

ALBULARYO FOLK HEALING: CULTURAL BELIEFS ON HEALTHCARE MANAGEMENT IN PARTIDO DISTRICT, CAMARINES SUR, PHILIPPINES

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Doi: <https://doi.org/10.22452/jati.vol25no1.11>

Abstract

Cultural beliefs on healthcare management is facing rapid disappearance. Hence, this study was carried out to describe the dynamics of folk healing in Partido District, Camarines Sur, Philippines, and document their beliefs on illnesses, aetiologies, diagnoses, and therapeutics. The study used mixed method following convergent parallel design. The quantitative and qualitative data were collected through interviews to 100 folk healers and were analysed through descriptive statistics and content analysis. The study found that there are 10 types of folk healing practices that are treating 10 distinct folk illnesses. These diseases are generally classified as naturalistic and personalistic in terms of aetiology and are diagnosed and treated through a variety of cultural, spiritual, and ritual procedures. In addition, the practice of ethnobotany is evident among the Albularyos. The study suggests that the study area has rich intangible resources on healthcare management that demands appreciation, documentation, and inclusion.

Keywords: folk healing, ethnomedicine, aetiology, traditional medicine, health and culture

Introduction

Culture plays an important role in the healthcare system of local communities. Every society has health belief systems to explain illness and has developed curative methods for coping demoralising effects of disease on normal life (F. L. Jocano, 1966; Mc Laughlin & Braun, 1998). Often these preventive health measures are surrounded by a substantial body of beliefs, knowledge, and practices designed to make the medicine more effective (Banerjee & Jalota, 1988; Scotch,

1963). Tan (2008) stressed that culture is inscribed in one's bodies and mind. Intrinsically, it is imperative to recognise the relationship between culture and health as it influences an individuals' perspective and decision-making process (Purnell, 2005; Vaughn, Jacquez, & Baker, 2009). The relationship can be ascribed to as the folk healing systems. Leininger (1991) in his theory of nursing, posited that all cultures in the world have had a lay health care system described as folk, indigenous, or generic. Hence, in studying the cultural beliefs of a local community, healthcare systems usually evolved as one of the main subjects. This system includes beliefs on folk illnesses, perceived aetiology, diagnosis, and therapeutics.

Folk medicine is one of the three main categories of traditional medicine aside from codified medical systems and allied forms of health knowledge (Telles, Pathak, Singh, & Balkrishna, 2014). The World Health Organization (WHO) acknowledges the role of traditional medicine and defined it as "the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of *health* and in the prevention, diagnosis, improvement or treatment of physical and mental illness" (World Health Organization [WHO], 2020). Complementary, folk medicine is those traditional knowledge systems, which have been transmitted orally from past centuries and use components of the ecosystem that are indigenous to the community (Payyappallimana, 2010). In most cases, the custodian and dispenser of folk medicine are the folk healers, themselves.

In Bicol, Philippines, folk healers are generally known as *albularyo* or *parabulong*. Folk healers come in varied types depending on folk illness specialisation, and modalities in diagnosis and therapeutics. The origin of *Albularyo* can be traced back to the pre-colonial era when shamanic leader *babaylan* (or Bicol's *bailan*) served as the main person in charge of healthcare (Almario, 2015). Due to the brutal repression of the Spanish colonist, the introduction of the Western medical system and education during American occupation, the concept of *babaylan* disappeared from the consciousness of the Filipinos. After all, the rise of Filipino animisms evolved in the form of *albularyos* who uses the blend of native and foreign healing system, superstitions, and cultural beliefs.

Generally, the nature of healthcare in the Philippines has turned towards Western medicine due to economic development, urbanisation (Abe & Ohtani, 2013), and modernisation (Mahmood, Mahmood, & Tabassum, 2011). The rapid disappearance of traditional culture suggests that unrecorded folk knowledge and information may be lost forever (Abe & Ohtani, 2013). However, there are few systematic studies conducted in the Philippines that can be accessed online that

records these important intangible national resources. Specifically, there is no published paper accessible online that documents the folk healing practices of albularyo in Partido District, Camarines Sur in Bicol Philippines. Therefore, there is an urgent need to record and analyse Albularyo's cultural beliefs in folk diseases, causality, diagnosis, and treatment. Also, the study provides a profile and dynamics of folk healing in the study area. Hence, this study may provide appreciation to culture on traditional medicine, which can be used in developing monographs and instructional materials on local cultures and traditions; and policy and development inputs for folk healing practices, and the folk healers in Partido District. This study also adds to the growing scientific literature on traditional medicine in the country.

Literature Review and Theoretical Framework

There were a number of scholars who studied folk healing practices in the Philippines. Most of them are historians, sociologists and anthropologists who have published their papers in past decades but are still valuable as readings to understand the new phenomena of folk healing in the region. A number of significant papers have been highlighted for the purpose of this review.

Alternative treatment coexists with prevailing medicinal science. Islam (2005) discusses the prospect of creating an integrated health network in the Philippines where biomedical and alternative therapies are merged. However, he found that there was a little chance between the two groups to work together as they preferred to stay separate. F. L. Jocano (1966) discusses the distinction between the two therapeutic viewpoints in the social and cultural dimension and how these factors structure the nature of the society as it occurs. She suggests that social and cultural factors influence rural people in their adherence to conventional rather than scientific practice.

There are many types of Filipino folk healers (Mercado, 1988). One of them is a psychic surgeon. Allison and Maloney (1981) investigated psychic surgery in the Philippines in the context of cultural, psychological, medical, and magical aspects. They then suggested that, when examining the facts, the philosophical outlook should be broadened. Psychic surgery, according to Krippner and Taubold (2005), is the method by which a spiritist enters a client's body with his or her bare hands, supposedly extracting tumours and other pathological growths or obstructions. Dein (1992) looked clinically into the treatment of disease by a Filipino psychic surgeon and discovered that it influenced disease.

In a recent study, Abad et al. (2014) described in his paper seven common Filipino cultural beliefs about the cause of disease: *namamana*, *lihi*, *sumpa*, *gaba*, *pasma*, *namaligno*, and *kaloob ng Diyos*. They understand, though, that there are still

other aspects that need to be explored and that there are differences from one ethnic group to another. This strengthens the rationale for this research, as there are several disparities due to cultural variations in every area of the Philippines.

Three sociological theories are used to analyse the findings of the study. Applied as sociology of health, these theories include two classical theories – structural functionalism and conflict perspective, and contemporary – cultural theory. These ideas attempt to understand the nature of the practice of folk healing and its connection to a broader social and cultural structure.

Methodology

Fieldworks were conducted between August to December 2019. A total of one hundred (100) traditional health practitioners from the mainland municipalities of Partido District, Camarines Sur – Tigaon, Sagnay, Goa, San Jose, and Lagonoy, excluding north sector (see Figure 1) – was interviewed separately at different occasions. The inclusion criteria for selecting study informants was patterned on the ethnobotanical study of Del Fiero and Nolasco (2013), these are (i) has been a folk healer (in any kind) for more than ten years, and (ii) was born and has lived and practicing in Partido District, Camarines Sur for not less than twenty years.



Figure 1: Map showing the study site (inside the orange ink)

(Source: Maphill. (2011). *Free Satellite 3D Map of Camarines Sur, darken*. Retrieved from Maphill: <http://www.maphill.com/philippines/region-5/camarines-sur/3d-maps/satellite-map/darken/free/>)

The study utilised a mixed method following convergent parallel design. This research design collects and analyses independent components of qualitative and quantitative data at the identical time in a specific phase (Creswell, Plano

Clark, Gutmann, & Hanson, 2003). This study used descriptive statistics such as mean, median, mode, ranking technique, and percentage technique. Furthermore, a directed narrative content analysis was conducted to gather themes that emerged in the interview text. In ethnobotanical practice, the study used the Use Value for each medicinal plant species to cure illnesses.

The **Use-Value (UV)** index is used to calculate the citation of plants during interviews, proposed by Phillips and Gentry (1993) and adapted by Albuquerque et al. (2007). It is calculated as follows:

$$UVc = \sum U_s/ns$$

where U is the sum of the total number of use citations by all informants for a given species, divided by the total number of informants (ns). This method evaluates the relative importance (RI) of each medicinal species based on its relative use among informants. This index is useful for the analysis of the use of a single species and to compare plants among the same sample.

The study used a free listing (an anthropological interview technique for cultural analysis) to better understand the boundaries of the research content (in the case of this study, the healthcare practices). The use of free listing is to ensure that the concepts will be defined by the informants themselves, and are, therefore, culturally relevant. The folk healers were requested to mention as many folk illnesses, its causes, diagnosis, and therapeutics. Care was taken to focus on the exact Bicolano (the local dialect in Camarines Sur) terms used. Moreover, the study used the book of Madulid (2001) entitled *A dictionary of Philippine plant names, Vol. 1 & II*, in recognising the identified scientific names of the plants.

Results and Discussion

Socio-Demographic Profile of Folk Healers

The socio-demographic profile of the folk healers-informants in Partido District is presented in Table 1. It can be seen that folk healing is a female dominated activity. This profile can be associated with its historical background, the *babaylan*, which was predominantly women (Brewer, 1999; Gabriel et al., 2020; Villariba, 2006) or men to behave or dress as female (Demetrio, 1973). *Babaylan* was a pre-colonial tradition of female mysterious healers whose spiritual connection was the source of political and social power. Salazar (1999) described *babaylan* (or *balian* in Bicol) as a specialist in the fields of culture, religion, medicine, and all kinds of theoretical knowledge about the phenomenon of nature.

Table 1: Socio-demographic Profile Of Folk Healers in Partido District

Profile	Indicators	%	Profile	Stat. Indicators	
Sex	Male	18	Number of Children	Mode	6
	Female	82		Max	14
	Single	6	Age	Median	59
Married	87	Min		29	
Civil Status	Widowed/Widower	7		Max	88
			SD	13.47	
Education	No Formal Education	1	Daily Income*	Mean	277
	Grade 1-5	7		Min	25
	Elementary Graduate	67		Max	2,800
	High School Graduate	24		SD	385
	College Graduate	1			

*Daily income in pesos (\$1 = PhP 50 approx.); n=100

Disturbingly, the median (also the average) age of the folk healers is 59 (74% are aged 50 and above) which implies that they are of old age (mostly are senior citizens). This data may suggest that folk healing is a dying tradition. Further, almost all folk healer-informant are married (87%), elementary graduate (67%) with 6 children and an average daily income of 277 pesos (\$5.54 approx.). Almost 9 of 10 (86%) folk healers are poor (2018 poverty threshold reference) and 71% are extremely poor (2018 subsistence poverty reference). Folk healing is one of their main sources of income, aside from farming. Folk healers do not charge fees but accept donations. The capacity of the patient to pay is said to be the basis for these donations. Krah (2019) described it as “moral monies” that oppose the neoclassical economic axiom of maximising profits. Krah defined moral monies as “a special kind of monetary (counter) gifts, these serve as an instrument to reunite contemporary needs with the socio-cultural, moral and historical roots of a cultural economy of healing” (p. 70).

Origin and Reasons for Folk Healing Practices

The origin of folk healing has usually progressed from knowledge transmission. According to Wood, Kendal, and Flynn (2012), people do not copy information randomly but tend to select certain people as models to copy cultural information. Mesoundi et al. (2013) called this strategy as the context-dependent model biases. Table 2 shows that almost 4 or 10 folk healers have inherited or learned folk healing from their parents or relatives who are also folk healers. The data reflect the influence of strong kinship system in the transmission and keeping of family

traditions and rituals. The transmission through relatives is called kin-based model (Rendell et al., 2011) or vertical knowledge transmission (Cavalli-Sforza & Feldman, 1981).

Interestingly, a quarter or less of the folk healer-participants acquired their knowledge through self-discovery and experiences (25%), dream and prophetic claims (16%) and possessions (12%). The same route was also recorded in the *babaylan* literature. According to records, a person became *babaylan* through a sacred call which would come in a dream or the person would go through a life-threatening illness, be healed by prayers and then experience a change of consciousness, or what is called *sinasapian* (a spirit possessing the self) (Villariba, 2006). Following the path of becoming *babaylan*, some of the life stories of the folk healers are parallel to those of *babaylan* during the pre-colonial period. As one informant (I-020) narrate (translated in English),

I had a dream that unexpectedly happened. I was 38 years old when I got a brain problem. One day, there was a man from the nearby community who told that a New People’s Army (NPA) will destroy the place. But before the incident, she will have a baby first. On April 27, 1991, the war happened. On May 7, 1991, people announced that I was dead until the doctor revived me and then I was resuscitated. When I was discharged from the hospital, I always felt trembling and losing consciousness. However, every time I reawaken, that’s the only time that I learned that I cure someone. On 1993, I started receiving treatment in one town until many people believed in my ability to treat. There is a doctor who possesses me that’s why I can prescribe medicine.

Table 2: Origin of folk healing practices

Origin of Folk Healing Practices	%	Rank
1. Inherited/Learned from parents or relatives	38	1
2. Learned from traditional health practitioners	9	5
3. Attended formal trainings	8	6
4. Self-discovery and experiences	25	2
5. Dream and prophetic claims	16	3
6. Possession*	12	4

*Commonly the possession is ascribed from the Holy Spirit or biblical characters

It can be digested from the life story of the informant (I-020) that it began with a dream, then a life-threatening event that initially caused her to be declared

death. But she overcame the death. Upon recovery, she has been experiencing change in her consciousness which is a signal of her folk healing practice. This informant is Partido’s most popular folk healer. She receives donation (moral monies) up to PhP 2,800 (about \$56) per day. This path is similar to that of the *Babaylan (balian)* which suggests that Albularyos are the modern day *babaylan*.

Types of Folk Healing Practices

In Partido District, folk healing is usually done by albularyo or *parabulong*. According to Stuart (2014) albularyo may be referred to as the general practitioner, knowledgeable in most of the folkloric modalities, usually versed in the use of medicinal herbs. The healing practices of the albularyo can be further classified as herbalist, druggist, hydrologist, physiotherapist (*hilot/parahilot*), traditional birth attendant (*Komadrona/parapaaki*), faith healers, bone settlers, animal bite healer (*Paratambal*), skin disease healer, and home remedies. Table 3 lists the types of folk healing practices, their local names, descriptions, and percentage of informants practicing the type of folk healing.

Table 3: Types of Folk Healing Practices in Partido District

Types of Folk Healing*	Description	%	Rank
1. Herbalist	Those who use of herb and roots to treat illness	75	1
2. Druggist	Those who use animal and plant product and mineral resources in combination or without to treat illness	13	9
3. Hydrologist	Those who use water, steam and smoke bathes to treat illness	17	8
4. Physiotherapist	Those who treat disease, injury or weakness in the joints or muscles by exercise, massage, and the use of light and heat	62	2
5. Traditional birth attendant	Those who assist in child delivery	12	10
6. Faith healers	Those who treat illness through religious inspirations	41	4
7. Bone settlers	Those who treat bone fractures and dislocations	37	5
8. Animal bite healer	Those who treat specially snake, dog and cat bites	18	7
9. Skin disease healer	Those who treat skin disease such as fungus, wounds on the skin, itching, etc.	30	6

10. Home remedies	Include treatments that are made by households for simple and mild illness such as cough, diarrhoea, headache, etc.	50	3
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*Classification and description of traditional healers adopted from Habtom (2018, p. 3).

Patron of Folk Healing

Cerio (2018) cited seven reasons (the first 7 reasons as presented in Table 4) why upland farming households of Goa, Camarines Sur preferred the *albularyo* over the health professionals. Aside from the seven reasons, three more reasons were found in this study. The three reasons talk about the negative side of health professionals. Based on the answers of folk healers, four main constructs can be viewed on why people choose albularyos rather than health professionals: economic status and practices of patients, understanding or definition of sickness and healing; confidence in the skill of folk healers and negative opinion on health professionals.

Table 4: Reasons for Patronising Folk Healing as Perceived by the Folk Healers

Reason for Patronising Folk Healing	%	Rank
1. Poor and do not have adequate money to pay medical help	53	2
2. It is customary	58	1
3. Accessible	50	3
4. The illness is not severe that it requires professional help	32	5
5. When the illness is believed to be caused by supernatural bodies	36	4
6. Strong belief for the traditional healers over medical experts or professionals	26	8
7. Most illnesses can be cured by traditional medicine	28	7
8. Afraid of opportunistic medical professionals	21	10
9. Afraid of wrong medical prescriptions and its side-effects	29	6
10. The illness cannot be cured by medical professionals	25	9

Table 5: Folk Illness, Its Symptoms, Causes, Diagnostic Process, and Treatments

Folk Illness	Symptoms	Causes	Diagnostic Process	Cultural/ Spiritual/ Ritual Therapeutics
Naanayo, Naengkanto, Namaligno, Abay, May-abay, Naabayan, Nakalayan, Na-Tawong Lipod, Nakalagan	Having high and recurrent fever and headache. In some cases, with chilling, convulsion, or seizures. With severe diseases that are perceived cannot be treated by health professionals	Unintentionally aggrieved a mystical or supernatural being such as 'maligno' 'engkanto', 'anayo' 'tawong lipod', and 'kalag'.	<ul style="list-style-type: none"> • Pulse-taking • Santigwar • Examination/ Inquiry • Observation 	<ul style="list-style-type: none"> • 'Tigpapaanayo' • Use of 'oracion' • 'Santigwar/ tigbawi' or talking to an elemental using candle and prayer • Oil and prayer • Offer 'tulod' such as ugbason (betel quid), food or freeing of live chicken • Smelling of black ants • Use of insenso (incense) from a kamangyan tree (<i>Agathis philippensis</i>) • Cross and prayers
Sibang / Usob/ Usog/	Abdominal pain, bloated tummy, headache, vomiting, weakening of the body, sleepy, cold ears, and hands	'Natino' or 'natuyaw' talked to the starving, hungry or tired person. A mystical contagion.	<ul style="list-style-type: none"> • Santigwar • Pulse taking 	<ul style="list-style-type: none"> • Spiritual prayer • Applying of saliva of perpetuator of <i>usog</i> in the sole of the feet, or forehead • Boiling of shirt wear during <i>nausog</i> and wipe it in the body of <i>nausog</i> • Twisting the ears of <i>nausog</i> three times • Blowing the fontanel (bunbunan) three times • Tig-uugbasan (betel quidding)
Pasma/ Surip	Abdominal pain, dry cough, chilling muscles, 'cold sweat, hand, and feet, headache, wet hands.	Interaction of hot-cold elements; failing to eat at appropriate time; soaking or wetting one's tired body parts.	<ul style="list-style-type: none"> • Pulse taking • Examination of symptoms • Santigwar 	<ul style="list-style-type: none"> • Drink morning dewed-rice coffee (tinutong na bagas) with fresh egg exposed outside the house overnight for a morning dew (pinaambunang sugok). • Drink himura (excess water in cooking rice) soaked with lakad bulan (<i>Blumea balsamifera</i> (L.) DC.) leaves with a pinch of salt • Massage the affected part with gas (petroleum product), alcohol, langwas (<i>Alpinia brevilabris</i> Presl), Lay-a (<i>Zingiber officinale</i> Rosc.), Garlic (<i>Allium sativum</i> L.)

Folk Illness	Symptoms	Causes	Diagnostic Process	Cultural/ Spiritual/ Ritual Therapeutics
Baghat na laygay	Cough, emaciated, palpitation, dizziness	Pasma, binat, for newly delivered mother or relapse	<ul style="list-style-type: none"> • Pulse taking • Interview • examination 	<ul style="list-style-type: none"> • Pausukan (to fumigate) • Boiling of anonang leaf and bark with rice coffee (or roasted rice) • Pamaghat (herbal recipes from various leaves, bark and roots of plants) • Hilot (massage)
Sang-ab	Cough and phlegm for new-born infants	Bathe at night during prenatal stage of the mother.	<ul style="list-style-type: none"> • Pulse-taking • Observation 	<ul style="list-style-type: none"> • Hilot (massage)
Nasibogan	Blurry eyes, depression, irritable	Bathe during menstrual period	<ul style="list-style-type: none"> • Pulse-taking • History taking 	<ul style="list-style-type: none"> • Hilot (massage)
Kulam/ Karaw/ Kalwag/ Nabarang	The symptoms vary depending on the type of karaw. Some albularyo characterised by it by having chronic wounds and other severe illnesses	Envy or jealousy of another person	<ul style="list-style-type: none"> • Pulse taking • Santigwar • Interview 	<ul style="list-style-type: none"> • Treatment is by sessions • Prayer & blessings • Calamansi with oil
Balos/ Baklay/ Culebra	A skin disease with chronic wound or swelling of the skin.	Dirty water; exposure to dust and fur; food a person eats.	<ul style="list-style-type: none"> • Pulse taking • Examination 	<ul style="list-style-type: none"> • Use of oracion and ugbas (betel quid) • Snake's meat (tigbiro)
Nahilo	Characterised by darkening nails, bloated tummy, and vomiting	Intentional poisoning	<ul style="list-style-type: none"> • Examining the symptoms • Inquiry 	<ul style="list-style-type: none"> • Use of oracion • Drink a mixture of calamansi (<i>Citrus microcarpa</i> Bunge), sugar and oil
Animal bite	Bite mark.	Snake, dog, and cat bite	<ul style="list-style-type: none"> • Examining the mark 	<ul style="list-style-type: none"> • Pagtambal (patching crushed herbs or roots)

Folk Illness

In different cultures, the diagnosis and treatment processes are derived from ancient and borrowed traditions. Each healing tradition, including biomedicine, is inherently ethnocentric. (Putsch & Joyce, 1990). Table 5 summarises the folk illnesses, its symptoms, causes, diagnoses and treatment. According to the narratives of the folk healer-informants, there are 10 kinds of folk illnesses or culture bound syndromes in the study area. Culture bounded syndromes are conditions that are found only in a certain society.

In Partido District, most folk diseases are beliefs in mystical or supernatural phenomena. Despite the Christian hegemony in the study area, some people still believe in animistic religion and presence of supernatural elements that resist their hegemonic status (Cannell, 1995). This belief can be traced back from the precolonial creation myths, epics, and folktales of the Bicolano, such as the belief on *Ungmanan*, *Tawong Lipod*, and *Kalag*. Some of these beliefs have been mixed with certain Tagalog beliefs (such as *Engkanto* and *Anayo*) and foreign beliefs (such as *Maligno*). Table 6 presents the descriptions of these supernatural elements.

Aside from the folk illnesses caused by supernatural being, albularyos believe in various culture bounded syndromes such as *karaw*, *sibang*, *pasma*, *baghat na laygay*, *sang-ab*, *nasibogan*, *balos*, *baklay*, *kulibra*, *nahilo*, *pangidam*, *lapo* and animal bite.

Karaw

Karaw or *kalwag* (sorcery) is the Bicol term for *kulam* and *barang*. According to albularyos, envy or jealousy lead a person to *karaw* another person through a *mangkukulam* (sorcerer). Juan de Plasencia, the author of 1589 paper "Custom of the Tagalogs" referred *mancocolam* as one of the 12 'priests of the devil' who emit fire at night (Blair, 2004). The description, however, differs from the *mangkukulam* in the present time. According to Fegan (1983) *mangkukulam* (sorcerer) used spell and learned rituals and ceremonial paraphernalia to impose harmful spells on those who rejected her demands or insults or mutilated her. Similarly, Charing (2017) describes *mangkukulam* as a paid person to do *kulam* by a person who hold grudges to another person. Ang and Montiel (2019), further, referred *kulam* as a possession where *managkukulam* command spirits to possess an individual. Albularyo, on the other hand, denies performing *kulam* because it deters their calling to heal.

Table 6: Description of Mystical or Supernatural Elements and How They Cause Illnesses

Mystical elements	Description and the Folk Illness
Ungmanan	<i>Ungmanan</i> precolonial Bicol myth character, one of Aswang’s lieges, is an unseen dweller of nature of food near strange rock formations, water and misshapen trees. If a person disrespects the nature, he/she disrespect <i>Ungmanan</i> which causes sickness (Clark, 2016). According to the informants, <i>ungmanan</i> put people under their spell and controls the person’s whole body, which derives <i>naungmanan</i> or bewitched.
Tawong Lipod	<i>Tawong Lipod</i> , also known as <i>tawong dae nahihiling</i> or literally translated as unseen people, is a character in precolonial Bicol creation myth who was evolved when the divine couple <i>Paros</i> (divine embodiment of the wind) and <i>Dagat</i> (divine embodiment of water and celestial ocean) died. According to Loza, Asis, Albis, Bulao, and Conde (2018), people still believed in <i>tawong lipod</i> and once a person of the area bumped on them, they would immediately suffer from the illness incurred by the being.
Kalag	During the precolonial times, <i>Kalag</i> (astral soul) was believed to travel in a spirit world by boat upon death of person (Blust & Trussel, 2018; Mercado, 1991; Scott, 1994; Yu, 2000). The belief and ritual on <i>kalag</i> in ancient Bicol were called <i>pag-aanito</i> or a séance or an act in which they served as a medium to communicate directly with the spirit. There was also a belief on ‘ <i>mantiw</i> ’ or a vengeful spirit of the dead which can manifest as apparition or ghosts and cause harm to the living people (Tan, 2008). <i>Mantiw</i> is the subject of Albularyo folk healing.
Anayo	According to the book of Blumentritt (1896) as translated by Marcaida (2019), <i>anayo</i> is a mythical creature of the ancient Tagalog. <i>Anayo</i> is a kind of nymph who punish with frenzy and other ailments strangers who treat the unknown (invisible spirits) without respect or bathe in a haunted river. For albularyos, <i>anayo</i> is associated with the elements which can be found in the bodies of water.
Engkanto	<i>Engkanto</i> is one of the most popular supernatural elements in the country. However, the term was derived from the Spanish verb <i>encanto</i> which means ‘bewitched’ ‘spell-bound’ or ‘enchanted’. Natives from various ethnic groups, however, had precolonial version of <i>Encanto</i> and had been associated with the spirits of the ancestors (Aguilar, 1998; Rheenana, 2006) such as <i>tumao</i> , <i>tiaw</i> , <i>meno</i> , <i>panulay</i> , <i>tagbanua</i> , <i>ti mamana</i> or <i>tumatima</i> (Demetrio, 1969). <i>Engkanto</i> is known for its extreme malignant effect which can cause depression, suffering from madness, or even disappearance for days or months due to human possession (Tremlett, 2007). Befriended (<i>nakursunadahan</i>) person may lead astray in the forest, even kidnap them. According to albularyos, <i>engkanto</i> also causes high and recurrent fever.
Maligno	<i>Maligno</i> is not a precolonial Bicolano myth and was adopted from the Spaniards. <i>Maligno</i> or ‘El Maligno’ is an evil spirit and are the agents of devil on earth (Herrera-Sebek, 2012). Hobson (1996) described it living in underground tunnel and bring sickness, disharmony and deaths to human.

Sibang

Sibang is the Bicol term for *usog*, others call it *usob*. *Sibang* is referred to as a mystical contagion (Tan, 1987) which can be numinously transmitted to a 'nasibang' (affected person) by a tired, hungry, or stress person 'nakasibang' by seeing (using evil eye), touching or talking to them (Cannel, 1999). Human with potent life-force 'sibang' may unintentionally cause illness to another (Martinez, Cortez, & Contreras, 2019). A person affected usually suffer from bloated tummy, crying fits, vomiting and abdominal pain (Fadul, 2014; Tan, 2008). Commonly, the affected persons are infants and children because they are said to have 'overpowered' by older person with *sibang*. To counter the *sibang*, the person is asked to smear some saliva on the baby's forehead, abdomen, or sole (De La Peña, 2012; F. Jocano, 1970; Rabuco, 2009; Tan, 2008) while saying 'pwera *sibang*' or by pinning the *untong*, a tiny red pillow containing 'pangontra' materials like tree bark or other 'anting-anting', in the baby's clothing. The theory, which scientifically explain the phenomenon, states that a stranger inside the child/s house may cause distress and fear in the child (Fadul, 1998). The child is "overpowered" by the stranger and may feel afraid or get sick. As the child fails to adapt to the change in environment and is distressed, they easily succumb to illness and may manifest the physical symptoms of *usog* (Abad et al., 2014; Fadul, 2014, Tan, 2008).

Pasma

Pasma has different variations. Stuart (2012) describes *pasma* as a cumulative condition that covers many complaints which include tremors. Bicolano has a specific term for the numbness, swelling, and pain due to *pasma*. The term is called *surip* or a kind of *pasma* that affects the veins or blood vessels of a person. According to the Albuaryos, a person immediately wets or immerses an overworked part of the body (usually hands or feet) into the water, will result to a *surip*. In addition, the concept of *pasma* also include respiratory symptoms or the so-called *psamang-abo*. This happen when a person failed to eat appropriate amount of food at the proper time or when a person drink or ate cold foods when they are hungry or tired. According to the informants, this causes dry cough, colds, chilling, and fever. All these conditions are due to the sudden change or imbalance of hot-cold elements (Cannel, 1999). There is no established etymology of the word *pasma* but it has been thought to originated from the Spanish word 'espasmo' which means 'spasm'. Currier (1966) and McCullough (1973), however relate *pasma* to Latin America's 'hot-cold syndrome' and Greek humoral pathology's thermal stress.

Baghat na Laygay

Baghat na laygay is an extreme condition of *bughat* or *binat*. *Bughat*, that is generally translated in English as 'relapse' (Crisol, 2016; Fernandez & Guthrie, 1984; Guthrie, Guthrie, Fernandez, & Estrera, 1983), is defined as 'sickness which results from leaving a sickbed or rising from childbirth too early, or from the return of a disease' (Wolff, 1972). Although this folk illness affects both male and female, it is common to female parturition. In fact, Ballweg and Pagtolun-an (1996) considered it as one of the postpartum complications. That is, the newly delivered mother is at high risk of puerperium; hence, folk healers must apply immediate prophylactic measures (Frake & Frake, 1957; Hart, 1965; P. L. Jocano, 1973; Lieban, 1983). Lieban (1992), on the other hand, sees the symptoms of the *bughat* as a 'wound of virtue' because newly-delivered mother left no choice but to do house works and watch for their children even the folk healers warn them with postpartum prohibitions. *Baghat na laygay* is an extreme type which may lead to temporary or permanent state of mental impairment. The symptoms include, but not limited to a severe ache in a localised region of the head or what they called '*ribong kan payo*', pain in the eyes so extreme that the eyeballs seem to stretch out of the sockets, weakness in all joints and general body fatigue. According to informants, this illness could lead the affected person called '*nabaghat*' to temporary or permanent mental impairment or even death, if not treated immediately with '*pamaghat*'.

Sang-ab

Sang-ab is a condition unique to a new-born infant. It is characterised by infants having difficulty breathing due to sputum accumulated in the sinuses. Some albularyos believed that this condition was acquired by the infant during the prenatal period of their mother. Hence, when a mother, in prenatal stage, take a bathe at night, a cold air or water will be acquired by the baby inside their womb, which causes *sang-ab*.

Nasibogan

Nasibogan is a central Bicol term of a myth or old wives' tale on prohibiting women to take a bathe during a menstrual period. According to albularyos, this condition may lead women's insanity. Although medical science has busted this myth, some people are still subscribing to this belief. This folk illness, however, is related to a medical condition of many women which is not fully understood by science such as the premenstrual syndrome (PMS) and premenstrual dysphoric syndrome (PMDS). According to Story (2014, p. 229), PMDS is a "severe syndrome of PMS that is characterised by severe depression, tension and irritation." This is exactly

the physical and emotional symptoms of *nasibogan*. Albularyo claims that the *lipot* (cold) entering through female reproductive organ cause this condition.

Moreover, some illnesses have been explored by Western medicine and there are concrete medical explanations and treatment method. Folk healers, though, generally treat such illnesses as incurable by health practitioners, which suggests that albularyos must be consulted. While the description, symptoms and causation of the illness are similar to both folk healing and Western practice, the difference lies on the diagnosis and therapeutics. These illnesses include folk skin diseases such as *balos*, *baklay* and *culebra*; *nahilo* (poisoned); *lapo* (muscle spasm), *palos* (dislocation), or *bari* (fracture); *kabag* (indigestion or GI malaise) and animal (snake, dog, cat, monkey and spiders) bite. The disease diagnosis and treatment for these illnesses are described in Table 5.

Perceived Etiology

Etiology, in medicine, is the study of causes or origin of diseases. This study explored the causes of various illnesses that albularyo perceived. Generally, Foster (1976) suggested that disease etiologies in the non-Western countries can be classified into personalistic or naturalistic. The causes the former stem from natural causes or 'equilibrium loss' that are 'unrelated to other misfortune' (Foster, 1976, p. 781). Albularyo has strong belief on the effect of *lipot* (cold), *init* (hot) and *paros* (air) and the sudden changes and imbalances. On this note, the causes of *pasma*, *sang-ab*, *nasibogan*, *baghat na laygay* can be classified as naturalistic causes. Also, under this category are the biological causes as described by Zhu, Liu, and Tardif (2009). Thus, *balos*, *baklay* and *culebra*, which stem from a fungal and bacterial causes; and animal bite are under the naturalistic causes, too. Personalistic disease aetiologies, on the other hand, are caused by 'active agent' that is 'beyond patient's control' (Foster, 1976, p. 781). As a result, the causes of *naungmanan*, *naabayan*, *nakalayan*, *namaligno*, *naengkanto*, *karaw*, and *sibang* fall within the personalistic etiologies.

Disease Diagnosis

Folk healers have various approaches in diagnosing and prognosticating a patient's illness. In general, these diagnostic practices are traditional in nature, which have been passed down throughout generations. In diagnosis, albularyo or *parabulong* uses one or combinations of pulse-taking, direct examination and observation, history-taking, or inquiry, use of *santigwar* or *tawas*, and use of plastic, leaves, and paper. The use of diagnostic assessment is based on the nature of folk illness and its causes.

Pulse-taking

Various traditional culture across the globe practices pulse-taking or palpation of the pulse as a diagnostic tool. It is the oldest physical examination technique (Hajar, 2018) and an important clinical procedure for diagnosing diseases and prognosticating potential cure (Liu et al., 2000). In the study area, pulse taking is the primary diagnostic tool of the albularyo. This tool can diagnose almost all folk illnesses and other diseases known to the folk healers.

Direct Examination, Observation, and History Taking

Like the Western medical system, Albularyo also uses examination, observation, and history taking or inquiry. Albularyo examines the parts of the body, especially the tongue and abdomen. For example, if someone suffers from localised headache, vomiting, and cold ears, they are diagnosed with *sibang*. Additionally, a person is said to be *naungmanan* or *naibahan* if the person is suffering from headache and has cold hands and feet. They also observe the patient's symptoms and prognosticate illness and cure based on the identified symptoms. Inquiries and history-taking are also done; however, it is usual for them to ask where the patient has been, which refers to the possible attack from an aggrieved *tawo* (mystical being). Cannel (1990) assert that Bicolano still believe in different *tawo* who co-exists in different locations such as land, air, and bodies of water.

Santigwar

Santigwar, a Bicol term for *pagtatawas*, is both a diagnostic and therapeutic tool of albularyos. The term originates from a Latin word '*santificare*' or Spanish word '*santiguar*' which means the practice of making the sign of the cross while uttering words of prayer (Labayo, 2019). In the study area, albularyo uses three different diagnostic paraphernalia: (1) metal ladle, lit candle, wax (part of the candle), bowl with water and an *oracion* or prayer; (2) lit candle, piece of paper, oil and an *oracion* or prayer; (3) egg, transparent jar with water, and an *oracion* or prayer. All these approaches aim to determine the causes of illness (e.g., aggrieved *tawo* for mystical causes; heart shape for heart-related diseases; or image of a person for *kulam*) as formed in the bowl of water, paper, or jar of water, respectively. As a therapeutic procedure, *santigwar* lead the healer to transform into divination or possession in order to persuade the aggrieved elementals to pity the affected person (Arriola, 2011).

Use of Plastic, Paper, and Leaves

Albularyo, especially those who are masseur (*manghihilot*) uses plastic, paper and leaves with oil to diagnose which part of the body is affected. When the plastic, paper, or leaves stick to specific parts of the body, this means that the body is affected and needs a *hilot* (traditional massage).

Disease Therapeutics

Albularyos use a combination of spirituality, ritual and ethnomedicine in treating their patients. This suggests that the influence of precolonial culture is still at hand with the mixture of the beliefs of Catholicism as introduced by the Spaniards. Summarising Table 7, Albularyo uses five (5) common therapeutics: (1) *oracion* or prayer; (2) *hilot* and oil (3) *ugbas* (betel quid), (4) *tulod*; (5) herbal and other traditional recipes. *Oracion*, a Latin or pig-Latin prayer, is a written prayer scribed on a piece of paper and stick into the area of pathology using a smear of saliva. For some ailment, the piece of paper where *oracion* was written is burned and the ashes are mixed to a water for drink or simply the patient asked to drink the *oracion*. A prayer or *bulong* among the Tagalogs is a whispered prayer performed while healing. According to the data as presented in Table 5, almost all folk illnesses can be cured by *orasyon* or prayer, except for animal bite.

Furthermore, it is common to Albularyos to perform *hilot* or massage. In performing the massage, albularyo also applies oil, usually with a *bulong* (prayer), to the affected area of the patient. Aside from it, some albularyo used *tulod* or an offering, a ritual offering (e.g., chicken or food) to the aggrieved spirit. It is also astounding that *ugbas* (betel quid) is used as a therapy to *sibang* and illness caused by mystical elements. *Ugbason* is a mixture of betel leaves, betel nut, tobacco, and *puti* (crushed or burnt seashell) applied (*tapal*) on the affected area of the patient to treat some illnesses such as those that are caused by mystical elements and *sibang*.

Interestingly, albularyo, being derived from the word 'herb' has a wide tradition of using herbs or parts of plants. These plants are presented in Table 7. Moreover, they also have established traditional recipes known as *pamaghat* (cure for *baghat*) and *pamasma* (cure for *pasma*).

Table 7: Ethnobotanical Practice of Folk Healers in Partido District

Plant No.	Scientific Name	Family	Local Name	No of use report	Use Value (UV)	Illnesses or type of illness/ diseases	Modes of remedy preparation	Routes of administration	Dose	Plant parts use	Growth form
1	<i>Acorus calamus</i> L.	Araceae	Lubigan	1	0.01	Sibang	Crushing	Dermal	Thrice a day	root	herb
2	<i>Annona muricata</i> L.	Annonaceae	Guyabano	11	0.14	Sibang, Pasma, Naungmanan	crushing, boiling	oral/ dermal	Thrice a day	leaf	tree
3	<i>Annona squamosa</i> L.	Annonaceae	Atis	1	0.01	Sibang	Crushing	dermal	Once only	leaf	tree
4	<i>Artemisia vulgaris</i> L.	Asteraceae	Artamisa	13	0.17	Lipot, Nahilo Nasibugan, Paros, Surep	crushing/heating and decoction	oral/ dermal	Thrice a day	leaf	herb
5	<i>Avorrhoea carambola</i> L.	Oxalidaceae	Balingbing	4	0.05	Pasma	burning with rice and water	oral	Once a day	leaf	tree
6	<i>Blumea balsamifera</i> (L.) DC.	Asteraceae	Lakad bulan	17	0.22	Lipot, Pasma, Surep, Baghat na laygay	boiling and decoction	oral and dermal	Once only	Leaf, roots	herb
7	<i>Blumea lanceolaris</i> (Roxb.) var. <i>spectabilis</i> (DC.) Ronderia; <i>Lactuca indica</i> L.	Asteraceae	Lawi-lawi	1	0.01	Sibang	crushing	dermal	Once a day	leaf	herb
8	<i>Canarium ovatum</i> Engl.	Burseraceae	Pili	1	0.01	Buni		dermal	Twice a day	sap/ juice	tree
9	<i>Chrysanthemum indicum</i> L.	Asteraceae	Rosas-de-hapon	1	0.01	Pasma	Decoction	oral	Once a day	leaf	herb
10	<i>Citrus grandis</i> (L.) Osb.	Rutaceae	Lukban	2	0.03	Naungmanan, Baghat, Pasma	Boiling	oral	as a water	leaf	tree
11	<i>Citrus microcarpa</i> Bunge	Rutaceae	Lemonsito	1	0.01	Pasma	decoction with salt and sugar	oral	Twice a day	fruit	tree
12	<i>Clerodendrum intermedium</i> Cham.	Verbenaceae	Alibagta	2	0.03	Pasma	leaves are steamed on the top of rice and decoction	oral	One to Three times a day	leaf	shrub
13	<i>Cordia dichotoma</i> Forst. F.; <i>C. myxa</i> L.	Boraginaceae	Anonang	8	0.11	Nasibogan, Baghat	boiling and concoction	dermal/oral	once only	Leaf, bark	tree

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14	<i>Corypha utan</i> Lam.	Arecaceae	Buri	1	0.01	Pasma	boiling/burning/ decoction	oral	Once a day	stem	tree
15	<i>Cymbopogon citratus</i> (DC.) Stapf	Poaceae	Tanglad	3	0.04	Surip, Lipot, Baghat	powdering then burning	derma, oral and steam bathe	1-2 times a day	leaf	herb
16	<i>Eleusine indica</i> (L.) Gaertn.	Poaceae	Bag-angan	2	0.03	Baghat na laygay	boiling/ concoction	steam bathe/oral	as a water	whole plant	shrub
17	<i>Homalanthus megaphyllus</i> Merr.; <i>Macaranga sinensis</i> (Baill.) Muel.- Arg.; <i>Mallotus tiliifolius</i> (Bl.) Muell.-Arg.	Euphorbiaceae	Gapas-gapas	1	0.01	Kagat kan halas	chewing/ decoction	oral	once only	root	tree
18	<i>Jatropha curcas</i> L.	Euphorbiaceae	Tuba	1	0.01	Anayo	heating	dermal	Once a day	leaf	tree
19	<i>Kalanchoe pinnata</i> (Lam.) Pers.	Crassulaceae	Aritana	1	0.01	Lapo	crushing	dermal	Thrice a day	leaf	herb
20	<i>Mentha arvensis</i> L. var. <i>arvensis</i> ; <i>M. x codifolia</i> Opiz ex Frensen.	Lamiaceae	Herba-buena	1	0.01	Sang-ab	crushing	nasal	Once a day	leaf	Herb
21	<i>Mimosa pudica</i> L.	Fabaceae	Torog-torog	1	0.01	Animal bite	concoction	oral	once only	leaf	shrub
22	<i>Moringa oleifera</i> Lam.	Moringaceae	Kalungay	5	0.07	Sibang	crushing	oral/dermal	Once a day	leaf	tree
23	<i>Piper betle</i> L.	Piperaceae	Buyo		0.11	Sibang, Lipot Namaligno, , Naanayo, Lapo	chewing, crushing, heating	dermal	Once a day	leaf	vine
24	<i>Plectranthus amboinicus</i> (Lour.) Spreng.	Lamiaceae	Oregano	3	0.04	Sibang, Baghat na laygay, Pasma	boiling and decoction	oral	as a water	leaf	herb
25	<i>Plectranthus scutellarioides</i> (L.) R. Br.	Lamiaceae	Mayana	1	0.01	Culebra	boiling	oral and dermal	Thrice a day	leaf	vine
26	<i>Rosmarinus officinalis</i> L.	Lamiaceae	Romero	1	0.01	Pamaros	boiling	oral	Twice a day	leaf	herb
27	<i>Vitex negundo</i> L.	Verbenaceae	Lagundi	1	0.01	Pasma	boiling	oral	Thrice a day	leaf	tree

Conclusion

Documenting the traditional healthcare system of rural communities in Partido through its Albularyo, provides a picture of the rich cultural beliefs on folk illness, folk aetiology, diagnosis, and therapeutics in the District. However, the culture is mixed with various other cultures that can be understood in the context of Philippine history. However, a glimpse of the precolonial healthcare system still exists. It can be argued that some Albularyos are the modern day *balian* or *babaylan* in digesting the way how they discover and practice folk healing.

This study has documented folk illnesses such as *naungmanan*, *naengkanto*, *namaligno*, *naabayan*, *nakalayan*, and *nakalagan*. The beliefs of these mystical elements can be explained by the Cultural theory of risks (Douglas, 1978; Douglas & Wildavsky, 1982). This theory is important on the discussion of risk perception and risk interpretation (Dake, 1991). It argues that people tend to associate social harm – from sickness to famine to natural disasters – with behaviour that violates social norms, and therefore argues that it plays an indispensable role in promoting specific social structures, both by reinforcing members of society with aversion to subversive behaviour, and by relying resentment and blame on those who defy such institutions (Douglas, 1996). In this regard, Filipino ancestors used the concept of elementals to induce warning or fear among the younger one to protect the social institutions. Under the cultural theory, risk appears as a culturally given way to respond to threats of the boundaries of a group, organisations or society and its definition of reality and wants to maintain social order (Zinn, 2006).

Structural functionalism can explain the emergence of the folk illnesses. This framework view society as complex system and its various parts work together to promote unity and stability. It can be argued that the belief system functions to maintain the stability of the society. It is seen as a social control or what Tan (2008, p. 14) intended “a valid way of punishing individuals who have violated social norms”. For example, in the case of *karaw* or *kulam*, this belief prohibits anyone in harming anyone because the victimise person can ask *mangkukulam* to paralyse them. Also, *baghat na laygay* may provide an opportunity for the newly delivered mother not to perform heavy work to recover her body from pregnancy and childbirth. *Pasma* reminds people to take good care of their bodies and *sibang* warns against exposing their babies to strangers.

Despite the presence of health care professionals, Albularyo is still an important dispenser of rural healthcare system. In rural areas, it is common for locals to consult first to albularyo before going to a medical professional (Abad, 2014). This study cited four major reasons as deduced from the narratives of the informants: patients’ economic status and customs, perception or concept of illness

and healing; belief on the ability of the folk healers and negative impression to health professionals. The first factor is related to the conflict perspective as popularised by Marx and C. Wright Mills. This study revealed that people, mostly from remote rural areas, consults to albularyo due to their economic condition. Albularyo cites the expensive consultation fees and medicine from the health professional that hinders the patients to consult to them. It is undeniable that the social structure resulting from the conflict between people with different interests and resources has created an uneven distribution of power and resources in the society, thus affecting these poor people.

Moreover, people continue to create meaning from their health conditions, despite the prevailing explanation from the Western medical system. These meanings through social interaction develops interpretations of various illnesses that are acceptable to the society. Therefore, people think that medical staff cannot cure a certain disease, so they must consult Albularyo.

Acknowledgements

This work was supported financially by the Center for Sustainable Communities of Partido State University. The author would like also to thank the informants who participated in the study.

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