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From Recitation to Material Mediation: Material-Performative Qur'anic Reception in Betel-Leaf Healing in Banten, Indonesia

Dari Pembacaan ke Mediasi Material: Kajian Resepsi Material-Performatif Al-Qur'an dalam Tradisi Pengobatan Daun Sirih di Banten, Indonesia

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Abstract: *This This study examines the therapeutic reception of the Qur'an through a traditional betel-leaf healing practice in Sukamaju Village, Serang, Banten. Using a qualitative case-study approach supported by questionnaire data from 30 patients, data were collected through interviews, field documentation, and questionnaires and analyzed within the Living Qur'an framework. The findings show that Sūrat al-Fātiḥah occupies a central role in healing rituals involving Qur'anic recitation, supplication, and material media. Approximately 73% of respondents were unfamiliar with the recitations used, while about 70% reported perceived improvements after treatment. The findings suggest that therapeutic Qur'anic reception does not primarily depend on semantic understanding of scripture, but emerges through the interaction of practitioner authority, recitation, ritual practice, material mediation, and embodied experience. This study proposes the concept of material-performative Qur'anic reception to explain how scriptural authority acquires therapeutic significance through the relationship between text, voice, ritual, material objects, and the body. The study extends Living Qur'an scholarship toward the material, performative, and embodied dimensions of religious practice. Reported improvements reflect subjective experiences rather than clinically verified outcomes.*

Keywords: Living Qur'an; Qur'anic Healing; Sūrat al-Fātiḥah; Betel Leaves; Therapeutic Reception

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Abstrak: *Penelitian ini mengkaji resepsi terapeutik Al-Qur'an melalui praktik pengobatan tradisional menggunakan daun sirih di Desa Sukamaju, Serang, Banten. Penelitian menggunakan pendekatan studi kasus kualitatif yang didukung data kuesioner dari 30 pasien. Data dikumpulkan melalui wawancara, dokumentasi lapangan, dan kuesioner, kemudian dianalisis dalam kerangka kajian Living Qur'an. Hasil penelitian menunjukkan bahwa Surah al-Fātiḥah menempati posisi sentral dalam ritual pengobatan yang melibatkan pembacaan Al-Qur'an, doa, dan penggunaan media material. Sebanyak 73% responden tidak mengetahui secara spesifik bacaan yang digunakan, sedangkan sekitar 70% melaporkan adanya perbaikan kondisi setelah menjalani pengobatan. Temuan ini menunjukkan bahwa resepsi terapeutik Al-Qur'an tidak terutama bergantung pada pemahaman semantik terhadap teks, melainkan terbentuk melalui interaksi antara otoritas praktisi, pembacaan Al-Qur'an, praktik ritual, mediasi material, dan pengalaman tubuh pasien. Penelitian ini menawarkan konsep resepsi Al-Qur'an material-performatif (material-performative Qur'anic reception) untuk menjelaskan bagaimana otoritas kitab suci memperoleh makna terapeutik melalui hubungan antara teks, suara, ritual, objek material, dan tubuh. Penelitian ini memperluas kajian Living Qur'an dari resepsi tekstual menuju dimensi material, performatif, dan pengalaman tubuh dalam praktik keagamaan. Perbaikan kondisi yang dilaporkan merupakan pengalaman subjektif pasien dan bukan bukti efektivitas pengobatan yang telah terverifikasi secara klinis.*

Kata Kunci: Living Qur'an; Pengobatan Qur'ani; Surah al-Fatihah; Daun Sirih; Resepsi Terapeutik.

Introduction

In Sukamaju Village, Serang, Banten, a local practitioner known as Wa Kijah combines Qur'anic recitation with betel leaves, oil, and prayer-recited water. The treatment involves the patient's name, prayer, and the application of leaves to an affected body part. These materials are not incidental accessories: together with the practitioner's religious authority and patients' bodily experiences, they shape how Qur'anic healing is understood. This case raises a central question for Living Qur'an scholarship: how does recited scripture acquire therapeutic significance through ritual actions and material media?

This local practice belongs to Indonesia's plural therapeutic landscape, in which biomedical services coexist with traditional and religious approaches to illness. Research in West Java highlights accessibility, affordability, and cultural familiarity as factors shaping the continued use of traditional medicine. National survey research likewise reports the use of traditional and complementary medicine, including among people receiving biomedical treatment for chronic conditions. These findings establish the social context of Wa Kijah's practice, but they do not explain how Qur'anic authority is enacted through the specific material and bodily relations of a healing ritual.[1]

The Qur'an's identification with shifāʾ, notably in Q. Yūnus [10]:57 and Q. al-Isrāʾ [17]:82, provides a religious vocabulary for such practices. Yet a Living Qur'an approach asks not only what these passages mean exegetically but also how Muslims receive and put scripture to work. Ahmad Rafiq's distinction between the informative and performative functions of the Qur'an makes this shift analytically possible: recitation can constitute an act through which scriptural authority is socially experienced. Muhammad Zainul Hasan's study of bejampi in Lombok similarly demonstrates how Qur'anic verses enter vernacular healing through local understandings of religious knowledge and therapeutic practice. These studies establish the importance of performative reception, while leaving room for closer analysis of how a spoken Qur'anic text becomes associated with several distinct therapeutic materials within one encounter.[2]

This article proposes material-performative Qur'anic reception as an analytical concept encompassing five related dimensions: sacred recitation, ritual action, material media, practitioner authority, and embodied patient experience. 'Performative' identifies what participants do with Qur'anic speech through prayer, naming, breath, and repeated ritual; 'material' identifies how leaves, oil, water, and bodies mediate its perceived significance. The concept does not imply that scripture is physically transferred into objects or that reported improvement constitutes clinical proof. Rather, it examines how participants recognize Qur'anic authority through a situated therapeutic encounter.

Research on the psychological and physiological effects of Qur'anic recitation offers another, but separate, perspective. Systematic reviews by Che Wan Mohd Rozali and colleagues and by Ghiasi and Keramat report generally favorable findings for selected wellbeing or anxiety outcomes, while also indicating methodological heterogeneity. Their relevance here is contextual: they show that auditory Qur'anic practices have attracted health-related investigation, not that Wa Kijah's particular combination of recitation, leaves, oil, and water has been clinically tested. Questions of biomedical efficacy therefore remain distinct from this article's inquiry into religious reception.[3]

Recent scholarship on Qur'anic healing and material religion helps refine this approach. Hanna Nieber demonstrates how the authority of written Qur'anic materials may emerge through their material handling and incorporation into healing practices. Mohamad Sobirin's study of the Aḍ-Ḍamm ʻAlā Qalb al-Qur'ān manuscript in Banyumas likewise shows how sacred textual objects may serve ritual, protective, and communal functions. Read alongside Rafiq and Hasan, these studies suggest that reception is not exhausted by reading or interpretation: it can involve objects, gestures, sensory encounters, and bodily participation. Nevertheless, their insights cannot be transferred without qualification to Banten. Whereas Nieber and

Sobirin foreground written or manuscript-based materiality, Wa Kijah's primary Qur'anic medium is oral recitation; the analytical task is therefore to trace how the voice, rather than a physically inscribed text, is linked to substances, ritual actions, and bodily experience.[4]

The distinction between written and oral mediation matters here. Wa Kijah does not principally inscribe Qur'anic words on objects: he recites al-Fātiḥah for a named patient and brings leaves, oil, water, and the body into a coordinated ritual. Embodiment refers both to these enacted gestures and to how patients perceive bodily change. Material religion thus offers a comparative lens without erasing the specifically oral and relational character of the Banten practice.

The choice of betel leaf (Piper betle L.) further situates the ritual within regional ethnomedical knowledge. The plant has an established place in Southeast Asian healing traditions, while pharmacological research identifies biological activities in particular extracts and preparations. Biswas and colleagues survey these reported properties, and reviews and experimental studies by Nayaka and colleagues and Madhumita and colleagues examine antimicrobial activity and chemical constituents of betel-leaf preparations. Such findings explain why betel leaf may be recognizable as a medicinal material, but they do not establish the diagnostic or therapeutic efficacy of fresh leaves used in Wa Kijah's ritual. The present analysis accordingly treats the leaf as a culturally meaningful material medium rather than as clinically validated proof of the treatment's effects.[5]

These literatures illuminate complementary questions but rarely bring them into one analysis. Medical pluralism explains therapeutic choices; clinical reviews examine measured outcomes; Living Qur'an studies investigate reception; and pharmacology studies botanical properties. What remains underexplored is how spoken scripture, ritual authority, selected substances, and patients' bodily interpretations become mutually meaningful within one healing encounter.

The ritual sequence makes this relationship observable. Fresh betel leaves are dipped in oil supplied by a patient; Wa Kijah asks the patient's name and complaint, recites al-Fātiḥah and other prayers, and applies the leaves to the painful area. Changes in leaf appearance may then be interpreted locally as signs of illness. These readings are treated as participants' interpretations, not validated diagnoses. Prayer-recited water provides another medium through which patients attribute significance to Qur'anic speech.

Wa Kijah's therapeutic authority is likewise relational rather than institutionally medical. His account of a religious calling, continued spiritual discipline, experience, and community recognition shape confidence in the ritual. Attention to these elements helps explain why patients may value treatment even without identifying the precise verses recited or the rationale behind each material.

The scholarly distinction is therefore specific. Hasan's work on bejampi establishes Qur'anic healing as vernacular reception, while Nieber and Sobirin illuminate material authority especially through written or manuscript-based forms. The Banten case examines an oral ritual in which oil, betel leaves, prayer-recited water, and patients' embodied assessments intersect. Its novelty lies in analyzing this interaction rather than treating scripture, practitioner, substances, and patient responses as separate explanatory factors.

Two questions guide the study: how are al-Fātiḥah and other prayers performed and authorized within Wa Kijah's treatment; and how do the practitioner and patients understand the roles of leaves, oil, water, and bodily experience? A qualitative case study, complemented by descriptive responses from 30 treatment recipients, addresses these questions without making biomedical efficacy claims. By tracing the relationship between recited scripture and material mediation, the article develops material-performative reception as a framework for examining how Qur'anic authority becomes therapeutically meaningful. Its contribution to Living Qur'an studies is not a claim that Qur'anic speech or betel leaves independently cure illness, but an account of how vocal performance, ritual action, culturally meaningful substances, local authority, and embodied interpretation constitute a healing practice.

Research Methodology

This study employed a qualitative, field-based case-study design, supplemented by descriptive findings preserved from a questionnaire, to examine the therapeutic reception of the Qur'an in Sukamaju Village, Serang, Banten, Indonesia. Fieldwork took place from February to December 2023. The bounded case concerns the healing practice of Wa Kijah, in which Sūrat al-Fātiḥah, supplication, ritual discipline, betel leaves, oil, and prayer-recited water are brought together in encounters with patients. The purpose was to interpret the religious authority and material enactment of this practice, not to establish a biomedical causal relationship between the treatment and reported improvements.

The surviving manuscript identifies Wa Kijah as the principal practitioner-informant and 30 people who had previously received his treatment as questionnaire respondents. Direct experience of treatment was the inclusion criterion. Accordingly, participant selection is best described as criterion-based purposive sampling, rather than random sampling; the 30 respondents do not constitute a representative sample of Banten residents. The manuscript does not establish that each questionnaire respondent also participated in an individual interview. Table 1 distinguishes participant characteristics that remain documented from demographic

attributes that cannot be verified because individual questionnaire records are unavailable.

Table 1. Documented participant characteristics and limits of the available records

Characteristic	Information supported by surviving documentation
Principal practitioner	Wa Kijah; one identified principal practitioner-informant
Questionnaire respondents	30 people who previously received Wa Kijah's treatment
Eligibility and recruitment	Prior treatment experience; criterion-based purposive selection
Age, sex/gender, education, occupation	No recoverable respondent-level distributions; not reported
Individual interviews with respondents	Not established by surviving records

The sources described in the surviving research manuscript comprise an in-depth account from Wa Kijah, field documentation of the treatment procedure, and a descriptive questionnaire administered to the 30 treatment recipients. The practitioner account addresses the origins of his healing activity, devotional practices, selection of Qur'anic recitations, and meanings attributed to the materials used. The documented treatment sequence includes dipping fresh betel leaves in oil brought by a patient, asking the patient's name and complaint, reciting al-Fātiḥah and supplications, and applying leaves to the affected area. Changes in leaf appearance are treated as signs interpreted by the practitioner, not as clinically validated diagnostic indicators. The number and duration of interview sessions, interview dates, whether additional informants were interviewed, and whether interviews were audio-recorded or documented through written notes cannot be independently established from the available manuscript. The form of participant consent is likewise not recorded in the surviving material; no particular consent protocol is therefore asserted here.

The surviving qualitative descriptions and aggregate questionnaire findings were considered through five connected analytical themes: (1) practitioner authority; (2) Qur'anic recitation and supplication; (3) devotional discipline and ritual performance; (4) material mediation; and (5) patients' embodied perceptions of treatment. To make the interpretive pathway transparent, the dream account and Wa Kijah's Monday–Thursday fasting can be grouped under the descriptive labels 'authorization narrative' and 'devotional discipline'; these illuminate the formation of practitioner authority. Reciting al-Fātiḥah while identifying a patient can be understood as 'personalized recitation,' while oil-dipped leaves placed on the body and prayer-recited water exemplify 'material mediation.' Reports of feeling better are interpreted as 'perceived bodily improvement,' not verified recovery. These are

explicit analytical illustrations drawn from descriptions retained in the manuscript, not a claim that the lost interview materials were originally coded using this exact scheme. The themes are interpreted relationally through material-performative Qur'anic reception: 'performative' denotes sacred speech and ritual action enacted by a socially recognized practitioner, while 'material' denotes their mediation through leaves, oil, water, and patients' bodies.

The analysis compares what can be established from three surviving forms of evidence: Wa Kijah's account, the narrative field documentation, and aggregated patient responses. For example, Wa Kijah gives primacy to prayer, al-Fātiḥah, and spiritual discipline, whereas the recorded ritual sequence also shows how leaves and oil participate in treatment. The questionnaire summary, meanwhile, indicates that many patients could not specify the recitation or explain the material choices despite reporting perceived benefits. Rather than forcing agreement among these perspectives, the analysis distinguishes the practitioner's account of religious efficacy, the observable sequence described in the field record, and patients' retrospective interpretations. This is a limited cross-source comparison; without the underlying transcripts, individual questionnaires, or observation logs, a comprehensive audit of triangulation and systematic resolution of discrepant cases is not possible.

The original individual-level questionnaire data could not be recovered during manuscript revision. Accordingly, reported percentages in the Results section are retained, if cited, only as aggregate figures preserved in the earlier manuscript; their denominators, item-level completeness, and accuracy cannot now be independently checked. The study cannot present demographic distributions, reconstruct missing participant statements, or claim statistical representativeness. No laboratory analysis or clinical follow-up was conducted. Its conclusions therefore concern how Qur'anic authority and therapeutic meanings are experienced and mediated within this one local practice, rather than whether the intervention produces medically demonstrable cures. The absence of verifiable records concerning interview duration, documentation methods, and consent procedures remains a methodological limitation to be disclosed during review.

The Practitioner's Account and Healing Procedures

Research undertaken in Sukamaju Village, Serang, Banten, from February to December 2023 documented a healing practice conducted by Wa Kijah, a practitioner with an agricultural background who had provided treatment for several decades. The surviving field account describes a practice involving Qur'anic recitation, prayer, Monday–Thursday fasting, betel leaves, oil, and, in some cases, prayer-recited water. The account also records that he did not charge a fixed

treatment fee. These descriptions concern the practitioner's reported activities; they do not establish the medical efficacy of the treatment.

Asked how he began treating people using betel leaves and prayers, Wa Kijah described a dream, an instruction to help others and fast, and people returning to seek further assistance:

> *Original (Jawa Serang): "wa mimpi ana sing ngegai daun sirih ora ngomong apa-apa kon bantu uwong lan puasa. Akeh uwong sing teka njaluk tulung, alhamdulillah uwonge pada balik maning merene njaluk tulung"*
>
> "I dreamed that someone was there with betel leaves and said nothing; [I was] instructed to help people and fasting. Many people came asking for help and, praise be to God, they returned here seeking help again."

In this account, Wa Kijah himself links the origins of his practice to a dream and fasting and reports repeated visits from people seeking help. The claim that visitors returned is his account, not an independently verified measure of patients' trust or treatment outcome. The wider significance of this narrative for practitioner authority is examined in the Discussion. The documented treatment sequence begins with fresh betel leaves dipped into oil brought by the patient. Wa Kijah asks the patient's name and principal complaint, recites Sūrat al-Fātiḥah and other prayers, and applies the leaves to the affected area. Water over which prayers have been recited may subsequently be consumed. The practitioner's account attributes the importance of the procedure primarily to prayer and devotional discipline, while treating the betel leaves as a specific material component of the treatment.

Visible Changes in Betel Leaves

Figure 1 juxtaposes field photographs labelled as leaves before and after application. The first photograph shows largely green leaves with visible veins and glossy surfaces. The second displays irregular darker-green areas and uneven-looking coloration across overlapping leaves. Because illumination, framing, and leaf arrangement are not standardized across the photographs, these differences cannot establish what caused the visible appearance. Wa Kijah reportedly interpreted changes in the leaves as signs associated with the patient's complaint; this is a practitioner interpretation rather than an independently verified diagnostic finding.



(a) Before application



(b) After application

Figure 1. Betel leaves before and after their use in the Qur'anic healing ritual. Source: Authors' field documentation, Sukamaju Village, Serang, Banten, 2023.

Patients' and Caregivers' Account

The surviving research summary reports questionnaire participation by 30 people who had experienced Wa Kijah's treatment. The complaints described include bodily pain, stiffness, sprains, and discomfort after falls or accidents. Three further accounts supplied by the researcher during revision provide first-person or caregiver descriptions of why treatment was sought, what occurred, and what changes were perceived. The original regional-language wording is reproduced below. These accounts should be identified as researcher-recalled statements unless their wording can be corroborated.

> *Original (Jawa Serang): "Kita njaluk Suruh ning Wakijah mau ntas kepeleset, alhamdulillah mari badane enak maning ora lemes, mbuh ya bacane apa doane soale ora kerungu. Tapi kita lamun ning wa kijah, yakin be ntase bakal sehat maning"*
>
> "I asked Wa Kijah for betel-leaf treatment after slipping. Thank God, afterwards my body felt comfortable again and I was no longer weak. I do not know what he recited or what prayer he said because I could not hear it. But when I go to Wa Kijah, I am confident that I will feel well again afterwards."
>
> Yati, 35 years old; account recalled by the researcher during manuscript revision.

Yati explicitly describes both limited knowledge of the recitation and confidence in Wa Kijah. Her statement reports perceived bodily improvement, not a clinically confirmed recovery.

> *Original (Jawa Serang): "anake panas 4 dina turut-turut ora mari, kayane mah ana sing keceklek, tak jalukaken suruh ning Wa Kijah, trus dibauri minyak suruhe ditempelakin ning badan bocahe, alhamdulillah bocahe enak turu trus mari panase ilang, keringetan"*
>
> "My child had a fever for four consecutive days and did not get better. I thought there might be something caught or strained. I asked Wa Kijah for betel-leaf treatment; oil

was spread on the leaves and they were placed on my child's body. Thank God, my child slept comfortably, and afterwards the fever seemed to go away and the child sweated."

Enah, 30 years old, mother of Faqih (1.5 years old); caregiver account recalled during revision.

Enah's statement describes the application of oil-coated leaves to her child's body, followed by sleep, sweating, and a perceived reduction in fever. Her explanation of the complaint and its outcome remains a caregiver's report; no clinical assessment is documented here.

Original (Jawa Serang): "anak kita tiba sing motor kelambine kelilit motor trus keseret, mmmm jadine 4 dina ora bisa apa-apa, tangi ora bisa, ning wc digendong, uwis berobat ning dokter, tapi durung bisa melaku. Tak jalukaken suruh enda cepet mari, baranganu iya turu sedina trus bisa melaku maning"

"My child fell from a motorcycle when the clothing became caught in it and the child was dragged. For four days the child could hardly do anything, could not get up, and had to be carried to the toilet. We had already seen a doctor, but the child still could not walk. I sought betel-leaf treatment hoping for a quick recovery; afterwards, the child slept for a day and then could walk again."

Supeha, parent/caregiver; 55 years old.

Supeha reports seeking care from a doctor before turning to Wa Kijah, as well as a subsequent change in the child's mobility. The account establishes the caregiver's perceived sequence of events but does not establish which intervention, if any, caused improvement.

Aggregated Questionnaire Findings

The manuscript's surviving aggregate questionnaire summary reports the following descriptive patterns from a stated sample of 30 recipients. Approximately half reportedly sought treatment more than once. Around 73% reportedly did not know the specific recitations, and a similar proportion did not know the reason for the use of betel leaves and oil. About 20% thought substituting other leaves might affect treatment, while around 70% reported perceived improvement. A separate figure of 78.3% was reported for attribution of particular importance to prayer-recited water. Original response-level data and item-level valid-response counts are no longer available, so these percentages have not been recalculated.

Indicator	Reported result	Evidence base / denominator
Study participants	30	30 enrolled; individual responses not retrievable
Returned for treatment	Approximately 50%	n/N not independently verified
Unfamiliar with recitation	Approximately 73%	n/N not independently verified

Unfamiliar with leaf-and-oil rationale	Approximately 73%	n/N not independently verified
Believed leaf substitution could matter	Approximately 20%	n/N not independently verified
Reported perceived improvement	Approximately 70%	n/N not independently verified
Assigned particular importance to prayer-recited water	78.3% of recorded responses	Valid-response denominator unknown

Table 2. Descriptive questionnaire findings as preserved in the manuscript. The original respondent-level dataset is unavailable. Figures are retained as previously reported, without fabricated n/N values. In particular, 78.3% cannot be an exact single-response percentage of all 30 people; its valid denominator remains unknown.

The original summary therefore permits description of reported patterns but not reconstruction of response-level cross-tabulations or testing whether particular individuals who lacked knowledge of the recitation were the same individuals who reported improvement. The accounts of Yati, Enah, and Supeha illustrate some reported experiences but cannot be treated as representative quotations from the entire sample.

The surviving evidence documents Wa Kijah's account of the practice's origins, a ritual sequence centered on Sūrat al-Fātiḥah and material applications, visible differences between two photographs of leaves, three patient or caregiver accounts, and previously reported aggregate questionnaire results. Interpretation of these findings in relation to religious authority, material mediation, and embodied reception is reserved for the Discussion.

Wa Kijah's Authoriy: Dream Narrative, Devotional Discipline, and Patients Trust

Yati's account provides a useful starting point for examining the authority attributed to Wa Kijah. After seeking help following a fall, she said:

> *"Kita njaluk Suruh ning Wakijah mau ntas kepeleset, alhamdulillah mari badane enak maning ora lemes, mbuh ya bacane apa doane soale ora kerungu. Tapi kita lamun ning wa kijah, yakin be ntase bakal sehat maning." (Yati, aged 35; Jawa Serang testimony supplied by the researcher)*

In English: "I sought betel-leaf treatment from Wa Kijah after slipping. Thank God, afterward my body felt comfortable again and was no longer weak. I do not know what she recited or what prayer she said because I could not hear it. But when I go to Wa Kijah, I feel confident that afterward I will be well again." Yati explicitly links her confidence to the practitioner and her own perceived bodily improvement; she does not claim to recognize the words being recited. Her statement offers direct

evidence of expressed trust, while any explanation of how that trust originated remains an interpretation.

Wa Kijah herself connected the origin of her work to a dream, helping others, and fasting:

> *"wa mimpi ana sing ngegai daun sirih ora ngomong apa-apa kon bantu uwong lan puasa". "Akeh uwong sing teka njaluk tulung, alhamdulillah uwonge pada balik maning merene njaluk tulung". (Wa Kijah, original Jawa Serang wording supplied from the researcher's recollection; date and verbatim transcription not independently verified)*

In cautious translation, she recalls dreaming of someone associated with betel leaves and an instruction to help people and fast; she then describes people coming for assistance and returning. The precise sense of "ngegai" and the sequence of speech in the dream require confirmation with the practitioner. Accordingly, the quotations should be treated as researcher-recalled testimony until their wording is verified, not as a recoverable recording transcript. The dream is a practitioner-reported origin story, not independent evidence of supernatural authorization. Her Monday–Thursday fasting, longstanding activity, and reported refusal to impose a fixed fee are additional features of her described practice; the claim that these constitute moral authority is the author's interpretive inference.

Read beside Yati's words, the two narratives illuminate different positions in the therapeutic encounter: the practitioner presents a religiously grounded obligation, whereas a patient articulates confidence without detailed textual knowledge. This adds an empirically specified dimension to Basid and Hadi's discussion of local Qur'anic healing in Probolinggo and Bhuiyan's account of combinations of Qur'anic verses and plants in Bangladesh: in Sukamaju, a recalled dream narrative and repeated devotional discipline are joined to at least one patient's explicit statement of trust. They do not establish how all patients assessed Wa Kijah.[6]

From al-Fātiḥah to Ritual Performance: The Meaning of Healing

The documented treatment sequence begins with leaves dipped in oil, followed by the patient's name and complaint, recitation of Sūrat al-Fātiḥah and prayers, and application of the leaves to the affected body part. Prayer-recited water may be consumed subsequently. For conceptual clarity, this article uses "Qur'anic healing practice" or "treatment" to designate this socially organized ritual; "perceived improvement" or "therapeutic experience" for patients' retrospective reports; and "clinical recovery" only for outcomes independently assessed through medical evidence, which this study does not possess. "Therapeutic meaning" refers to the significance participants attribute to an encounter, not a proven physiological effect.

Yati's inability to hear the recitation while nevertheless expressing confidence distinguishes semantic identification from participation in the ritual. Rafiq's

distinction between the informative and performative functions of scripture helps interpret this case: al-Fātiḥah is not merely content to be understood but speech enacted for a named person, in an established sequence, by a recognized practitioner. The patient's statement supports the narrower proposition that confidence may coexist with an inability to identify or hear the recitation; it cannot demonstrate that semantic knowledge is irrelevant to every participant. A qualitative study of Qur'an listening in Egypt likewise foregrounds how listeners describe the perceived meanings of listening experiences, offering a useful comparison with Yati's account without equating reported benefit with clinical cure.[7]

The hadith-based discussion of *ruqyah* by Ahmad, Ramli, and Rahman places recitation and supplication within an Islamic repertoire of devotional care, while contemporary Living Qur'an studies supply the more immediate analytical comparison. Earlier treatments by Elkadi (1985) and Irham (2005) remain useful as historical or devotional context rather than as the principal theoretical authority. Clinical reviews of listening to Qur'anic recitation (Che Wan Mohd Rozali et al., 2022; Ghiasi and Keramat, 2018) concern measured psychological or related outcomes in different study settings; they do not establish what caused the improvements described by Wa Kijah's patients.[8]

Betel Leaves, Oil, Water, and the Body: Different Material Role

Enah's account of her eighteen-month-old child Faqih describes the application of oiled betel leaves to the child's body and a subsequent reported reduction in fever: "anake panas 4 dina turut-turut ora mari ... tak jalukaken suruh ning Wa Kijah, trus dibauri minyak suruhe ditempelakin ning badan bocahe, alhamdulillah bocahe enak turu trus mari panase ilang, keringetan". In translation, the child had reportedly been feverish for four days; Enah sought leaves from Wa Kijah, oil was applied to the leaves, the leaves were placed on the child, and she subsequently observed sleep, sweating, and the fever subsiding. This is a parent's account of a temporal sequence, not a clinical diagnosis or evidence that the ritual caused the change. Fever in a very young child can have multiple causes; the narrative must not be used to recommend substituting ritual care for medical attention.

The visual documentation shows a relatively uniform green leaf surface before application and darker uneven patches afterward. Because illumination, positioning, oil contact, pressure, and other conditions were not standardized, the images cannot establish the cause of these differences. Wa Kijah interprets leaf changes within her therapeutic understanding as signs associated with illness; the researcher can describe those interpretations without recognizing the leaves as validated diagnostic devices. Thus, the leaf has an observable role as a bodily contact object and an attributed role as a sign; these are analytically distinct.

Studies of Piper betle by Nayaka et al. (2021), Biswas et al. (2022), and Madhumita et al. (2019) identify biological activities under laboratory conditions, including tests of extracts and essential oils. Those studies do not test Wa Kijah's fresh, oil-coated leaves in the documented encounter. The pharmacological literature is consequently background on the plant rather than an explanation of the participants' reported results. Local ethnobotanical discussions by Rizaldi and Mustakim and Islamil[9] help establish that betel has culturally recognizable uses, while the Sukamaju material shows how this specific plant is incorporated into recitation and bodily application.[10]

Water occupies a different position: unlike the leaf, it can be consumed after the recitation, extending the encounter beyond the moment of bodily application. The manuscript's aggregated summary reports that 20% associated special importance with not replacing the leaf and that 78.3% of recorded responses emphasized prayer-recited water. These are different questionnaire indicators, not direct measures of identical preferences. Critically, 78.3% cannot represent an exact whole-person proportion of 30 participants; the original valid-response count is unavailable. We therefore cannot claim a statistically established preference for water over leaves or quantify how much more water is trusted. At most, the preserved summary indicates that prayer-recited water featured prominently in the reported reception. The leaf is distinctive as a visible and applied object, whereas water may be salient through its connection to prayer and ingestion. This distinction is a hypothesis for comparative testing, not a verified ranking of ritual efficacy. In material-religion scholarship, Meyer argues that a sense of religious immediacy may be produced through mediation; the distinction helps explain why the ritual importance attributed to water need not depend on identifying the exact recited words.[11]

Patient Experience and Medical Pluralism

Supeha's testimony places traditional care alongside biomedicine rather than simply against it. Describing an accident involving a motorcycle and clothing caught in its wheel, Supeha recalled: "uwis berobat ning dokter, tapi durung bisa melaku. Tak jalukaken suruh enda cepet mari, baranganu iya turu sedina trus bisa melaku maning." In English, Supeha reported having already sought medical care, still being unable to walk, then obtaining betel-leaf treatment and subsequently reporting sleep and the ability to walk again. The chronology does not establish a causal effect of the leaves; it does demonstrate that, for this participant, biomedical and local treatment occurred in sequence.

Indonesian studies of medical pluralism by Jennifer and Saptutyningsih, Pengpid and Peltzer, and Pradipta et al. illuminate why such combinations should not automatically be understood as rejection of formal care. In this case, however,

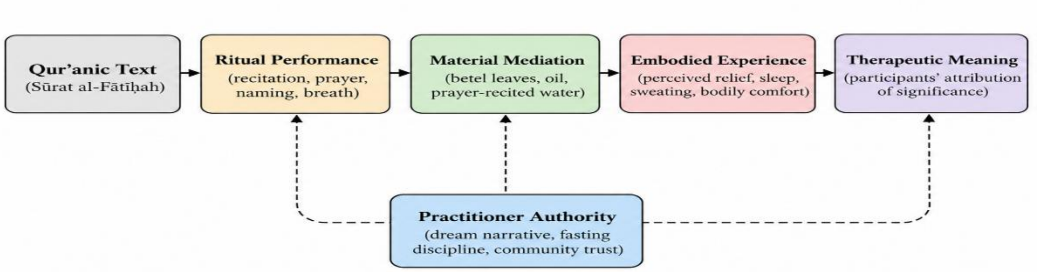
reasons such as cost, distance, or institutional distrust were not stated in Supeha's supplied testimony and should not be attributed to the participant. Among the testimonies available, Yati explicitly mentions trust; Enah emphasizes the procedure and the child's subsequent condition; Supeha emphasizes the movement between forms of care. These distinct voices are stronger evidence than an undifferentiated list of possible motives.[12]

The surviving aggregated results report that approximately 73% could not identify the prayer and a similar proportion could not explain the leaves and oil, while approximately 70% reported perceived improvement. These are marginal descriptive summaries, not linked individual-level records. The data cannot show whether the very same patients both lacked textual knowledge and reported improvement. Yati's qualitative testimony nevertheless establishes that these two experiences co-occurred for at least one named participant. Her statement helps specify the interpretive possibility without converting a descriptive distribution into an unsupported statistical association.

Material-Performative Qur'anic Reception: A Relational Model

The Sukamaju findings suggest that Qur'anic therapeutic reception emerges through relationships among scriptural recitation, ritual performance, practitioner authority, material mediation, and patients' embodied experiences. This study conceptualizes these relationships as *material-performative Qur'anic reception*, a mode of engagement in which scriptural authority becomes meaningful through ritual actions and material encounters rather than textual comprehension alone. [13] As illustrated in Figure 2, the model identifies an analytical sequence connecting these dimensions while recognizing practitioner authority as a mediating influence. These relationships concern the construction of therapeutic meaning, not clinically established mechanisms of recovery.

Figure 2. Proposed Relational Model of Material-Performative Qur'anic Reception



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The model advances three related propositions. First, therapeutic reception can occur without detailed textual comprehension, as illustrated by Yati's expressed confidence in Wa Kijah despite her inability to identify the recited prayers. Second, material media acquire differentiated ritual significance: betel leaves function through bodily application and visual interpretation, whereas prayer-recited water offers an additional medium to which participants attribute therapeutic value. Third, practitioner authority is relational and negotiated, emerging through the interaction between Wa Kijah's account of her religious vocation and patients' reported trust and experiences. These propositions suggest that therapeutic meaning is neither inherent in material substances nor determined exclusively by scriptural recitation but is constituted through their situated relationships.

This interpretation extends existing discussions of Qur'anic reception and material religion. Hasan's study of *bejampi* in Lombok demonstrates the incorporation of Qur'anic verses into vernacular healing and communal religious memory, while Nieber and Sobirin foreground the material dimensions of sacred texts and their ritual significance. The Sukamaju case contributes a specifically oral and embodied configuration in which Qur'anic recitation accompanies oil-coated betel leaves applied to the body and prayer-recited water associated with patients' therapeutic experiences. A comparison with the Rejang *be-langea* ritual in Bengkulu further illustrates how different communities incorporate distinct material substances into Qur'anic healing practices. Rather than claiming that betel leaves or these ritual procedures are unique to Banten, the contribution of this study lies in explaining how the differentiated functions of voice, material objects, practitioner authority, and bodily experience shape the reception of Qur'anic healing within a particular social context.[14]

Limits of Interference and Implications

This is a single-practitioner case with 30 reported treatment recipients, missing original response-level questionnaire data, and interview utterances supplied again from the researcher's recollection. Exact interview dates, independent transcript verification, and denominators for some reported proportions are unavailable. The present analysis cannot determine the frequency of particular trust mechanisms across all participants, infer biomedical effectiveness, or resolve whether water is more important than leaves across the sample. All quoted statements were translated from the original local-language interviews while preserving their contextual meaning, with the date of any later confirmation disclosed. Future work could collect paired respondent-level items on recitation knowledge, confidence, each ritual medium, and medically assessed outcomes where appropriate, as well as compare oral and written modes of material mediation. Within these limits, the case

refines Living Qur'an analysis by showing how scriptural authority is ascribed across distinct but interdependent acts, objects, bodily encounters, and interpretive judgments.

Conclusion

This study demonstrates that Qur'anic healing in Sukamaju, Serang, Banten, operates through the interaction of scriptural authority, ritual performance, material mediation, and patients' embodied experiences. In Wa Kijah's practice, Sūrat al-Fātiḥah acquires therapeutic significance not merely through textual interpretation but through its recitation within a ritual sequence involving the practitioner's religious authority, betel leaves, oil, prayer-recited water, and bodily engagement. Patients' accounts further indicate that trust in the practice does not necessarily depend on detailed knowledge of the recited verses or the rationale underlying the material substances.

The principal conceptual contribution is the proposed model of material-performative Qur'anic reception, in which Qur'anic recitation provides religious legitimacy, ritual actions organize the therapeutic encounter, material objects mediate the experience of sacred authority, and patients' bodily perceptions inform the attribution of therapeutic meaning. Importantly, the roles of these materials are not necessarily equivalent: betel leaves function as locally significant media of bodily application, whereas prayer-recited water represents another means through which participants attribute therapeutic significance to Qur'anic recitation. These relationships concern perceived therapeutic meaning rather than clinically established efficacy.

By foregrounding these interactions, the study extends Living Qur'an scholarship beyond textual interpretation toward the material and embodied dimensions of scriptural reception. Nevertheless, its findings are limited to a single practitioner and a small participant group, with self-reported outcomes and incomplete individual-level records. The proposed model therefore remains context-specific and requires comparative investigation across other Qur'anic healing traditions to assess its broader analytical applicability.

Endnotes

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