Experiences of Traditional Healers and Their Patients in the Bicol Region, Philippines

Nera A. Galan
Bicol University College of Nursing, Legazpi City
Correspondence: galannera@gmail.com

Abstract

Traditional healers have been a part of the Philippine Health Care Delivery System. Filipinos consider the albularyo as the primary dispensers of health care in folk medicine and is referred to as the general practitioner. Despite the long history of traditional healers’ practice, there are limited studies on their unique experiences as healers including the experiences of their patients in their healing abilities. The purpose of this study is to document the unique experiences in traditional medicines widely practiced by both traditional healers and their patients on various aspects related to safety and effectiveness of the herbal plants. This study used phenomenology and ethnographic research approach. Data were gathered from 30 traditional healers who used herbal medicines alone or in combination or with other traditional modalities, have been residents of the community for at least one year, and have been practicing indigenous healing for at least five years. Three hundred patients aged 18 years old, presently being treated or have consulted on several occasions with the selected traditional healers, were interviewed using the self-structured interview guide, which were validated through focus group discussions (FGD). Results showed that the Bicolano traditional healers and their patients believe that using herbal medicines stem from the perspective of the patients’ “feeling” state as well as perceived absence of side effects from its usage. Both the traditional healers and their patients are cognizant in upholding the safe use of herbal plants through personal responsibility and accountability. Thus, the documentation of such experiences is geared towards three dominant themes such as second-hand generated knowledge, God-given gift, and self-discovery.

Keywords: Herbal plants, herbolarios, santigwar, suob, Traditional medicine, tulod

Introduction

In the Philippines, there have been several studies conducted on traditional medicine (Lee Mendoza, 2009), but mainly on the determination of the modalities of treatment used by the healers and the types of conditions and illnesses they are applied. Lee Mendoza (2009) outlined the opportunities offered by herbal therapies, natural products, and alternative healing methods. Further, Apostol (2012) documented the traditional healing practices across the Philippine archipelago such as the Sibrong of the Ilocos region with their reverence to an anito for health and wellness. Among the traditional healers, the most common are the healers who use herbal medicines in treating various types of ailments. Various ethnobotanical surveys have been conducted in provinces across the country to document the indigenous knowledge on medicinal plants such as in Agusan (Arquion et al., 2015), Batan Island (Abe & Ohtani, 2013), and Guimaras Island (Ong & Kim, 2014), among others. In the Bicol region, medicinal plants and their traditional uses have been documented in the province of Albay (De Guzman et al., 2014; Mirandilla & Abalon, 2013) and other provinces (Buot, 2009).

While several studies have been conducted to come up with a list of herbal medicines used by healers and their modes of preparation, there is hardly any research done in the Philippines which tried to document the unique experiences of traditional healers and their patients. Thus, this study determined the demographic profile of the healers and their patients along with their experiences in traditional healing.

Materials and Methods

Research and Sampling Design

The study is a qualitative research that used phenomenology and ethnographic research approaches.
The experiences of the traditional healers and their patients on herbal medicines were analyzed to come up with salient findings through inductive analysis. In each province, the municipalities were selected purposively based on the accessibility of the Department of Health (DOH) health services in the area. The remote municipalities and those with less accessible health facilities were included.

The participants were selected based on specific inclusion criteria. The traditional healers were those using herbal medicines alone or in combination with other traditional modalities or procedures done by the traditional healer during consultation of patients as diagnostic (suob and santigwar) or therapeutic in nature (steam bath, tulod, incense, and tuob). Another criterion includes healers who have been residents of the community for at least one year and have been practicing indigenous healing (uses herbal plants available at their backyard or at nearby barangays). The patients in this study are at least 18 years old, presently being treated or had consulted on several occasions with the selected traditional healers (Table 1). This study excluded those traditional healers who have been using herbal plants solely for treatment and have been practicing less than five years as healers. The patients excluded are those who have consulted only once and have not undergone treatments and follow-up from the selected traditional healers.

Table 1. Number of Traditional Healers and their Patients in the Bicol Region

<table>
<thead>
<tr>
<th>Province</th>
<th>Traditional Healers</th>
<th>Patients*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albay</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Camarines Sur</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Camarines Norte</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Sorsogon</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Catanduanes</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Masbate</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>300</td>
</tr>
</tbody>
</table>

*10 patients per herbolario

Data Gathering and Analysis

Self-structured interview guides were used in gathering data. These were validated through a focus group discussion. Validation on the findings was done through feedback from other traditional healers and patients not included as the selected participants of the study. This intended to overcome a weakness in using one method with the strengths of the other.

Inductive analysis of data consisted of detailed readings of transcripts to derive the codes, categories, themes and eventually the key assertions as well as theory. Focus group discussion (FGD) was conducted to validate the data collected. The data on the demographic profile of both the traditional healers and their patients were analyzed using frequency count and percentages.

Data gathering commenced after approval from the Local Government Unit (LGU) and prior informed consent given by the participants. The duration of the study is from July 2017 to June 2018.

Since the standard Bicol dialect is not vernacular for all parts of the region, data gathering was done by the data collectors who are themselves residents of the province of assignment. A voice recorder was also used during the interview and FGD substantiated by the field notes to capture the participant’s answers. The data collectors were supervised by the faculty member who likewise speaks the dialect of the said province. The transcripts were checked for completeness by the same faculty member to prevent the gaps in language and to ensure the validity of data. All narratives included in this publication are direct quotations, were cross-validated by the respondents, and are approved for this purpose.

Results and Discussion

Socio-Demographic Profile of Traditional healers and their Patients

Results show that 42% of the traditional healers in the Bicol region are sexagenarians, mostly female, married, and all are Roman Catholic (Table 2). They have attained primary level of education. More than half of the traditional healers have been practicing their craft for more than 10 years, which is a good length of time to gain experience and knowledge in the use of herbal plants in treating patients of all ages.

The profile of the patients is similar to the healers because majority are adult married women who are mostly Catholic. Some of the patients are housewives who have had formal education. Less than half of the number of patients are financially supported solely by the husband’s earnings. These patients have been
acquainted with the traditional healers for more than 10 years.

It can be noted that both the traditional healers and their patients belong to adulthood. At this age, they decide freely on their preferences using herbal plants. Healers are well experienced in healing as reflected in their number of years in experience as healers and this made their patients establish faith in their healing powers. Traditional healing in Bicol region are common among female healers and patients and practiced among Roman Catholic folks.

### Table 2. Socio-demographic Profile of the Traditional healers and their Patients

<table>
<thead>
<tr>
<th>Profile</th>
<th>Herbolario (n=30)</th>
<th>Percent</th>
<th>Patient (n=300)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>65 onwards (Maturity)</td>
<td>42</td>
<td>40-60 (Adulthood)</td>
<td>51</td>
</tr>
<tr>
<td>Age</td>
<td>40–60 (Adulthood)</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>65</td>
<td>Female</td>
<td>85</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>71</td>
<td>Married</td>
<td>72</td>
</tr>
<tr>
<td>Religion</td>
<td>Roman Catholic</td>
<td>100</td>
<td>Roman Catholic</td>
<td>92</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>Primary Level</td>
<td>55</td>
<td>Secondary Level</td>
<td>39</td>
</tr>
<tr>
<td>Occupation</td>
<td>Self- employed/Skilled worker</td>
<td>42</td>
<td>Housewife</td>
<td>40</td>
</tr>
<tr>
<td>Monthly Income</td>
<td>Did not disclose</td>
<td>48</td>
<td>Poor (&lt;7,890.00)</td>
<td>43</td>
</tr>
<tr>
<td>Years of Practice as Healer</td>
<td>More than 10 years</td>
<td>65</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Years acquainted with</td>
<td>N/A</td>
<td></td>
<td>More than 10 years</td>
<td>60</td>
</tr>
<tr>
<td>traditional healer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Experiences in the Practice of Traditional Healing**

Most of the ailments commonly consulted by their patients are flu and flu-like symptoms like fever, headache, body pains, and sprain. Sprain, locally termed as *lapo*, is perceived as the underlying cause of children’s ailments. Discomforts caused by human or elemental forces like *sibang* (Bicolano term used to describe the state when the patient feels abdominal pain and vomiting), *barang* (Cebuano term used to mean all forms of endemic magic or sorcery), *bati* (Cebuano term used to describe the act of attributing something ugly and displeasing to a person), *tawas* (Tagalog term referring to the act of diagnosing an affliction or psychological disorder by interpreting shapes produced in water using heated alum or molten wax dropping from a burning candle), *santigwar* (Bicolano term used to describe the process of healing a person who may have maladies attributed to the works of supernatural beings), which are not recognized by the doctors are consulted to the healers.

The traditional healer from Camarines Sur said she is considered as a pediatrician by her patients. In her account she said, "Arog po mam kang hikaon na aki pira ng balik-balik sa doctor dae nararahay. Kaya pigsapalaran ninda pigdara ninda digdi sako. Pighilot ko, magka tulong beses, tapos pigtukduan ko sinda na maggamit qui herbal, nararahay po sinda (There was an instance, ma’am, when an asthmatic child who has been brought to the doctor several times but was never healed. Thrice, I massaged the child and taught them to use herbal concoctions, they got healed)". The traditional healer from Camarines Norte is believed to be the last resort for curing the ailments of patients who do not show progress notwithstanding the treatment from the hospitals. The commonly used herb by the traditional healer and their patients is *lakadbulan* (*Blumea balsamifera*). Other herbs commonly used are *artamisa* (*Artemisia vulgaris*), *anonang* (*Cordia dichotoma*), *bayabas* (*Psidium guajava*), and *tubatuba* (*Jatropha gossypfolia*). *Bayabas* (*Psidium guajava*) and *lagundi* (*Vitex negundo*) are approved by the Department of Health (DOH). These plants, though prepared and administered differently from what was prescribed by the DOH, are considered safe and effective by Bicolano patients.

**Traditional Diagnostic Modalities**

The unique experiences of traditional healers start with how they diagnose ailment through the use of different procedures and proceed to specific treatment through the use of different modalities.
Figure 1. Map of Philippines (A) and the Bicol Region (B).
Suob is a local term in Camarines Norte referring to a process of determining the cause of an illness. Literally, it means to burn incense. The traditional healer assembles an aluminum pot, insenso kamangyan (combination of Chinese incense) and tawas (potassium alum). Glowing embers is placed in the pot, tawas is added to the embers, then, a small amount of the pounded insenso kamangyan. The traditional healer ensures that the smoke is blown towards the patient, while whispering prayers (bulong) and chants (orasyon). After this, the tawas is removed from the pot and is placed on a saucer for the observation of its shape. The shape formed out of the tawas will show the elemental forces that have caused the illness. It can be dwarfs (na-nuno), demons (na-demonyo), or other malevolent spirits (na-kulam). A small amount of oil is added to the tawas then pressed to mix with the oil. The middle and forefinger is dipped in the mixture and is used by the traditional healer to make the sign of cross on the patient’s forehead and the front and the back of the palms and soles.

The procedure called incenso (incense) is done in the province of Masbate. The traditional healer prepares coconut shell, kamangyan, and embers. The glowing embers are placed in the coconut shell, then, kamangyan is poured on the embers to produce smoke. The smoke is directed to the identified habitat of the elemental forces believed to have harmed the patient. The traditional healer proceeds to encircle once the place where these elemental forces are. Prior to the incenso, santigwar is done. Santigwar is done to determine the reason of the elemental forces that causes the ailment.

Traditional Therapeutic Modalities

Steam bath. The steam bath is done by a traditional healer in Camarines Norte for patients with binat (postpartum relapse) after childbirth, kidney problem, paralysis secondary to stroke, dysmenorrhea, irregular menstruation, and headache locally called as lamig. The bath is prepared by the traditional healer’s assistant by initially gathering the leaves of the following herbs: alagaw (Premna odorata), sambong (Blumeria balsamifera), sampalok (Tamarindus indica), kamias (Averrhoa bilimbi), tagbak (Kolowratia elegans), lukban (Citrus maxima), and kalamsa (Citrus citrofolia). The traditional healer interviewed in this study revealed that he uses two varieties of vines, which he keeps as a secret ingredient. One-half sack of leaves of each herb is used for every half-filled metal drum of water.

Boiling is done as early as two o’clock until nine to 10 in the morning. The decoction is added to the plastic drum to fill the remaining half space of the drum. The water temperature in the drum is checked by immersing his hands to prevent burning. The traditional healer interviewed in this study shared that the patient is immersed in the drum, with the face towards the east, where he gets the healing power and knowledge of healing. Water from the drum is poured over the head of his patient using a dipper while the traditional healer recites an orasyon, specifically in Bicol version, particularly the prayer of John the Baptist when he baptized Jesus Christ in the Jordan River. The steam bath lasts for one hour per session and done for a total of two sessions. After the steam, massage is done on any of these days—Tuesday or Friday. A day after the massage, the patient is bathe using regular tap water. The patient is advised to avoid drinking cold water or getting wet in the rain, which if not followed may result to paralysis or binat or both.

Tuob is local term in Camarines Sur, which means to offer. This is indicated for ailments caused by unseen elemental forces. The traditional healer offers one to three boiled eggs, together with three sticks of Fortune cigarettes, and one Band-Aid plaster during the full moon. The traditional healer talks with the engkanto (fairy) or the spirit of the dead believed to cause the sanib (possessed) and forgiveness is asked for the wrong done to these unseen forces.

The procedure called tuob is done in Catanduanes for patients with allergic reaction to food such as fish and shrimps. The remaining portion of the food is burned until completely charred. The patient is allowed to inhale the smoke from the burnt food for a few minutes. Smoke is also directed to the affected areas of the body. The charred food is then dissolved in a small amount of water and given as a drink to the patient. The traditional healer recites a prayer (orasyon) while the solution is taken orally. If the itchiness is still present, the orasyon is repeated. Oil is mixed to the burnt food and the mixture and is applied lightly to the affected area if itchiness persists. The procedure is done once and is perceived effective.

Most of the traditional healers require their patients to come back for the completion of the treatment protocol. Majority of the patients came back for follow-up for monitoring of their response to treatment protocol. On the part of the traditional healers, there are certain treatment regimen that must be performed for several sessions for the complete healing of the patients.
According to some of them there are certain procedure that must not be shared. They claim that it is their own thing and must be kept a lifetime secret unless the healing practice will be passed on to the next generation of healer in the family.

Perceived Acquisition of Traditional Healing Skills

With the different ailments consulted by the patients and the different herbal plants as well as treatment modalities used for their patients, the traditional healers claim several ways of acquiring skills of healing, which the researcher—through inductive analysis—has described as reflective of the following themes: second-hand generated knowledge, God-given gift, and self-discovery.

Second-hand generated knowledge. One herbolario from Albay shared that he comes from a lineage of healers. His father was a well-known herbolario and he served as his assistant. He would usually take over in treating the patients in his father's absence especially during those times when his father was sick. Prior to his father's death, he was called at father's deathbed and was implored to continue the healing practice. "In the deathbed, my father whispered to me to continue healing. "Habo niya darahon kaya ipinamana sako." According to this herbolario, it was easy for him to continue the healing practice because of his long-standing apprenticeship with his father.

The experience of an herbolario from Camarines Norte was different. Instead of inheriting the healing skills from a family elder, her skills were acquired from her four-year-old-daughter. This daughter whom she said was gifted by God to heal, discovered her healing ability upon touching the abdomen of a child who had severe abdominal pain. The experience was repeated when the daughter's teacher requested her to touch her painful shoulders. The touch, according to the mother, relieved the pain of the abdomen and the shoulders. The story about the healing spread in the neighborhood.

"Dati sa pamilya ko sana ako naghihilot, sa mga aki ko (Before, I only offer massage treatment to my family especially the children).” “May darahon digdi sako na nahulog sa karabaw, an sabi ko ay Jesus dae talaga ako kaan mahilot darahon na nindo yan sa ospital. (Somebody who fell while riding from a carabao would be brought in and I would say O, Jesus, I will not really be treating that through massage. Better bring him to the hospital. However, the family begged me to treat their son because they do not have money).” "Kaya naobliga ako hinilot ko ito hanggang sa narahay, nagparapasalamat su ina ta dae ngayang nakarahay na iba kundi ika (So, I was
obliged to massage the patient until he was cured).” Another herbolario shared “Nagkamulat ako na sobra akong sakitin, kaya ako nagluto sa medisina ko. Luto ako sa herbal, luto man ako sa injectia ano, sa hilot sa injection doon ko natutunan ang pagbulong ko sa buhay ko kung papano (I was a sickly child so I tried to discover and learn by myself the use of various herbs and concoction for treatment which I would use for myself. That’s how I learned to become a healer)."

Experiences of Patients on Years Acquainted with Herbolario

Having known the traditional healers for more than 10 years, most patients claim that these traditional healers are well-known and popular to them. Some of them are introduced and recommended. Most of them sought services through referrals from their neighbors, families, and relatives. Other patients belong also to family of healers, so it was easy for them to consult. They are also accessible. Being known to everyone, they have established already faith in the healing prowess of the traditional healers. The patients consult the traditional healers for the following conditions: flu and flu-like symptoms like fever, headache, body pains and sprain. Sprain, locally termed as lapo is perceived as the underlying cause of the children’s ailments. Discomforts caused by human or elemental forces like sibang, barang, bati, tawas, santigwar, which are not recognized by the doctors are then consulted to the traditional healers.

There were additional reasons presented by the patients for making visits like ailments caused by elemental forces. Patients afflicted with the unseen elemental forces such as naengkanto (enchantment), landi (flirted by unseen elemental forces), nakaumang (unseen element that cause afflictions), and kalag (soul) were treated by the herbolario with oregano (Origanum vulgare) leaf, which was cut into three pieces and applied on the temples and forehead of the patient. According to these patients, the oregano leaf will absorb all the negative elements in the body. These patients were scheduled for another visit to “offer” to the spirits and to ask for forgiveness from the nakaumang. Parallel in the responses of the participants is the belief in the healing prowess of the herbolario. Their faith to the healer contributes to the patient’s perspective of wellness.

These reasons are interwoven in the culture and lives of the community folks. The herbolario is either a kabarangay or within the proximity of nearby barangay are the first to be consulted when the community population is sick. “Sa albularyo ngon-a magpakonkulta ta kaya niya man bulungon (Consult first with the herbalist because they can actually heal).” This is the common belief of ordinary folks in the community. The herbolarios are consulted because patients are cured of the ailments that are not within the boundaries of science. The patients during the FGD stated that they do not have to go far for treatment and there is no need to spend for transportation. The family member brings the clothes of the sick and orasyon is recited. Patients are treated for free, more so if the patients are poor. The patients said that the services provided by the herbolario are affordable. Payments are accepted either as donation and within the patient’s paying capacity. The herbolario in Camarines Norte said that if her patients are unable to pay, healing services are still rendered.

Other reasons provided by patients were their belief in the healing prowess of the traditional healers. The belief of a person to something or to someone is a personal opinion or perception which if it does not conform with the standard, the truth, or social acceptance will require a valid reason or justification to contest that personal belief. A patient consults the traditional healer because of the belief that they will be healed, or their pain will be lessened or even cured. This belief results to the patient’s frequent consultation of the same traditional healer.

The Role of Medicinal Plants in Traditional Healing

The patients revealed that the right knowledge on the proper use of different herbal medicines is necessary to benefit from the natural healing effect. It is good to follow the herbolario’s instruction or from what they have learned from their parents. According to one key informant, if herbal plants are administered in excess, it may have side effects. Some patients shared “Mas marhay na mag tumar ning kulang kay sa mapasobra, kaya kung minapakalakaga kami ning mga dahon dakul na tubig ang pigkakaag tanganing mapusaw, kung isabay ko man sa bulong hababa sana ang dose (It is better to use inadequate amount rather than to exceed. We make sure that boiled herbal medicines are not that strong, keeping the mixture lightly colored so that even if taken simultaneously with pharmaceutical medicines the dosage is relatively low). The patient in Albay shared, “Sa problema sa pag-ihipig-iinom mi ang lakadbulad na gari tubig o tsaa, pagkaubos, pig titignoon naman tapos iinom mi dere derecho sa maghapon” (For problems in urination, I drink the decoction of lakadbulan in liberal amounts like water or tea. After the concoction has been consumed,
we make another round then we drink it throughout the day)."

The Role of Culture and Religion in the Practice of Traditional Medicine

When the traditional healers were asked, they believed that the concerns of the patients who visit them are either the unsuccessful treatment by other traditional healers or that of a medical doctor. These patients were those who opted for second opinion because they were dissatisfied or did not heal with the previous treatment. However, the patients perceived that culture is another concern that compels them to visit traditional healers. This may simply mean that it has been passed from the family’s generations to generations, where the practice of visiting the traditional healer has become common within the family. A notable statement from patients was "Wala namang masama kung mawagawasya sa albularyo (There is nothing wrong in seeking treatment from the traditional healers)." Ancestors play an important role in the family’s beliefs and practices. Hence their influences have a great contribution and impact among the family members.

Religion and spirituality in healing are evident among several herbolarios. Part of their rituals in healing is orasyon (incantations) or prayers imploring the help of God before giving the medicines. Coupled with the faith that one will be healed, they believe that through this, healing is then achieved. One herbolario from Camarines Sur revealed that "Bago ka mainom mapadayi muna ka para marahay ka (Before you take the herbal medicine you have to pray first so that you will be healed)."

Traditional Healing as a Learning Experience

The experiences of both the traditional healers and their patients show evidence that learning is the process whereby knowledge is created through the transformation of experiences. This describes the cyclical model of learning that consists of four stages. The first stage, which is the concrete experience (CE), has the patients directly immersing themselves in their experiences that lead to constant practice of healing and which the patients believe were manifested through their healing powers. The second stage, which is reflective observation (RO), allows the learner to consciously reflect on the experience with the goal of applying what they have learned. The third stage is the abstract conceptualization (AC), and includes the experiences of patients that are spread through word of mouth and referrals, especially among close-knit communities. The fourth stage, which is active experimentation (AE), allows the learner to try planning on how to test a model plan or theory for an upcoming experience (Kolb, 2014). Similarly, healers apply what they have learned from healing through second-hand generated knowledge.

Traditional medicine (TM) is indigenous health knowledge used in maintaining a feeling of well-being, and the prevention, diagnosis, and treatment of illnesses using plants, animals, spiritual therapies, manual techniques, and exercises (WHO, 2016). In the Philippines, TM is anchored on a culture-based belief system which is handed from one generation to another. It is also a holistic approach that considers the physical, mental, emotional, and spiritual aspects in the treatment process (Mirjam, 2015). One of the practitioners of TM are the traditional healers or herbolarios. In the country, the DOH has reported that there are approximately 250,000 traditional healers in the country, which is a ratio of 1 healer for every 300 persons. They instruct their patients on community-based preparations of herbal decoctions, poultices, and other preparations for primary healthcare (WHO, 2002).

The possibility of the integration of traditional and alternative healthcare into the national healthcare delivery system is supported by previous studies. A study in Marikina City showed that while biomedical and alternative health practices coexist, there is little collaboration between biomedical and alternative health practitioners (Islam, 2015). Further, a study at the outpatient department of a university hospital in Manila showed that 78% of the respondents were able to use at least one form of alternative medical therapy over the last year, 36% of which consulted experts in alternative healthcare treatment (Morfe & Lim, 2013). Thus, there should be a careful evaluation of the validity and safety of the traditional healing methods for full integration into the national health care system (Lee Mendoza, 2009).

Conclusion and Recommendations

Traditional healers and patients are within the 40–60 years old. This is an age that provides them with the freewill to seek their own course of treatment. Most of them are female and Catholics. This suggests that it is culturally ingrained, and that religion plays an important role in the traditional healing process. This study showed that traditional healers have acquired
their skills in healing through second-hand generated knowledge, God-given gift, and self-discovery. Both the traditional healers and their patients are cognizant in upholding the safe use and effectiveness of herbal plants both as a personal responsibility and accountability.

It is recommended that these documentation on traditional healers’ experiences be recognized by government sectors to complement the existing and conventional treatments that will contribute to healing modalities of other patients seeking treatments for their ailments. Likewise, some activities on healing experienced by their patients have to be regulated and safety standards of health practice be incorporated in their practices of healing.

Acknowledgment

The study would have not been possible without the funding from the Philippine Council for Health Research and Development (PCHRHD)--Philippine Institute of Traditional and Alternative Health Care (PITAHC) and the support of Bicol University. Traditional healers and patients are greatly appreciated for their active participation in the FGDs and interviews. The BU and BUCN administration and the co-researchers as team members are greatly appreciated for the full support in the undertaking.

References


World Health Organization (2002). The regional strategy for traditional medicine in the Western Pacific. https://iris.wpro.who.int/handle/10665.1/5538