And Discussion**

**Epidemics in Historical Line**

Both epidemics and pandemics need serious attention and treatment, since it is infectious diseases, very rapid and widespread transmission. An epidemic occurs when an infectious disease spread rapidly to many people. In 2003, for example, in the severe acute respiratory syndrome (SARS) epidemic took the lives of nearly 800 people. While pandemic is a global disease outbreak. It affects a wider geographical area, often worldwide, infects a greater number of people than an epidemic. The virus spreads quickly from person to person worldwide, causes much higher numbers of deaths than epidemic, and often creates social disruption, economic crises and general hardship (Hays 2005). Today (of year 2019-2020), a Corona Virus (COVID-19) appears as a new pandemic for all the people in the world. Nevertheless, the case of COVID-19 as pandemic views from the symptom, danger, and the transmission has similarities with other virus outbreaks.

The small difference lies in the extent of the spread and the magnitude of the victims, causing

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1 For the friendship between Teungku Kuta Karang and Snouck Hurgronje, see Teungku Kuta Karang writing kept in Leiden University Library, with Cod. Or.11.187.
the terms “epidemic” and “pandemic” to often exchange and blur in its use. In the history of disease outbreak, there have been hundreds of epidemics that have occurred in the world. However, at the beginning of the discovery of the outbreak, the term “epidemic” was more popularly used. The kinds of epidemic diseases are like malaria, smallpox, and influenza happened in the past (Martin-Granel 2006; McMillen 2016). The following table shows a number of the outbreak events that have been occurred since the early days.

Table 1: Some Epidemics Occurred Over Time in the World

| Name                          | Time period | Type/Pre-human host                  | Death toll |
|-------------------------------|-------------|--------------------------------------|------------|
| Antonine Plague               | 165-180     | Believed to be either smallpox or measles | 5M         |
| Japanese smallpox epidemic    | 735-737     | Variola major virus                   | 1M         |
| Plague of Justinian           | 541-542     | Yersinia pestis bacteria/ Rats, fleas | 30-50M     |
| Black Death                   | 1347-1351   | Yersinia pestis bacteria/ Rats, fleas | 200M       |
| New World Smallpox Outbreak   | 1520 – onwards | Variola major virus                   | 56M        |
| Great Plague of London        | 1665        | Yersinia pestis bacteria/ Rats, fleas | 100,000    |
| Italian plague                | 1629-1631   | Yersinia pestis bacteria/ Rats, fleas | 1M         |
| Cholera Pandemics 1-6         | 1817-1923   | V. cholerae bacteria                  | 1M+        |
| Third Plague                  | 1885        | Yersinia pestis bacteria/ Rats, fleas | 12M (China and India) |
| Yellow Fever                  | Late 1800s  | Virus/ Mosquitoes                     | 100,000-150,000 (U.S.) |
| Russian Flu                   | 1889-1890   | Believed to be H2N2 (avian origin)   | 1M         |
| Spanish Flu                   | 1918-1919   | H1N1 virus/ Pigs                      | 40-50M     |
| Asian Flu                     | 1957-1958   | H2N2 virus                            | 1.1M       |
| Hong Kong Flu                 | 1968-1970   | H3N2 virus                            | 1M         |
| HIV/AIDS                      | 1981-present | Virus/ Chimpanzees                    | 25-35M     |
| Swine Flu                     | 2009-2010   | H1N1 virus/ Pigs                      | 200,000    |
| SARS                           | 2002-2003   | Coronavirus/ Bats, Civets             | 770        |
| Ebola                          | 2014-2016   | Ebolavirus/ Wild animals              | 11,000     |
| MERS                           | 2015-Present | Coronavirus/ Bats, camels             | 850        |
| COVID-19                       | 2019-Present | Coronavirus – Unknown (possibly pangolins) | 535,000 (Johns Hopkins University estimate as of 7:33am PT, July 6, 2020) |

Source: Visualizing History of Pandemics (LePan 2020)

Indonesia—previously known as Nusantara (means: the Archipelago)—is no exception having been plagued by epidemics, namely fever epidemic (koortsziekte).

In 1918, influenza epidemics attacked Batavia (now, Jakarta), Rembang and Krasak Regency of Central Java, with 563,208 and 19,887 died victims, Makassar (South Sulawesi) with 112 deaths, and Tana Toraja of North Sulawesi with 300 dead victims, and the following year of 1919, two town in Central Java, namely Purworejo and Banyumas regencies were also attacked by the influenza epidemics (Wibowo 2009). This epidemic was spread from other countries. Then, WHO announced at that time as the first pandemic in the world.

Since the 17th century, Indonesia has been hit. At that time, concrete data of the disease outbreaks were not well documented. However, the concurrence of an outbreak was mainly
related to time of the events, victims, and how to treat or cope with them recorded in folklores and written in classical manuscripts. For example, in 19th century, epidemic outbreak of ‘ta’un’ or ‘ta’eun’ (or plague) was familiar and occurred in Aceh and surrounding area (Karang 2017: 15).

During the times of Dutch colonization (1873-1942M), the Acehnese people had experienced an outbreak and spread of epidemic (Hurgronje 1996: 231). As such, Acehnese have an empirical knowledge of how to deal with epidemics, as an epidemic disease. They have developed traditional medicine which combines religious teaching and cultural inheritance. In the past, this medicine was believed as successful way in overcoming the infectious epidemic and ending its outbreaks.

Snouck Hurgronje, a Dutch scholar and spy assigned to occupy Aceh, noted that cholera and smallpox could be found in Aceh. These epidemics were dealt differently in different Aceh regions. For example, in Pulo Breuh, the people believed that a giant tree could cure this epidemic, such that they held a feast there once a year. Other regions performed sea offering (kenduri laut) (Hurgronje 1996: 330-331). However, Hurgronje’s explanation was more focused on societal beliefs. He had paid much attention to the phenomena, he would not have been able to see that the events held were meant to maintain society and individual stability to stave off any potential of epidemics or other endemic diseases. This also appears today in some of the Acehnese as coastal communities. During the feasts or offerings, the people are able to eat nutritious food. There are also exhortations and warnings to maintain oneself and perform religious obligations as a way to prevent sickness. (direct observation in Pidie). Teungku Marzuki, the Gelumpang Minyeuk Pidieulama, conveyed that during sea offering, food is released into the sea, attracting fishes to the location. The next day, when fishermen in the area went to work, usually they would be able to catch more fish, increasing their income (interview with Teungku Marzuki, Gelumpang Minyeuk, Pidie district, April 2019).

Traditional Medication for Bettering Health

Traditional medication practice with long historical and cultural background has rooted widely across region in its form. A number of less complex traditional medication practices are also cultivated within small and sometimes isolated groups based largely on local experience. WHO estimated 80% of the population in much of the developing countries relies on traditional systems of medicine, and 70% of the developed countries have used some form of alternative or complementary medicine (WHO 2008). In this case, defines traditional medicine (TM) as the sum total of knowledge, skills and practices based on theories, beliefs and experiences indigenous to different cultures that are uses to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illness or maintain wellbeing. Different background of the values, customs and habits, beliefs and regions, it allows diverse in concept and practice of traditional medication. Two examples of widely known traditional system of medication is Traditional Chinese Medicine (TCM) and Ayurvedic Medicine or Traditional Indian Medicine (TIM) TCM is the Chinese medical practice that includes various forms of herbal medicine, acupuncture, cupping therapy, guasha, massage (tuina), bone setter, exercises, and dietary therapy using five main elements –fire, earth, metal, water, and wood. While TIM is medical (healing) system, developed in India which is based on the belief that health and wellness depend on delicate between the mind, body and spirit. Hence, in the practice, the role of religious values, beliefs and spirituality becomes very important and inseparable part of TIM (Kessler et. al 2013).

As the world religion, Islam has its own concept and practice of traditional medication which is widely used by Muslim communities in various parts of the world, including Indonesia. Azaizeh et.al (2010) recently proposed the term Traditional Arabic and Islamic Medicine
Based on the history of medical system in Islamic civilization since the 8th century and its development, Azaizeh defines TAIM as a healing system practiced since antiquity in the Arab world within the context of religious influences of Islam and to be comprised of medicinal herbs, dietary practices, mind-body practices, spiritual healing, and applied therapy whereby many of these elements reflect an enduring interconnectivity between Islamic medical and prophetic influences as well as regional healing practices emerging from specific geographical and cultural origin (Al-Rawi 2012). The Nusantara’s traditional system of medicine, and Aceh medical concept and practiced has strongly influenced by Islamic teachings both Chinese and regional (local) traditions which were heavily by indigenous culture before the coming of Islam to Aceh.

The WHO published a global atlas to compile information on traditional medication globally in terms of policy, regulations, financing, education, research, practice and use in purpose of developing it as one of medical therapies alternative. Besides, traditional medication which is used by world-wide community since the very long time, culturally it has already contributed in developing modern medicine. Traditional medication inspires modern technology to realize of how important to study and develop (Bodeker et.al 2005). Traditional medication shows of what (a) natural materials used in practice, (b) how and why they use it, and (c) how therapy effects of such practice have been carried out in nearly all over the world. Subsequently, with development of modern technology, traditional medication has become contributed significantly to pharmacology. Natural products that traditionally used over millions of years have a unique chemical diversity to develop effective drugs and they will play a leading role in the discovery of new drugs for treating human diseases, including critical disease (Shen 2007).

Studies of natural products of traditional medication demonstrate empirically considerable evidences that traditional medication has assisted in the development of modern drugs. Through its use of natural products which is usually composed from several herbs and ingredients, traditional medication offers merits over other forms of modern medicine. Due to its traditional medication effectiveness used for therapy, it has gradually gained approval as complimentary or alternative medicine in Western countries (Yuan, Ma, Ye 2016: 558). Shortly, traditional medication plays important roles in assisting people for treating diseases up to the recent times in the midst of modern medicine advance. In Indonesia, traditional medical practices, has been culturally known for thousands of years ago. A botanist, Jacobus Rontius (1592-1631) announced the efficacy of plants in his book De Indiae Untriusquere Naturali et Medica” and concluded that there are many plants in the Archipelago containing ingredients or substances that can be used for medicines (Hidayat 2012). So, efforts of developing both traditional medication and modern medication should be treated in a wide and collaborative way—though, in its use, some people are more confident with the advancement in the modern medical science while some others still choose to stick to traditional remedies due to some reasons of its low price and easiness to gain materials, beside it has low side effects.

Referred as a complementary and alternative medicine”, in the maintenance of health as well as in the prevention, diagnosis, and treatment of both physical and mental illness, traditional medication becomes very popular in communities of the world-wide. Some parts of the world population, rigorously rely on their own traditional medicine to meet their primary need of health care. In case of COVID-19, the traditional medication indeed will not directly cure the disease and will not does intervention to stop it immediately in a simultaneous way, but it only takes a head time of speed outbreak in nationwide. Traditional medication will be functional for strengthening the individual or community’s physical resistance required in preventing virus diseases. Traditional medication
Religious Traditional Treatment of Epidemics: A Legacy From Acehnese Manuscripts
Fakhriati and Choirul Fuad Yusuf

will be significantly effective to reduce, lessen, or decrease the virus outbreak into a wider scale. Drinking traditional medicine in a regular way is believed by the people will make the body fit and fresh, that potentially will prevent from any disease.

Among Indonesian, Chinese, Indian, African, and other racial or ethnic community pass down from generation to generation to cultivate the use of traditional medication. Most traditional medication in the world, particularly in Indonesian areas, have relatively similar way in formulating traditional medicine. Numerous studies in case of traditional medication, which focusing on how it formulated for both therapy and health care maintenance, highlight some categories of it serving, e.g.: (1) traditional medication are prepared for an individual patient with fresh or dried raw material given in direct or indirect ways, such drinking rhizomes ingredients; (2) traditional medication that are prepared in advance composed of crude raw materials for instance; (3) traditional medication which is prepared in advance and supported by scientific research, such as traditional medication produced by factories such as “Jamu”—any kind of herbal medicine made from natural materials such as seeds, flowers, leaves, roots, and fruits that are compounded in mixture, and (4) traditional medication are provided by means of giving spiritual formula such as prayer or magic formula the way of giving spiritual therapy—by pray, “mantera”, or other immaterial components.

There are a lot of natural materials traditionally used as basic ingredients of traditional medication formula. Among them are easily found in many parts of the world are rhizomes such as ginger, turmeric, aromatic galangal, greater galangal, finger root, curcuma xanthorrhiza, and the like, leaves like binahong (heart-leaf, or an rederacordifiola) brotowali (tinosporatubercutarumphi), secang (caesal piniasappan), from fruits such as key-lime, nyamplung (or calophylluminophyllum), and the flowers like jasmine, alang-alang (gramineae) ilang-ilang (canangaodorata), and other medical materials are findable in the kitchen, such as garlic, onion, coriander, lemongrass and other hundreds of natural herbs or plants cultivated in Indonesia.

Medical Legacy in Acehnese Manuscripts

Aceh is the westernmost province in Indonesia. Historically, Aceh is the first place where Islam coming and spread into Indonesia, that reached Aceh around 1250 AD. Due to its historical and cultural background, this province was granted as a special autonomous status which officially practicing sharia law or entirely implementing Islamic law. This administrative privilege given by the state of Indonesia is inseparable from the history of the Acehnese people who have long lived in Islamic environment led by religious leaders (Chambert-Loir 2017: 51-96). Aceh becomes a religiously conservative with its cultural richness. One of historical legacy is that Aceh is one of most important regions in Indonesia preserving Malay manuscripts covered various subjects including the traditional medication practice of Acehnese and Malay community. Because of the importance of medical values as part of the Acehnese and Malay legacies, the studies of it are placed in the similar to religious studies, such as mysticism, monotheism, and law that had previously received major attention (Naim and Yusoff 2017). Culturally, amongst of Acehnese manuscripts contained of cultural tradition of folklore, myth, legend, and religious teachings inherited from generation to generation.

Manuscript Description

Many prominent figures had written about medicine in manuscripts found in Nusantara. Almost every ethnic group in this region has such manuscripts. For example, in Bali it could be found usade, a local name for these manuscripts. They could also be found in numbers in Riau and Padang. In Palembang, its sultan once wrote a manuscript on medicine (information from a manuscript collector in Palembang, Kemas H. Andi Syarifuddin on July 12, 2020). For the Riau manuscripts, Ellya Roza, for instance, is one of
researchers who have examined the knowledge of *tibb* (Islamic medicine), an alternative medical treatment for the Malays in the region (Roza 2014).

A similar case could also be found in Aceh. A number of traditional manuscripts on medicines had been found in many places there. These findings could be understood in the light that the Nusantara ethnic groups were quite familiar with nature around them to be able to make use of its medicinal ingredients. They then recorded this knowledge by writing in traditional manuscripts. In an Acehnese manuscript collected by Teungku Amir, it is mentioned that wood is a natural material which should be used as much as possible to heal various diseases. A direct quote is as follows:

*Sabda Nabi Saw maka apabila Nabi Sulaiman sembahyang pada mihrah masjid maka dilihatnya tumbuh pada mihrah itu pada tiap-tiap hari sepohon kayu maka ditanya oleh Nabi Sulaiman akan dia hai pohon kayu apa namamu dana apa gunamuh maka sahutnya ya Nabi alaihissalam, nama hamba Fulan dan guna hamba juga demikian. Jika ada pohon kayu itu patut akan obat maka disuratkan naman-ya maka ditanamkannya.* (EAP329/5/33:11)

Translation: The Prophet Muhammad whom peace be upon him, said that when the Prophet Sulaiman prayed at a mosque’s mihrah, he saw wood grow on it as day goes by. He then asked the wood for its name and its use. The wood answered, oh Prophet Sulaiman whom peace be upon you, my name is Fulan and my use is such. If the wood is useful for medicine, the name is recorded, then it was taken to be planted everywhere outside the mosque.

In this text it is clearly stated that using the medical ingredient which is available so abundantly as a blessing from the Creator in nature is important for humans, including in treating diseases.

Medicinal manuscripts in Aceh, in fact, rarely contain their authors’ name. As far as could be ascertained, there is one manuscript written by Teungku Syik Kuta Karang which can be categorized as a book of *tibb* (medicine). This book was titled properly along with its publication year. In addition, there is another medicinal manuscript written by Teungku Leubee Panglima Beutong. This manuscript is kept by the Pidie community of the Keumala area. Its owner did not allow the manuscript’s photo to be taken. They only allowed it to be purchased. Due to its very expensive price tag, the researcher had not been able to purchase it. However, it is planned to at least be able to digitise the text by persuading the owner further (discussion and interview with Masykur, an Aceh manuscript enthusiast and owner of Pedir Museum, on July 10, 2020).

Other medicinal manuscripts the researcher found did not contain titles and authors. Two anonymous manuscripts were also subjects of the current study, namely the Teungku Amir Teupin Raya collection and the Teungku Nurdin Aceh Utara collection. The absence of title and author could be caused by at least two factors, namely incompleteness of the manuscript due to its fragile conditions, its binding having become loose causing a loss of its first and last pages. The second factor is the possibility that the authors themselves being unwilling to write their name. This factor is very reasonable due the influence of eastern cultural traditions, which believe the mention of names shows pride. Eastern authors prefer to humble themselves in the reader’s eyes and call themselves unworthy people. They prefer to give attribution to Allah and His Prophet.

This study thus focuses on the three manuscripts mentioned above. To the researcher’s

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2To be able to see and read manuscripts of the Acehnese community, a cultural approach is really needed. Because the community does not instantly trust outsiders who wish to see these traditional manuscripts as their heritage legality from their ancestors. They are quite suspicious of their guests. The researcher had experienced a number of different reactions from the manuscript owners who were not welcoming of their guests. They looked at guests cynically, and ignored them. Hence the researchers could not view and even read the manuscripts. A vital consideration when researching these manuscripts is a knowledge of local cultures and traditions; to greet, behave, act, and speak with the local community using local culture and languages. Then, camaraderie would be more easily formed, as the community could feel that their visitors could actually be related to them (The researcher’s own experience in finding local traditional manuscripts in 2008, 2010, 2012 and 2014).
knowledge, they have not been examined in terms of their medicinal efficacy. Their study is especially important due to their exposition of natural ingredients which could enhance the body's immunity in dealing with a variety of diseases, including the corona virus which causes the current pandemic. Each manuscript is described in detail in the following, in terms of their physical status and their contents.

The Teungku Syik Kuta Karang manuscript was written directly by him, on 2 Muharram 1266 H or Sunday 18 November 1849 M. The manuscript consists of 218 pages, written in Jawi script and Malay language. It uses Arabic language and script when quoting Qur'anic verses and prophetic traditions, prayers, and Arabic words. The ink used in writing the text is dominantly black and red ink used for rubrics. Transcribed and transliterated by Mohd. Kalam Daud (2014) and Affendi and Hermansyah published in (2017), its content is full of medicinal exposition. Divided into five chapters, the first chapter is about physical science, namely the knowledge that the human body could be cool, warm, and cold, as well as the secret contained in these states. The second chapter is about food, medicines and their benefits. The third chapter is a recommendation of what to do when the body is healthy, such that its balance is maintained. The fourth chapter prescribes the type of medicine needed to cure different limbs, such as the medicine for mild headaches which make the eyes dizzy and cause sleeping difficulty. The treatment for this is honey water, cow oil, and jullah (rose water) all cooked until frozen and consumed before sleep. The fifth chapter explain the cure for all common ailments in the body such as feverish cold, which is limo juice drank in the morning for three consecutive days, followed by soft foods such as bread flour, and sugar. If for three days the ailment persisted, cupping is recommended. Hence the content of this manuscript is full with traditional medical knowledge using local herbs.
In general, the content of this manuscript focuses on medical treatments which can be divided into at least two categories. The first category is diseases treated with traditional ingredients. For this category, there is worldly disease, how to treat disease caused by another person (witchcraft). Then there are diseases caused by the devil, and general illnesses such as headaches, toothaches, and cough. The second category is treating diseases with prayers and amulets. Diseases could also be avoided by certain amulets and prayers with special practice in accordance with the rules guided and written by the author. To treat disease caused by ‘red wind’, prayers taught by the author need to be invoked.

The third subject in this study is the Teungku Amir manuscript. It consists of 110 pages with Jawi script in Malay, and Arabic script when quoting Qur’anic verses, hadiths, prayers, and Arabic words. The ink used in writing the text is dominantly black and red ink used for rubrics. It has been digitized in 2010 and could be accessed in the British Library’s Endangered Archive Program website: https://eap.bl.uk/archive-file/EAP329-5-33#?c=0&m=0&s=0. The code used for this manuscript is EAP329/5/33.

This manuscript also contains forecast to get a good life here and the hereafter. As for medicine, it starts with an explanation that the human body has special signs which need to be known. Then the author explains that disease sources are in the stomach. When one can manage the stomach, one’s body would be healthy. In describing medicine, this manuscript does not use chapters to separate its topics, but rather the term "fasal" (article), "statement" or the direct word "medicine" or "benefit" written in red ink as a sign of a new subject. The word "benefit" is used to describe the benefits of a medicinal ingredient. The example is mentioned:

Faedah daun kancing baju misalnya banyak khasiatnya kata Sayyidi Ahmad dengan nama Allah Taala bahwa sanya hamba makan buah kancing baju itu dengan daunnya setahun lamanya maka rambut hamba yang putih jadi hitam keluar dari dalam tubuh hamba seperti bau Kasturi. (EAP329/5/33; 98)

Religious Treatment

The name of the epidemic which befell Aceh was exactly known due to the event happened in very long ago. In Bustanussalatin, Ar-Raniry elaborated that the epidemics had occurred since Ummayyah dynasty.

Dan pada Hijrah tujuh puluh Sembilan tahun turun wabak kebenua Syam, terlalu sangat hingga hamper segala isi negeri itu akan bina-sa dari pada sangat wabak itu.(Ar-Raniry n.d., Chapter2, 9: 168).

Translation: “The epidemic had come to Syam continent in seventy Hijriya, almost all the people died.”

Epidemic was familiar in Acehnese language by the term of ‘ta’uen’. Teungku Syik Kuta Karang, an ulama who lived in the 19th century, has written about ‘ta’uen’ in his manuscript, ar-Rahmah. The word of ‘ta’uen’ has become a part of the Aceh language and culture. Acehnese associate ‘ta’uen’ with something dirty, moist, and unclean. Teungku Syik Kuta Karang also stated that ‘ta’uen’ disease emerges and spreads during the rainy season, concentrating its distribution on the lowlands (Karang 2017: 157). Therefore, to avoid such bad condition, Teungku Syik Kuta Karang gave advise to his people that to build houses or living quarters should be on the highlands (Karang 2017: 157). This advice seems parallel to the condition of COVID-19 emerge in rainy season and it spreads rapidly during the rainy and cold seasons. Indonesian doctors have recommended sunbathing in the morning to build immunity against this virus. Therefore, it could be predicted that the virus could cease growth during the summer for the European region and the dry season for the Southeast Asian region. During the latter season, the climate is

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3Ar-Raniry was an Indian prominent ulama worked in Aceh in 17th century. He is well-known in Aceh till nowadays.
generally hot and rainfall almost non-existent. There is a case for optimism for Indonesia in the dry season. If the virus is indeed unable to withstand the heat, Indonesians could return to normal life, performing economic transactions and having social interactions. “Every cloud has a silver lining”, a proverb derived from John Milton in 1634 (Speake 2008) is a good tense used to encourage our live against the virus.

However, as the virus has infected almost every part of the world and Indonesia, cures and treatments need to be found to heal those who have fallen ill and to strengthen those who have not. To date, there is no known vaccine to prevent COVID-19 infection. As such, government and medical authorities have recommended that people self-prevent infection by maintaining physical distance. Some experts have gone to the extent of recommending lockdown, a full stop to outdoor activities and travel between regions (states, provinces, cities, regencies, districts, even villages and neighborhood), except those deemed urgent and essential.

In manuscripts, prevention efforts were also taught by ulama in very long time ago. Maintaining a certain distance from others, now popularized as the term ‘social (physical) distancing’⁴, could be found in the writings of Abdul Ghani al-Nablusi (1641-1731M).⁵ He quoted several hadiths, as well as the views of some previous ulamas, who recommended keeping away from others and staying at home until a better condition arose (Nablusi, 1998: 2-3).

In addition, home isolation procedures are also elaborated in the manuscript *Lata’iful Manzil wal Akhlak* written by Abdul Wahab Sya’rani, a Damascus ulama life in 15th century (1493-1568M).⁶ He wrote that an important purpose is to draw oneself nearer to God and pray that He keeps the epidemic away. In this manuscript, the words of Sayyidina Ali are expounded that when epidemic beckons it is advisable to seek forgiveness by uttering specific supplication (*istigfar*) day and night, as stated in verse 33 of the chapter 8 in the Qur’an. The verse is translated as follows:

“But Allah was not going to send them a Chastisement: Whilst thou was amongst them; Nor was He going to send it. Whilst they could ask for pardon” (The Presidency of Islamic Researches IFTA 1991: 479).

*Istighfar* should be conducted a thousand times in the morning and in the evening. Laughing, cursing, having sex, and visiting epidemic-infected places, were prohibited. Those who violate these prohibitions are like animals who cannot comprehend reason (Syarani 2004: 209).

Acehnese is one of Indonesia’s diverse ethnicities, each having its own local wisdom in dealing with viruses. These disparate wisdoms do have common characteristics when examined in detail, with noticeable differences from one region to another. The concepts and functions could be similar, but usage and popularity vary because different regions have different accessibility, and hence different cultural environments. So, people in a particular region create their own solutions to the similar problems according to their needs and the materials available in their environment.

Past and present prevention towards any disease is maintaining body immunity. This can be attained through warming the body, giving it energy, and avoiding lethargy.⁷ For these reasons, a variety of modern, traditional, and herbal medicines in general aim to increase and maintain immunity, making it difficult for viruses

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⁴The term ‘social distancing’ seems inaccurate as it is the action to maintain a meter distance between one another to avoid COVID-19 infection. The need in pandemic time is physical distancing with social connection. See (David Bergman, Christina Bethell, Narangerel Gombojav 2020).

⁵Abdul Ghani al-Nablusi was a great Sufi and ulama in law, theology, and sufism. He lived during the times of the Ottoman empire in Damascus, Syria. See (Sirriyeh 2005; Lane 2001).

⁶His work is already published by Darut Taqwa publisher in 2004 in Damascus.

⁷See manuscript collected by Teungku Amir, now it is already digitized and provided online by British Library with Code EAP 329/5/33.
to enter and infect a person’s body. Humans must be able to fight viruses internally.

Immunity could also be built through religious activities. These activities could help its performers to maintain spiritual stability which influences physical stability, necessary to face epidemic or pandemic diseases such as COVID-19. Peace of mind is obtained by being close to the Creator, keeping panic and anxiety away during epidemics. In the manuscript collected by Teungku Nurdin, it is stated that the supplication wordings below could cure all illnesses.

\[ Bismillahi \ zalikatakahfif \ min \ rabbikum \ warahmah, \ Ar-rahn\m\ zalikatakahfif \ min \ rabbikum, \ Ar-Rahim \ al-insanukhaffif \ Allah \ ‘alaykum \ birah-mati \ kayaar \ hamarrahimin, \ (Anon \ n.d.:211) \]

Translation: In the name of Allah that is relief from your Lord and has mercy from him, The most Gracious that is relief from your Lord, The most Merciful, God gives you light, with Your mercy, O Most Merciful.

Image 2
Teungku Nurdin’s manuscript, page 211

Source: Photo taken by Fakhriati

Examining the contents of this prayer, it could be seen that the main intention is to seek closeness to God, as the only Granter of request, the only Healer of diseases. This prayer invites Muslims to be calm in the midst of problems and diseases, making effort with any available and recommended medicine.

In line with the content found in manuscripts, today Dr. Zaidul Akbar combines religious with medical sciences would offer similar advice. The intention of eating today should be revised. It should be done with the intent of obtaining enough energy to be able to worship God. The basic of healthy is the worship in the right way. Heart, faith, and mind should be in positive line. To control our emotion is a drive for our health (Zaidul Akbar 2020: 74-76). With a healthy and strong physical condition, the concentration for worship could be maintained and even increased. Especially since humans and jinn were created only to worship God (As stated in verses 56 chapter 51 of the Qur’an that “I have only created Jins and men, that they may serve Me”). (The Presidency of Islamic Researches IFTA 1991)

Moreover, gratitude should be the primary response towards God’s decisions in one’s life, avoiding complaints and feeling insufficient. Zaidul Akbar’s message resonates in this study. For every meal, food should always be consumed with the intent to obtain energy to worship God, and a means to build immunity to prevent diseases including epidemic from infecting the body. Hence, health is very important. Past ulama have never ceased from conveying this message. In the Teungku Syik Kuta Karang manuscript, it is stated that any effort should be started by invoking God’s name (bismillah) and ended by thanking God (alhamdulillah), and meals should be eaten properly to avoid diseases (Karang 2017: 112)

Medical Treatment

Past Acehnese prominent religious figures have written in their manuscripts that plants found among their community could keep the body warm. Turmeric\textsuperscript{8}, fenugreek, ginger, and the likes are types of rhizomes which could enrich and enhance the body’s immunity. This was also stated on page nineteen of EAP329/5/33. It was also stated that one should seek a cure to a disease as God has created a cure for every disease.

\textsuperscript{8}Turmeric has anti-aging properties. See (Khajehdehi 2012)
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Bahwasanya Allah Ta’ala telah menurunkan segala penyakit dengan obatnya maka berobatlah kamu jangan dengan haram (EAP329/5/33:10).

Translation: “God has brought down the diseases and also its medicines. Thus, get a medicine and get healthy, do not use illegitimate medicine”.

Among alternative treatments related to the symptoms of COVID-19 is, when someone experiences a dry cough (Karang 2017: 149), it is recommended to eat fenugreek (Trigonellafoenum-graecum) concoction in the morning and evening. This concoction is made by roasting fenugreek on fire, turning it 4 to 5 times, then washing with water while grinding and crushing it, adding wheat flour, cow’s milk, cow’s oil, and sugar. Every meal and drink should be started with bismillah and ended with alhamdulillah. When drinking, it is forbidden to exhale into the drinking container (Karang: 112). Also, fenugreek could be mixed with honey to eliminate swelling and force out congealed breath in the chest. As mentioned in the Teungku Amir manuscript that:

Halba khasiat hangat ketika kurang pada derajat yang pertama faedahnya mengincarkan segala yang bengkak jika masuk dengan air madu maka dimakan niscaya mengeluarkan penyakit yang sejuk angina yang beku di dalam dada (EAP329/5/33 n.d. : 15).

Translation: “fenugreek has benefit to warm body and it is able to eliminate swelling and to cure breathless when it was mixed with honey”.

Image 3
Manuscript of Teungku Amir page 15

Last but not least, it is also mentioned that medicines which could warm the body are pepper, rice, cloves, nutmeg, ginger, and cinnamon. All of these should be grinded and mixed, then rubbed on the neck, from the spine to the loin, soles and back of the feet, hands on both sides, chest and all joints (Karang 2017: 216). The ill person should then wear a blanket. He or she should also eat food with spicy, bitter and sweet tastes as these foods could warm the body.

Adapun yang pedas, dan pahit dan manis itu hangat khasiatnya dan adapun masam dan tawar dan kelat ... itu sejuk khasiatnya ...

(EAP329/5/33 n.d. : 11)

Translation: “the benefit of spicy, bitter, and sweet is to warm body, while sour, tasteless, and chelate make body becomes cool…”

Maintaining temperature balance and stability of our body become important since the immunity of our body is a crucial aspect should be defended to avoid various diseases. Here is one aspect of efficacy of traditional medicines mentioned in the above manuscripts.

CONCLUSION
This paper highlights some findings, that in the three Acehnese manuscripts, -- Ar-Rahmah Fī at-Tibb Wa Al-Hikmah, Manuscript of Teungku Nurdin, and Manuscript of Teungku Amir -- it is explained that the epidemic called “Ta’eun Ija Brok” (termed as “The Black Death virus” in the West countries) had ever spread in Aceh province in 19th century. Based on ulamas’ guidance on preventing the disease, Acehnese people used traditional medication therapy both consuming herbs beside staying closely to religion and intensifying prayer to God. The way of how preventing, fighting, curing and stopping the disease was descriptively explicated in the three Acehnese manuscripts of Ar-Rahmah Fī at-Tibb Wa Al-Hikmah, Manuscript Teungku Nurdin, and Manuscript Teungku Amir.

The finding of this preliminary research would offer an insight of solution for handling the virus
outbreak today. Further action is that this finding should be recognized not only by the Acehnese but for all people, and have legitimation from health institution or even to World Health Organization to be claimed as a legal used for all people in the world. In addition, due to its practical function as one of effective therapy and also as the valuable cultural legacy, the Acehnese manuscripts of traditional medication needs any professional preservation, conservation, and reproduction for enriching the Nusantara’s civilization.

REFERENCES

Akbar, Zaidul. 2020. *Jurus Sehat Rasulullah: Hidup Sehat Menebar Manfaat*. edited by S. L. D. Bandung: PT Sygma Media Inovasi.

Al-Rawi, Sara, and Fetters, Michael D. 2012. “Traditional Arabic & Islamic Medicine: A Conceptual Model for Clinicians and Researchers.” *Global Journal of Health Science* 4(3): 164-169.

Anon. 2018. *Managing Epidemics: Key Facts about Major Deadly Diseases*. World Health Organization.

Anon. n.d. *Manuscript of Teungku Nurdir*. Aceh Utara (North Aceh).

Ar-Raniry. n.d. *Bustanussalatin*. edited by MCP.

Azaizeh et al.. 2010. “Traditional Arabic and Islamic Medicine, Re-Emerging Health Aid.” *Evid Based Complement Alternat Med* 7(4): 419–424.

Bergman, David et al.. 2020. “Physical Distancing with Social Connectedness.” *The Annals of Family Medicine* 18(3): 272–277.

Bodeker, G. et al.. 2005. *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*. Kobe-Japan: Center for health Development - WHO.

Chambert-Loir, Henri. 2017. “Islamic Law in 17th Century Aceh.” *Archipel* 94: 51-96.

Chen, Lili. 2007. “Binding Interaction of Quercetin-3-β-Galactoside and Its Synthetic Derivatives with SARS-CoV 3CLpro: Structure-Activity Relationship Studies Reveal Salient Pharmacophore Features.” *Bioorganic & Medicinal Chemistry* 14(24): 8295–8306.

Chiang, L.C. et al. 2003. “In Vitro Antiviral Activities of Caesalpinia Pulcherrima and Its Related Flavonoids.” *Journal of Antimicrobial Chemotherapy* 52(2): 194–198.

EAP329/5/33, ed. n.d. *Manuscript of Teungku Amir*. EAP-British Library.

Fakhriati. 2011. “Ramuan Alami dan Doa dalam Naskah Kuno Aceh: Kajian Teks dan Konteks.” *Jurnal Lektur Keagamaan* 9(2): 205–226.

Galm, Ute, and Shen, Ben. 2007. “Natural Product Drug Discovery: The Times Have Never Been Better.” *Chem Biol* 14(10): 1098–1104.

Hays, J. N. 2005. *Epidemics and Pandemics: Their Impacts on Human History*. California: ABC-CLIO, Inc.

Hendrawati, Tuty. 2018. “Digitalisasi Manuskrip Nusantara Sebagai Pelestari Intelektual Leluhur Bangsa.” *Media Pustaka* 25(4): 26–32.

Hidayat, Syamsul. 2012. “Keberadaan dan Pemanfaatan Tumbuhan Obat Langka di Wilayah Bogor dan Sekitarnya.” *Media Konservasi* 17(1): 33–38.

Holil, Munawar. 2019. “Medical Manuscripts in the Nusantara Context.” *International Review of Humanities Studies* 4(1): 508-529.

Hurgonje, Snouck. 1996. *Aceh: Adat Istriadatnya*. Jakarta Indonesia: Indonesian Netherlands for Islamic Studies.

Karang, Teungku Syik Abbas Kuta. 2014. *Kitab Ar-Rahmah Fi Al-Tibb Wa Al-Hikmah*. edited by M. D. Kalam. Banda Aceh: Boebon Jaya.

Karang, Teungku Syik Kuta. 2017. *Ar-Rahmah Fi at-Tibb Wa Al-Hikmah*. edited by H. M. Y. Mohd Affendi Mohd Shafri. Kuala Lumpur: Akademi Jawi Malaysia.

Kessler, C. et al.. 2013. “Ayurveda: Between Religion, Spirituality and Medicine”. *Evidence-Based Complementary and Alternative Medicine*: 1-11.
Khajehdehi, Parviz. 2012. “Turmeric: Reemerging of a Neglected Asian Traditional Remedy.” *Journal of Nephropathology* 1(1): 17–22.

Lane, A. N. 2001. “Abd Al-Ghani Al-Nabulusi’s (1641-1731) Commentary on Ibn Arabi’s ‘Fusus Al-Hikam’ An Analysis and Interpretation.” Oxford University. United Kingdom.

LePan, Nicholas. 2020. “Visualizing History of Pandemics.” Retrieved July 1, 2020 (https://www.visualcapitalist.com/history-of-pandemics-deadliest/).

Lin, Liang-Tzung, Hsu, Wen-Chan, and Lin, Chun-Ching. 2014. “Antiviral Natural Products and Herbal Medicine.” *Journal of Traditional and Complementary Medicine* 4(1): 24–35.

Martin, Paul M.V. and Martin-Granel, Estelle. 2006. “2,500-Year Evolution of the Term Epidemic.” *Emerging Infectious Diseases* 12(6): 976–980.

McMillen, Christian W. 2016. *Pandemics: A Very Short Introduction*. Oxford.

Nablusi, Abdul Gani. 1998. *Al-Muslimūna Fī Zamanil Fatani Kamā Akhbarul Rasūllullāh*. Cairo: Maktabah al-Qāhirah.

Naim, Darlina Md., Yusoff, Zuraidah Mohd., and Othman, Saad. 2017. *Traditional Medicine Current Practice and Belief*. Penerbit Universiti Malaysia.

Nuradin AR. 2012. “The Manuscript Collection of the Aceh Museum.” *Indonesia and the Malay World* 40(116): 94–110.

Roza, Ellya. 2014. “Ramuan Herbal Non Instan dalam Naskah Kitab Tib sebagai Alternatif Pengobatan.” *Jurnal Sosial Budaya* 11(1): 1-18.

Shahrajbastian, Mohamad Hesam et al.. 2020. “Chinese Herbal Medicine for SARS and SARS-CoV-2 Treatment and Prevention, Encouraging Using Herbal Medicine for COVID-19 Outbreak.” *Acta Agriculturae Scandinavica, Section B — Soil & Plant Science* 70(5): 437–443.

Sirriyeh, Elizabeth. 2005. *Sufi Visionary of Ottoman Damascus: 'Abd Al-Ghani Al-Nabulusi, 1641-1731*. London: Routledge Curzon.

Speake, Jennifer. 2008. *A Dictionary of Proverbs*. 5th ed. Oxford University Press.

Syarani, Abdul Wahab. 2004. *Latā’ful Minān Wal Akhlāq*. Damaskus: Darut Taqwa.

The Presidency of Islamic Researches IFTA, ed. 1991. *The Holy Qur-an: English Translation of the Meanings and Commentary*. Saudi Arabia: King Fahd Holy Qur-an Printing Complex, Al-Madinah Al-Munawarah.

Valdez, L.D., Macri, P.A., and Braunstein, L.A.. 2012. “Intermittent Social Distancing Strategy for Epidemic Control.” *Physical Review E* 85, DOI: https://doi.org/10.1103/PhysRevE.85.036108

van Bavel, Jay J. et al.. 2020. “Using Social and Behavioural Science to Support COVID-19 Pandemic Response.” *Nature Human Behaviour* 4: 460–471.

Wibowo, Priyanto. 2009. *Pandemi Influenza 1918 di Hindia Belanda*. Jakarta: Departemen Sejarah FIB UI.

Yuan, Haidan et al.. 2016. “The Traditional Medicine and Modern Medicine from Natural Products.” *Molecules* 21(5): 559.
