



TRADITIONAL MEDICINE (*JAMU*) IN MODERN MEDICAL DISCOURSE

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Abstract

Jamu is an Indonesian traditional medicine used for treating sicknesses based on experiences handed down through generations. Jamu becomes marginal and loses its significant role in treatments due to the inclusion of the global medical drugs. Based on Foucault's theory of discourse and his theory of power/ knowledge, this research would like to explain "how" rule operates where medical discourse began to strengthen and shift the position of the dominant jamu, the formation models and the forms of distribution in the society. Jamu is part of a health regime that is "excluded" because of the presence of new technologies, that is more modern, practical, scientific and tested. Nowadays, herbal appears as a "middle ground" between jamu and medicine, traditional and modern, natural and scientific, manual and technology, experience and knowledge. Through herbal, jamu is struggling to seize its position, become optimistic to be trusted again being a healthy treatment options.

Keywords: *Traditional Medicine (Jamu), Modern Medicine, Discourse*





1. INTRODUCTION

Jamu is an Indonesian traditional medicine used for treating ailments or sicknesses based on experience and handed down through generations. *Jamu* is derived from ancient Javanese language *jampi* or *usodo*. The Javanese dictionary of herbs (*primbon*) mentions that there are four classifications of *jamu* that are still circulating in the society based on usability: *jalu usada*, *wanito usada*, *rarya usada*, and *triguna usada*. *Jalu usada* is *jamu* for men's health and virility. *Wanito usada* is used to treat women's health and beauty including reproductive health, beauty, and postpartum care. *Rarya usada* is *jamu* for children to cure intestinal worms, cough, diarrhea. *Triguna usada* is *jamu* for all people who suffered common diseases such as dizziness, cough, flu, or vomiting (Trubus, 2010: 6).

In this modern era, *jamu* becomes marginal and loses its significant role in treatments due to the inclusion of the global medical drugs. The struggle to win the hearts of consumers are conducted by various efforts to strengthen the discourse so that *jamu* is more acceptable and credible to a wide audience. This study examines the statements that circulate in mass media about *jamu* affect not only the image but also the existence of *jamu*. Here, we saw that *jamu* become resistant. This resistance is associated with power. Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation of power (Foucault, 1990: 95). Without resistance, without two bodies (or minds) pushing or pulling against each other, there is no power relation. And through resistance, power relations can always be altered (Lynch, 2011: 24). Based on Foucault's theory of discourse and his theory of power/ knowledge, this research would like to explain "how" rule operates where medical discourse began to strengthen and shift the position of the dominant *jamu*, the formation models and the forms of distribution in the society.

Foucault says in *The Archeology of Knowledge* that he has used 'discourse' to refer to 'the general domain of all statements, sometimes as an individualizable group of statements, and sometimes as a regulated practice that accounts

for a number of statements' (Foucault, 1972:80). The notion of exclusion is very important in Foucault's thinking about discourse, particularly in 'The Order of Discourse' (1981). Rather than seeing discourse as simply a set of statements which have some coherence, we should, rather, think of a discourse as existing because of a complex set of practices which try to keep them in circulation and other practiced which try to fence them off from others and keep those other statements out of circulation. Foucault stresses that discourse is associated with relations of power (Mills, 2003: 54). According to Foucault, we shall call discourse a group of statements in so far as they belong to the same discursive formation; it does not form a rhetorical or formal unity, endlessly repeatable, whose appearance or use in history might be indicated; it is made up of a limited number of statements for which a group of conditions of existence can be defined (Foucault, 1972: 131). Foucault describes in his article 'The Order of Discourse', the procedures which constrain discourse and which lead to discourse being produced: the first set of procedures, he suggest, consist of three external exclusions, and they are taboo; the distinction between the mad and the sane; and the distinction between true and false. The division between true and false is the third exclusionary practice described by Foucault; those in position of authority who are seen to be 'experts' are those who can speak the truth. Those who make statements who are not in position of power will be considered not to be speaking of truth (Mills, 2003: 58).

Foucault is interested in the processes of exclusion which lead to the production of certain discourse rather than others. He is interested in the same processes of the exclusion in relation to knowledge and, in the collection of essays entitled '*Power/ Knowledge*' (1980). Knowledge and power are integrated with one another. It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power (Foucault, 1980a: 52). Foucault tries to redefine how power exercise by showing their characteristic: power is not possessed, but exercised. Second, reiterating the point about immanence, power relations are not exterior to





other relations. Third, “power comes from below; that there is no binary and all encompassing opposition between rulers and ruled at the root of power relations and serving as a general matrix”. Fourth, “power relations are both intentional and nonsubjective. Fifth, “where there is power, there is resistance, and yet, or rather consequently, this resistance in never in a position of exteriority in relation to power” (Lynch, 2011: 22-24; Foucault, 1990: 94- 98).

2. RESEARCH METHODS

Data on the discourse are taken from any texts related to *jamu*, in the form of documents, literary sources, news papers and is not limited by certain media. Central to Foucault’s work is a focus on discourse. Foucault’s search in the historical record avoids acceptance of taken for granted truths, thus discovering previously ignored or neglected belief and the practical consequences to which they lead. Foucault’s historical reconstructions rely on every possible source: town records, biographies, national archives, unpublished letters found in attics, novels, poetry, etc. In part, this may result from his focus on individuals within their times, rather than on the times or the individual themselves (Wuthnow, et al., 1987: 142). Archeology and genealogy, are the ones most associated with Foucault analysis. Archeology can be regarded as the analysis of the system of unwritten rules which produces, organises and distributes the ‘statement’ as it occurs in an archive. Foucault describe the archive as ‘the general system of the formation and transformation of statements’ (Foucault, 1972: 130). Genealogy is a development of archeological analysis which is more concerned with the workings of power and with describing the ‘history of present’ (Donnelly, 1986: 24).

Nowadays, traditional medicine manufacturers are divided into several types, namely: Traditional Medicine Industry (*Industri Obat Tradisional* (IOT)), Extracts Natural Ingredients Industry (*Industri Ekstrak Bahan Alam* (IEBA)), Small Industries of Traditional Medicine (*Industri Kecil Obat Tradisional* (IKOT)), Micro Business of Traditional Medicine (*Usaha Mikro Obat Tradisional* (UMOT)),

business of *jamu gendong* (*jamu* that are sold with a basket and carried around) dan business of *jamu racikan* (herbs that are blended in place and drink immediately) (Permenkes, 2012). Statements about *jamu* are selected only to *jamu* that produced in mass production and uses packaging, especially Traditional Medicine Industry (*Industri Obat Tradisional* (IOT)). Data in the form of statements associated with *jamu* which found from year 2005 to 2014 show that the presence of various statements are constructed from negative and positive issues related to *jamu* reveal a more dominant discourse.

3. FINDINGS

3.1. Issues related Traditional Medicine (*Jamu*)

Jamu is recommended as a preventative measure which at the end of 1930, dr. Abdul Rashid and dr. Seno Sastroamijoyo advocating the use of *jamu* as a preventive effort to replace a very expensive drug (Webster, 2011). This statement stengthen the society believe that the function of *jamu* to prevent sickness, so *jamu* is not like modern medicine, it can be consumed anytime and anywhere. This kind of statement could change the pattern of production, distribution and consumption of *jamu*. Along with the inclusion of modern medicine, there is a shift in *jamu* position. Most people prefered to drink modern medicine because it can cure illness quickly. However, some people still drink *jamu* because it’s cheaper than modern medicine. The prestige emerge of *jamu* in Indonesia also encouraged by the deteriorating of the state economy during the financial crisis of 1998. At that time, the drugs had reduced in the market, people began to look for a traditional medicine as an alternative treatment that supported by the government that contributes to popularize the use of traditional medicine.

During its development the production, distribution and consumption of *jamu* do not always work as expected. Various cases reveal that the problems *jamu* industry in general comes from internal and external. The charges against the internal problems that occurs are generally caused by the use of hazardous materials, medicinal chemicals or herbal ingredients that are not





appropriate, adulterated, illegal/ counterfeit and contain pork. All these cases have in common reveal that *jamu* be mixed or impure. While the external problems of the medicinal products are caused by the influx of imported foreign products. Various cases reveal not only points to the facts on the field but also to construct a variety of discourse either by the authority of state, medical, capitalist, religion, and media. Negative cases cause bad image about *jamu*, but it turns out that those cases led to various discourses about health, the discourse of producers and consumers, discourse of legal and discourse of punishment, which mostly defends the interests of the medical.

Health discourse in many cases of *jamu*, closely associated with side effects traditional medicine. *Jamu* that contains chemicals drug alleged when it consumed will cause adverse effects to the body such as sleeping difficulty, headache, kidney failure, drowsiness, stomach irritation, tremors, serious complications in the liver, death of tissue in the kidney, accumulation of fat in the face, heart failure, bleeding and even death, to osteoporosis (Afriatni, 2005; Julikawati, 2010; Bararah, 2010; Ningtyas, 2013; Febrida, 2013; Faisol, 2014).

Many cases that related to *jamu* that contain chemicals drug are also voiced discourse of particular medical apparatus such as doctors and pharmacists. *Jamu* should not be mixed with the drug, the drug should not be mixed with *jamu* when mixed then there must be a certain dose like medicine (Antara news, 2013; Win6, 2013; Mardani, 2013). Only medical authorities who have the power/ knowledge on how to use the appropriate dose of the drug, which the body must have been disciplined through various examinations. The examination is the technique by which power, instead of emitting the signs of its potency, instead of imposing its mark on its subjects, holds them in a mechanism of objectification. In this space of domination, disciplinary power manifests its potency, essentially, by arranging objects. The examination is, as it were, the ceremony of this objectification (Foucault, 1995: 187). Chemicals are more right if consumed by using a prescription, as if to say better to take medication because of the chemicals properly when used with a doctor's prescription,

then only medical authority that has the power/ knowledge to determine the truth of the use of chemicals. Outside the medical authorities, ordinary people do not have the right "touch" with the medicine.

Producers and consumers are often become the scapegoat of the various cases encountered *jamu*. The emergence of *jamu* cases that containing Medicinal Chemicals (*Bahan Kimia Obat* ((BKO)), adulterated, illegal/ counterfeit, gave rise to the accusation against the manufacturer that producers want to make profits as much as possible (Ningtyas, 2013; Febrida, 2013). Accusations that circulate often said that the heaviest "sin" is on consumers who drinking *jamu* that contain medicinal chemical, ranging from erroneous public confidence, consumer culture that is almost instantaneous, the community need for medication that effective (*cespleng*), up to the society who do not understand the risks and accusation of market demand (Sudibyo, 2007; Kompas.com, 2009; Bararah, 2010; Ningtyas, 2013; Kusuma & Sartono, 2013) Consumers are often positioned as an individual who "less intelligent" so that the state must provide supervision, protection, education so that consumers be smart and wise users. Thus, consumers can take action by checking and complaining if there is something that is considered wrong (Kpl/ Rif, 2008; Aria & Haryanto, 2010; Dri, 2013; Faisol, 2014) Surveillance thus becomes a decisive economic operator both as an internal part of the production machinery and as a specific mechanism in the disciplinary power (Foucault, 1995: 175). When explored further, allegations that illegal *jamu* solely the fault of the manufacturer and the consumer are not entirely true. The statement said that cases involving the legality also involves the state. Government regulations make producers difficult to propose a permit legality because of expensive licensing process, and requirement to involve medical authority (Ningtyas, 2013). Those problems accuse to become a factor of *jamu* circulation that without permission and contain chemicals.

In addition, not all production, distribution and consumption can be monitored. Circulation of *jamu* that has "problem" can not all be handled by





the state, that the state control is limited. Therefore, in various cases there are statements that people should be careful and vigilant (Bararah, 2010; Julikawati, 2010; Rizki, et al., 2012; Dri, 2013; Faisal, 2014). In addition, cases of drug discovery and medicinal products containing pork construct a statement halal and haram, make religious authorities voicing what should be and should not be consumed (Muttaqin, 2013; Falah, 2013). Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace knowledge of healthy man, that is, a study of non-sick man and a definition of the model man. In the ordering of human existence it assumes a normative posture, which authorizes it not only to distribute advice a to healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives (Foucault, 1975: 34).

The success of disciplinary power derives no doubt from the use of simple instruments; hierarchical observation, normalizing judgement and their combination in a procedure that is specific to it, the examination (Foucault, 1995: 170). As a result of the various problems that arise, it must be recognized there are attitudes and actions of individuals that are abnormal, then one attempt to make people become obedient again, is through the concept of punishment. The perpetual penalty that traverses all points and supervises every instant in the disciplinary institutions compares, differentiates, hierarchizes, homogenizes, excludes. In short, it normalized (Foucault, 1995: 183). In many *jamu* cases, we find some statements about punishment, ranging from mild, such as: secure, surveillance, control, coach and mentor aimed at the individual, to the language of severe punishment such as raid, confiscation, and destruction of objects. The disciplinary institutions secreted a machinery of control that functioned like a microscope of conduct; the fine, analytical divisions that they created formed around men and apparatus of observation, recording and training (Foucault, 1995: 173). Discourse of punishment by the state apparatus that more burdensome and give deterrent effect seems to be important, considering the number of violations and the recurrence of

abnormal actions because of the weakness of legal process. Punishment does not only involve physical punishment but also related to morals. Society who are upset and fretting seems to be a "reason" to do action of raid and even damaging. Statement related to moral, voiced what is right and what is wrong, as if the action that based on moral control can becomes the most correct action.

3.2. Modern Medical Discourse

We must cease once and for all to describe the effect of power in negative terms: it 'excludes', 'it represses', it 'censors', it 'abstracts', it 'mask', it 'conceals'. In fact, power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production. (Foucault, 1995: 194). In *Truth and Power*, Foucault explain that what makes power hold good, what makes it accepted, is simply the fact that it doesn't only weight on us as a force that says no, but that it traverses and produces things, it induces pleasure, form knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression (Foucault, 1980b: 119). *Jamu* is not always "degenerate", many cases do not need to be described negatively as a threat. *Jamu* has a chance to keep it lasting. Various disseminated discourse do not only want to make *jamu* continues to be used but also to raise the dignity of *jamu*.

Jamu on the one hand wants to be natural and on the other hand wants to be like a modern medicine that administered by standardized modern technologies and involving science. In order to compete with modern medicine, *jamu* needs scientific institutions. Institutions are used to legitimize power which is considered to have the power/ knowledge of the truth. The idea of the truth must be proven, Foucault demonstrated in his works how truth should be supported materially by the whole range of practices and institutions: universities, government departments, bureaus publishing, scientific bodies and others. Individuals who speak on behalf of institutional





and talk about legitimacy as if speaking about the truth. Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanism and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true (Foucault, 1980b: 131). 'Truth' is centred on the form of scientific discourse and the institutions which produce it; it is subject to constant economic and political incitement; it is the object, under diverse forms, of immense diffusion and consumption; it is produced and transmitted under the control, dominant if not exclusive, of a few great political and economical apparatuses, it is the issue of a whole political debate and social confrontation (Foucault, 1980b: 131-132). Various statements mention about health centers, hospitals, *jamu* centers strengthens the presence of a medical institution to cultivate *jamu*. It turns out that, the state legitimation is not enough, it also requires the legitimacy of international agencies such as World Health Organization (WHO) and The United Nations Educational, Scientific and Cultural Organization (UNESCO) (Sari, 2010; Harnowo, 2012; Primartantyo, 2013; Setyaningsih, 2014). Besides related to medical institutions, *jamu* also associated with educational institutions. Institutional discourse is not only confined to formal institutions, there are also various informal institutions that are trying to raise the position of *jamu*, such as house of *jamu* (*roemah jamoe*), *jamu* village (*kampung jamu/ desa jamu*), healthy house (*griya sehat*), etc. (Ine, 2009; Purnomo, 2012).

A relation of surveillance, defined and regulated, is inscribed at the heart of the practice of teaching, not as an additional or adjacent part, but as a mechanism that is inherent to it and which increases its efficiency (Foucault, 1995: 176). In 1993, Prof.dr. Sardjono O. Santoso in his inaugural speech as professor of the Department of Pharmacology Faculty of Medicine initiate that

the curriculum needs to put Indonesian traditional medicine as courses (Santoso, 1993). Currently, there are more outstanding discourse that want *jamu* to be accepted in the world of medicine, particularly by the medical authorities through education. The use of *jamu* by medical, make examination procedures and the use of *jamu* are equated with medicine, starting from the same examination protocol by doctors which measured and prescribed.

Jamu can not necessarily be accepted by the medical, it needs saintific evidence. Although medical has recognized the nature of *jamu*, but *jamu* should be scientific in order to earn trust and are recognized by medical authorities. There are many effort to medicalization of *jamu* such as doing business research and scientific programs that aim to lift *jamu* that can be like modern medicine that is safe, efficacious and have good quality. But not all medical statements favoring the use of modern medicine, there is also a statement in favor of *jamu* because *jamu* work naturally, no side effects and cheap. In addition, the need for a natural cure and the financial condition of the patient is the reason selecting *jamu*, however *jamu* still become an alternative option.

The sales of *jamu* will increase if there is no illegal *jamu* circulate (Suryanis, 2010). This statement makes *jamu* become optimistic as a product that can compete with modern medicine in the domestic market, as well as international market. In addition, *jamu* is said to have economic value is expected to improve the welfare of all parties. The issue of raw material turned out to be an interesting political economic discourse. There are two different opinions on the use of domestic raw materials. The first expressed by businessmen and entrepreneurs of herbal cosmetics in which 90% of raw material are domestic production, but this is different from the statement that expressed by the state apparatus, in which raw materials are still largely imported (Aulia, 2012). The different statements about raw materials indicate that there are different interests between owners of capital and the state. It also said that saintification of *jamu* is not only related to health issues but are used to increase sales, *jamu* can open some new markets but does not compete with the drug





because *jamu* and medicine are different (Kontan, 2010).

Jamu as a traditional medicine can not escape from the cultural/ historical background. The proper use of *jamu* is ingrained in the culture and history of Indonesia. Statements relate to cultural/ historical are voiced from old generation to young children stated that *jamu* has been used since long time, become a heritage from generation to generation, and has been proven by experiences. Through the cultural/ historical, individuals learn from experience and creatively cultivate *jamu* that have the opportunity to be better and likely to be demand by the younger segment and wider (Kusuma & Sartono, 2013). Statements of cultural/ historical mention that besides being a cultural richness of Indonesia, *jamu* have the opportunity to enter the world of cultural heritage that is not inferior to other countries that have already used herbs as a treatment option (Lis, 2012; Primartantyo, 2013). Cultural/ historical background can be strength the position of *jamu* that are not shared by modern medicine.

4. DISCUSSIONS

4.1. Tradisional Towards Modern

The progress of the medical world enables the discovery of modern medicine for the treatment of various diseases. Although there are increasingly number of effective drugs, public are still interest to consume *jamu*. There is increasing number of *jamu* selling from four trilliun in 2009, ten trilliun in 2011 to thirteen trilliun in 2012 and 2013 (Kompas.com, 2009; Suryanis, 2012; Kusuma & Sartono, 2013). *Jamu* is known as traditional product is currently improve in order to be a modern product. The products improvement will answer the need of producers of rapid mass production, on the other hand it answer the need of consumers that *jamu* will be more practical, instant, and no hassle. *Jamu* in modern medical era is difficult to survive with the condition that only rely on the vintage, old times, experience and traditional. *Jamu* has always negotiate to get better and be accepted by society. *Jamu* which is natural wants to be scientific, traditional that wants to be modern.

In its development, *jamu* can not survive just by highlighting its natural nature. Modern

medicine that scientific, as if "attacking" *jamu* because it is not scientific, not tested, not standardized, traditional, and only based on experience. The fact that *jamu* has been empirically, not scientifically, proven has led Indonesian doctors, pharmacies and government health officials to advocate a more scientific approach to the manufacture and prescription of *jamu* (Beers, 2001: 34). Not to mention through various medical discourse, *jamu* are often considered to be slow, cumbersome, not instant, and can not compete with modern medicine. In the middle of the "fight" between traditional medicine that natural and processed based on experience with modern medical medicine that are chemically, treated with technology, here comes herbal. Herbal is accepted by society as a modern natural product, thus herbal is a strategic combination between natural and scientific. This seems to give a clear divider to herbal products, *jamu* is a traditional natural product, if managed with technology *jamu* can become herbal. The entry of herbal become an answer to the need of consumers to scientific natural products and at the same time overcome " the fear" of the side effects of chemical medical drugs.

4.2. Medicalization of *Jamu*

Through various statements, there are circulating discourses related to health, legal, punishment, institutional, political economy, up to the discourse of cultural/ historical. Various discourse framed by a larger discourse that is medical discourse. There are efforts of medicalization of *jamu* especially by medical authorities. But not only medical authority such as a doctor, a pharmacist who speaks, there are also the owners of capital as an individual who has a particular interest of economy, state authorities represented by the Minister, the Directorate General, Head of National Agency of Drug and Food (BPOM), police and law enforcement, up to the religious authorities such as clerics and *ustad*. These discourses are deemed to have authorities.

In the implementation, the medicalization of *jamu* can be seen in the regulation of Head of the National Agency of Drug and Food (BPOM) concerning the basic classification and labelling of Indonesian natural medicine materials which give





the ranks of traditional medicine by three levels. First is *jamu*, second is Obat Herbal Terstandar (OHT) or *scientific based herbal medicine*, third is Fitofarmaka or *clinical based herbal medicine*. Fitofarmaka is the one which considered to be equivalent to modern medicine. Herbal medicine has got admission from World Health Organisation (WHO) as traditional complementary medication, not alternative complementary anymore. It's mean, herbal medication as complementary must be done by doctor as a choice beside conventional medication (Setyaningsih, 2014). When *jamu* becomes herbal, *jamu* is put into a medical episteme, so nowadays medical become the rezim of truth. *Jamu* is no longer be a competitor of modern medicine in the sense as a stand-alone product, but *jamu* are positioned to be under modern medicine so that *jamu* should catch up to the modern medicine. Nowadays, eventhough people choose *jamu* as their first medication, we still names *jamu* as an alternative medication. Besides, medical authority also use *jamu* as complementary medication. It might apparently that modern medicine have the fear rivaled by *jamu*.

5. CONCLUSION

Jamu that was once "victorious" marginalized by the medical regime with the inclusion of science, voiced the product that tested, standardized and scientific are true, that makes sense, which is acceptable. *Jamu* that used to be main choice of medication, the function has shift become preventive, alternative and complementary of modern medication. But not forever *jamu* is in a marginal position, through herbal, *jamu* still tries to improve their position "equal" to modern medicine. Not only *jamu* that wants to be like drug which tested, standardized, scientific, but it turns out the modern medicine also want to take the position of *jamu* that natural and without any side effects. Through medical institutions such as hospitals and clinics, the medical authorities combining natural medicine with chemical although they are still limited as complementary. Doctors and pharmacists also began to study traditional medicine, even today there are some pharmaceutical stores or pharmacies that sell *jamu*. Currently the

pharmaceutical industry also compete to produce medicine with natural ingredients that is claimed as a herbal medicinal. Lifestyle trends that synergize with nature, makes people are willing to back to nature.

Jamu is part of a health regime that is "excluded" because of the presence of a new technology, that is more modern, practical, tested and standardized. Medical science that is currently accepted as the most logical discourse. These conditions not only make *jamu* always be in repression but it is able to continuously negotiate between *jamu* and medicine, traditional and modern, natural and scientific, manual and technology, experience and knowledge. *Jamu* is not only silent on its position as the marginalized but *jamu* are also struggling to be recognized, even though in its development, modern medicine would also like to take the position of natural herbal, which have known no side effects. So when viewed critically, *jamu* is an active subject. Even today *jamu* is not only produced as a medicine but also in the form of traditional cosmetics, beverage and supplements. *Jamu* as traditional medicine fight for its position, although it is not easy because it is through a series of procedures, testing and bureaucracy but *jamu* can remain optimistic to be trusted again as a healthy treatment options.

REFERENCES

1. Afriatni, A., (2005), Badan POM Ungkap Kasus Jamu Menggunakan Obat Keras. [Online] Available <http://www.tempo.co/read/news/2005/08/20/05565522/Badan-POM-Ungkap-Kasus-Jamu-Menggunakan-Obat-Keras> (August 20, 2013).
2. Antara news, (2013), Digrebek jamu oplosan senilai Rp2,8 miliar. [Online] Available <http://www.antaranews.com/berita/367689/digrebek-jamu-oplosan-senilai-rp-28-miliar> (December 10, 2013).
3. Aria, P. & Haryanto, N., (2010), Sarimin Jualan Jamu Dianggap Hanya Kedok. [Online] Available <http://www.tempo.co/read/news/2010/08/24/>





- 064273477/Sarimin-Jualan-Jamu-Dianggap-Hanya-Kedok (July 5, 2013).
4. Aulia, R., (2012), Bahan Baku Jamu 90 Persen dari Dalam Negeri. [Online] Available <http://www.tempo.co/read/news/2012/11/22/090443510/BahanBaku-Jamu-90-Persen-dari-Dalam-Negeri> (March 18, 2013).
 5. Bararah, V.F., (2010), 46 Jamu Mengandung bahan Kimia Obat. [Online] Available <http://health.detik.com/read/2010/08/13/135342/1419889/763/46-jamu-mengandung-bahan-kimia-obat> (September 18, 2013).
 6. Beers, S.J. (2001). *Jamu: The Ancient Indonesian Art of Herbal Healing*. Tokyo, Rutland, Vermont, Singapore: Tuttle Publishing.
 7. Donnelly, M. (1986). Foucault's genealogy of the human sciences. In M. Gane (ed.). *Towards a Critique of Foucault*. (pp. 15-32). London: Routledge Kegan and Paul.
 8. Dri. 13 December 2013. Jamu Ilegal Meningkat: Tetap Ada Konsumen walau Bisa Berakibat Fatal. Jakarta: Kompas news paper, p. 13.
 9. Faisol, E., (2014), Warga Jawa Tengah Banyak Konsumsi Jamu Ilegal. [Online] Available <http://www.tempo.co/read/news/2014/03/03/058558998/Warga-Jawa-Tengah-Banyak-Konsumsi-Jamu-Ilegal> (May 2, 2014).
 10. Falah, S., (2013), MUI : Pemerintah Harus Tanggung Jawab atas Beredarnya Obat Mengandung Babi. [Online] Available <http://beritaislam.biz/blog/mui-pemerintah-harus-tanggung-jawab-atas-beredarnya-obat-mengandung-babi> (January 7, 2014).
 11. Febrida, M., (2013), BPOM: Produsen Jamu `Nakal` Tak Cukup Diberi Sanksi dan Denda. [Online] Available <http://health.liputan6.com/read/741154/bpom-produsen-jamu-nakal-tak-cukup-diberi-sanksi-dan-denda> (January 5, 2014).
 12. Foucault, M. (1972). *The Archaeology of Knowledge*. A. M. Sheridan Smith (trans.). London: Routledge.
 13. Foucault, M. (1975). *The Birth of Clinic: An Archeology of Medical Perception*. A.M.Sherdian Smith (trans.). New York: Vintage.
 14. Foucault, M. (1980). *Power/Knowledge*. Colin Gordon (ed.). New York: Pantheon Books.
 15. Foucault, M. (1980a). *Prison talk*. In C. Gordon (ed.). *Power/ Knowledge*. (pp. 37-52). Brington: Harvester,.
 16. Foucault, M. (1980b). *Truth and power*. In C. Gordon (ed.). (pp. 107-133). *Power/ Knowledge*. Brington: Harvester.
 17. Foucault, M. (1990). *History of Sexuality, Vol. I: An Introduction*. Robert Hurley (trans.). Harmondsworth: Penguin.
 18. Foucault, M. (1995). *Discipline and Punish: The Birth of the Prison*. Alan Sheridan (trans.). New York: Vintage Books.
 19. Harnowo, P.A., (2012), *Jaya Suprana: Jangan Ganti Istilah Jamu dengan Herbal*. [Online] Available <http://health.detik.com/read/2012/06/12/141237/1939189/763/jaya-suprana-jangan-ganti-istilah-jamu-dengan-herbal?1771108bcj> (March 18, 2013).
 20. Ine, (2009), *Dokter Didorong Manfaatkan Jamu*. [Online] Available <http://kesehatan.kompas.com/read/2009/12/09/06322635/Dokter.Didorong.Manfaatkan.Jamu> (May 20 2012).
 21. (May 20 2012).
 22. Julikawati, P.E., (2010), *BPOM Temukan Ratusan Jamu Mengandung Bahan Kimia Obat di Bengkulu*. [Online] Available <http://www.tempo.co/read/news/2010/08/20/179272723/BPOM-Temukan-Ratusan-Jamu-Mengandung-Bahan-Kimia-Obat-di-Bengkulu> (July 5, 2013).
 23. Kompas.com, (2009), *Jamu Impor Sudah Sangat Mengkhawatirkan*. [Online] Available





- <http://kesehatan.kompas.com/read/2009/11/30/23540080/Jamu.Impor.Sudah.Sangat.Mengkhawatirkan> (September 18, 2013).
24. Kontan, (2010), Depkes Akan Sertifikasi Jamu sebagai Obat Resep. [Online] Available <http://kesehatan.kompas.com/read/2010/01/06/16342667/Depkes.Akan.Sertifikasi.Jamu.sebagai.Obat.Resep> (January 27, 2011).
 25. Kpl/ Rif, (2008), Ekspor Jamu Terhambat Citra Buruk. [Online] Available <http://berita.kapanlagi.com/ekonomi/nasional/ekspor-jamu-terhambat-citra-buruk-axyrlqj.html> (Januari 26, 2011).
 26. Kusuma, Mawar & Sartono, Frans. Minggu 14 July 2013. Jamu untuk Rakyat, Omzetnya Mencapai Rp 13 Triliun. Jakarta: Kompas news paper, pp. 1 & 14.
 27. Lis. 1 Desember 2012. Melirik Jamu sebagai Warisan Budaya Dunia. Jakarta: Kompas news paper, p. 43.
 28. Lynch, R.A. (2011). Foucault's Theory of Power in Michel Foucault: Key Concepts. UK: Acumen Publishing Limited.
 29. Mardani, (2013), 2 Pabrik jamu oplosan digerebek, total nilai Rp 2,8 M. . [Online] Available <http://www.merdeka.com/peristiwa/2-pabrik-jamu-oplosan-digerebek-total-nilai-rp-28-m.html> (December 10, 2013).
 30. Mills, S. (2003). Michel Foucault. London and New York: Routledge Taylor and Francis Group.
 31. Muttaqin, A.Z., (2013), MUI Desak BPOM Inventarisasi Obat Mengandung Babi. [Online] Available <http://www.annah.com/news/2013/12/10/mui-desak-bpom-invetarisasi-obat-mengandung-babi.html> (January 7, 2014).
 32. Ningtyas, I., (2013), Jamu Berbahan Kimia Masih Banyak Beredar. [Online] Available <http://www.tempo.co/read/news/2013/09/16/058513742/Jamu-Berbahan-Kimia-Masih-Banyak-Beredar> (December 10, 2013).
 33. Permenkes, (2012), Peraturan Menteri Kesehatan Republik Indonesia Nomor 006 Tahun 2012 tentang Industri dan Usaha Obat Tradisional. [Online] Available <file:///C:/Users/HP/Downloads/Permenkes%20006-2012%20Industri%20&%20Usaha%20Obat%20Tradisional.pdf> (February 10, 2014)
 34. Primartantyo. U., (2013a), Jamu Diusulkan Jadi Warisan Budaya Dunia, [Online] Available <http://www.tempo.co/read/news/2013/01/27/058457166/Jamu-Diusulkan-Jadi-Warisan-Budaya-Dunia> (November 18, 2013).
 35. Purnomo, (2012), Martina Berto Bangun Pabrik Herbal Rp 44 Miliar. [Online] Available <http://www.tempo.co/read/news/2012/04/23/090399049/Martina-Berto-Bangun-Pabrik-Herbal-Rp-44-Miliar> (April 25, 2014).
 36. Rizki, M., Rosarians, F., Suseno, (2012), Polisi Gerebek Pabrik Jamu Palsu Bernilai Rp 8,9 M. [Online] Available <https://id.berita.yahoo.com/polisi-gerebek-pabrik-jamu-palsu-bernilai-rp-8-224409065.html> (Oktober 5, 2013).
 37. Santoso SO. Perkembangan obat tradisional dalam ilmu kedokteran di Indonesia dan upaya pengembangannya sebagai obat alternatif. Pengukuhan Guru Besar FKUI. Jakarta, 4 September 1993.
 38. Sari, D., (2010), Pengobatan Jamu Segera Hadir di 12 Rumah Sakit. [Online] Available <http://www.tempo.co/read/news/2010/09/03/078276312/Pengobatan-Jamu-Segera-Hadir-di-12-Rumah-Sakit> (May 20, 2012).
 39. Setyaningsih, L., (2014), Jangan Sembarangan Minum Obat Herbal. [Online] Available <http://wartakota.tribunnews.com/2014/04/05/jangan-sembarangan-minum-obat-herbal> (April 25, 2014).





40. Sudiby, T.W., (2007), Citra Jamu Terancam Gara-gara Pelangsing Maut. [Online] Available <http://news.detik.com/index.php/detik.read/tahun/2007/bulan/03/tgl/29/time/184129/idnews/760722/idkanal/10> (September 18, 2013).
41. Suryanis, A., (2012), Nilai Penjualan Jamu Mencapai Rp 13 Triliun. [Online] Available <http://www.tempo.co/read/news/2012/06/12/090410043/Nilai-Penjualan-Jamu-Mencapai-Rp-13-Triliun> (Maret 18, 2013).
42. Trubus. Juni 2010. Herbal Indonesia Berkhasiat Bukti Ilmiah & Cara Racik. Depok: PT. Trubus Swadaya.
43. Webster A. Herbal. [Online] Available <http://www.indonesianembassy.ir/english/images/Indonesian%20Herbal.pdf>. (September 6, 2011)
44. Win6, (2013), BPOM sita jamu oplosan senilai Rp2,8 miliar. [Online] Available http://whatindonesia.com/id/post/1710/bpom_sita_jamu_oplosan_senilai_rp2_8_miliar (December 10, 2013).
45. Wuthnow, R., Hunter, J. D., Bergesen, A., Kurzweil, E. (1987). Cultural Analysis The Work of Peter L. Berger, Mary Douglas, Michel Foucault, and Jurgen Habermas. London & New York: Routledge & Kegan Paul

