

Documenting and Analyzing Folk Healing Practices in Tabaco City, Albay

ADOVO, ARVIN JAKE A.
BAGANO, JIM CLAY B.
BAETIONG, JOHN PAUL R.
CRISENO, FRANCESCA ALIANA F.
EPINO, CHARLES KENDRICK O.
FELIPE, CARLO LOUIS F.
GONO, RIKKI MAE A.
GUILANDA, NOVEL BENJAMIN A.
MANGAOANG, ETHAN RAM B.
NEUDA, JAN ALFRED M.
PALAROAN, GRACIEL M.
POLITICO, JEIMARSON P.
RIVERA, RALPH BENEDICT S.
SALENGA, JOHN PATRICK P.
TAMBAOAN, MIKHAELA MARI B.
TUMAMBING, VANESSA M.
LAGMAN, MARCO STEFAN B.

KEYWORDS

alternative healing

folk healers

Tabaco City

public health care

ABSTRACT

Traditional and alternative medicine has always been a curious case. Despite the availability of health centers, clinics, and local hospitals, there is persisting support, reliability in practice, and study on its various mediums. A comprehensive body of literature has already tackled why this is, but not yet on the scale of Tabaco City, Albay. This research attempts to document the practices of Tabaco City's folk healers, augmenting the scientific, cultural, social, spiritual, and socio-economic aspects of the folk healers' stories and experiences. The study also analyzes how these practices reinforce folk healing as a powerful alternative to modern healthcare, and in so doing, offer and give light to possible action plans for integrating this unique form of healing into the mainstream healthcare system. The study conducted a semi-structured interview as a data-gathering method with a total of 40 folk healers coming from 23 barangays of Tabaco City using over-the-phone calls and limited on-site assistance. The data gathered were then organized into a matrix and were used to create maps showcasing how the healers relate to space attributes and with other modern healthcare units. It was found that multiple variables factor in toward cementing Tabaco City folk healing as a potent alternative to hospitals such as affordability, convenience, and the cultural elements underpinned in the practice. These variables hopefully foreshadow the possible efforts that can be taken to revolutionize public health care toward ensuring it reaches the outskirts.

INTRODUCTION

Traditional medicine refers to “the sum total of knowledge, skills, and practice on healthcare, not necessarily explicable in the context of a modern, scientific philosophical framework, but recognized by the people to help maintain and improve their health toward the wholeness of their being, the community, and society, and their interrelations based on culture, history, heritage, and consciousness” (Traditional and Alternative Medicine Act 1997). In Filipino traditional medicine, folk healers offer a multitude of services including midwifery, pulse diagnosis, bone setting, herbology, suction cupping, skin scraping, herbal steam and smoke, energy medicine, and other forms of metaphysical healing that many folks continue to avail of despite the existence of modern health care facilities (Nomoto 2020).

Folk healing has had a long history in the Philippines. The *Babaylans*, for example, were respected spiritual leaders who were also considered experts in the field of folk medicine. But navigating through this long, often tumultuous history, traditional medicine has battled different forms of suppression brought on by the arrival of different and arguably more powerful frameworks of healing and spirituality that sought to erase or replace them (Alarilla 2021). The Spanish conquerors brought with them a Catholic paradigm that saw local folk healing practices as heretical and paganistic, while the modern scientific approach to medicine views much of these practices somewhat correctly as ineffective, superstitious, and even harmful. Trends and trajectories have always been unsure how to treat folk healing—whether to leave it all behind as nothing but a historical or cultural asset or to keep it as a practical healthcare service.

The current times offer optimism. Republic Act No. 8423 or Traditional and Alternative Medicine Act (TAMA) of 1997 seeks to fund and accelerate the development of traditional and alternative health care in the country. It also stipulates action plans on integrating traditional medicine into the public health care system. Nonetheless, this legal milieu alongside a wide body of literature detailing this form of

health care speaks volumes on the legitimacy of traditional medicine as a source of knowledge and health services. With the growing number of works documenting these practices, we are getting a better understanding of the general state of Filipino folk healing practices in the modern day.

This paper seeks to add to this body of knowledge by lifting off from the case of Tabaco City in Albay, an area not yet specifically tackled in literature. Tabaco City has a population of around 140,691 people residing in an area of 117.14 km². The city holds a territory containing an urban center based around a port and rural outskirts of fields near volcanic slopes and an entirely separate island. Despite its city status, rapid urbanization, and settlement expansion, Tabaco City has a thriving traditional healing practice. Thus, through interviews, recordings, and essays on the traditional healers of Tabaco City, this paper aims to provide valuable insights into the status of folk healing practices in places like Tabaco City experiencing modern challenges, and how these practices persist, decline, or carry on to future generations. In so doing, we expound on how traditional medicine becomes an ideal alternative for the people in Tabaco as well as offer hope on how this unique form of health care can be integrated and utilized to ensure health for all. (Local Government Unit of Tabaco City 2021)

LITERATURE REVIEW

For this section, we are going to tackle some related literature to situate the study against the larger tapestry of folk healing research. Firstly, we detail the dialectics between tradition and modernity which is the main framework adopted in the study. Secondly, we proceed to survey folk healing practices in the Philippines and lastly, the third section provides some contextual information about Tabaco City, Albay.

The Dialectics of Tradition and Modernity

When talking about two seemingly opposing forces like tradition and modernity, dialectics is a potent tool for analysis. Dialectics is a method of argumentation that involves “some

sort of contradictory process between opposing sides” (Maybee 2020). Particularly for Hegel, dialectics involves three moments that follow the thesis-antithesis-synthesis framework. The fundamental logic behind these three moments and Hegel’s dialectics overall is that as two opposing matters interact, they cross over into each other’s characteristics until they arrive at a form of stability and universality that encapsulates one and the other.

Take the case of tradition and modernity. The existence of modernity necessitates dialectical analysis. According to Bruno Latour, modernity “designates a combat in which there are victors and vanquished” (Anttonenn 2005). This is as the conception of modernity effectively others and opens a new categorical space of what is considered not modern. And in a comprehensive survey of the two concepts, Pertti J. Anttonen noted the common treatment of taking the tradition as the opposite of modernity. Thus, drawing from this tug-of-war relationship, we can provide a more nuanced understanding of the interaction between the two under the dialectical lens.

Employing dialectics, we see how the two concepts standing in contrast with each other become constitutive of one another in the process. Modernity cannot exist without tradition; and tradition, although threatened, can never be annihilated because it is necessary for modernity’s existence. And as these two frameworks clash, Hegel’s dialectics further implicates that the trajectory of this tradition-modernity interaction involves the arrival at a universal and stable state circumscribing the characters of both.

And in the healthcare context, taking off from the dialectics between tradition and modernity, we see two models considered to be opposites: traditional/folk medicine and biomedicine/Western/modern medicine. This discursive difference is implicated by how the *Traditional and Alternative Medicine Act (TAMA)* of 1997 defines traditional medicine relative to a “modern, scientific, philosophical framework” reflecting how in dialectics, two clashing forces can be defined relative to the other. Thus, further unpacking the dialectical relationship between these two medical frameworks, we can foresee a

point of compromise between the two, that is, a form of health care that encompasses both traditional and modern medical modalities.

Traditional Medicine in the Philippines

Traditional medicine is “the total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness” (World Health Organization 2013). In the Philippine context, traditional medicine has had a long narrative going far beyond colonial times. This long-winded history as a form of healthcare has resulted in an intermesh of qualities coming from Chinese, folkloric, experimental, and Christian influences (World Health Organization 2005). Several studies across regions in the Philippines have well-documented this hybridity such as that of Crisol and Oledan (2016); Rebuya, Lasarte, and Amador (2020); Berdon et al. (2016). An example of this intermingling, which is recurring in literature, can be seen in how Catholic prayers and belief in God’s divine intervention are integrated into the healing practice.

However, as what may be the result of multicultural influences in the Philippines, traditional medicine in the country has come in variegated forms. The folk healing study conducted by Calyd T. Cerio (2020) lifts from the case of Partido District, Camarines Sur, Bicol. Folk healers in the region are generally called *albularyo* or *parabulong*. These folk healers are considered general practitioners whose services can be broken down into types: herbalists, druggists, hydrologists, physiotherapists, traditional birth attendants, faith healers, bone settlers, animal bite healers, skin disease healers, and home remedies. The herbalist uses herbs to treat patients; the physiotherapist employs massage in treatment; faith healers cure illnesses through religious aspirations. Note, however, that different parts of the country have different terminologies for their practice, and even folk healers themselves subscribe to a particular term despite their practice being technically different. Thus, there is a long-standing need to standardize the practice here in the country.

But in whatever form, there are still a lot of Filipinos who patronize traditional medicine up to this day. The practice's cultural underpinnings play a central role in this phenomenon. (World Health Organization 2002). F. Landa Jocano (1966) provided quite a comprehensive legitimization for this one. Drawing from some Philippine cases, Jocano argued that preference for folk medicine operates according to three levels: Firstly, traditional healers utilize materials familiar to their patrons. Most of the time, the healers just use plants and herbs within the immediate vicinity of their service area and so people are acquainted with the materials used by the folk healer in the treatment. Secondly, word-of-mouth testaments from other patrons give people additional confidence in resorting treatment to folk healers. These testaments often come from people close to them or their tried-and-tested experiences themselves. And thirdly, traditional medicine is accepted because it is ingrained in their way of life. The psychology by which patients see diseases, especially unexplained and mysterious ones, aligns and subscribes to the supernatural constructions by which traditional healers operate. But beyond the acclimatization of traditional medicine to cultural sensitivities, in a developing country such as the Philippines, some people just have no choice but to avail of traditional treatments as these can be the only available healing modality within their area (World Health Organization 2002).

Given these factors that cement traditional medicine's place in Philippine society, we can see that its existence is no mere luck; traditional medicine is a recognized form of healthcare. Thus, there have been efforts to integrate and institutionalize traditional medicine in the country. In their article, Tan, Querubin, and Rillorta (1988) conducted an empirical analysis of how traditional medicine is being integrated into some community-based health programs (CBHP) in the country. It was found that all the programs adopted traditional medicine into their training, and 15 out of 16 of the CBHPs refer their patients to traditional healers. The study suggested an interconnected relationship between traditional medicine and community-based health programs in the country. However, the authors noted that alongside

the positives, there are still ambivalent attitudes and perceptions on traditional medicine such as issues related to hygiene, rituals, and belief system.

Relative to this, the Philippine government has slowly acknowledged the centrality of traditional medicine, both in Philippine culture and in the country's health care system. Policymakers and lawmakers have started putting specific attention to traditional and alternative medicine which now manifests in the form of the *Traditional and Alternative Medicine Act of 1997* which aims to "improve the quality and delivery of health care services to the Filipino people through the development of traditional and alternative health care and its integration into the national health care delivery system." This involves increasing scientific research, promoting and standardizing the practice, and shaping policies accordingly. In this way, the disparate attitudes toward traditional medicine can be gradually narrowed.

But despite all this, traditional medicine faces potent threats. In an unpublished report in 1995, the Department of Health recorded that there are 250,000 traditional healers in the country with 1 traditional healer for every 300 persons (World Health Organization 2002). However, according to Crisol and Oledan (2016), belief in traditional medicine is slowly fading as more and more people turn to mainstream medical treatments given inventions and discoveries "brought about by modernity." The current time's technological advancement as well is bound to reshape the practice. The development of transportation and communication channels, for example, expands the service area of traditional healers, making monitoring a little more challenging and compelling a more fast-paced understanding of their practice for people to avail of folk modalities with a more informed choice.

In connection with this, research conducted by Ng, Verhoeff, and Steen (2023) revealed the ramifications of the age of social media on complementary and alternative medicine. In the study, three themes were established showcasing how social media is used in the CAM modalities: (1) to share user beliefs,

attitudes, and experiences; (2) misinformation about CAM on social media; and (3) challenges with social media research in the context of CAM. Thus, about all the issues and challenges faced by traditional medicine, the World Health Organization's *Regional Strategy for Traditional Medicine in the Western Pacific* (2002) lists the need for political support, standards, an evidence-based approach, and protection and conservation of indigenous health resources in order to combat and ensure the survival of traditional medicine amid these changes.

Issues in the Philippine Mainstream Health System

The World Health Organization (WHO) labels the Philippines' healthcare system as "fragmented," far from the ideal state of "well-functioning" as the country fails to meet the standards (Kenworthy 2017). In the country, it is apparent that healthcare is a privilege the less well-off have difficulty availing of. This is as the government funds little to the health sector which consequently places the burden of health costs to the individual. The majority of expenses on health, 55% to be exact, come from the pocket of the Filipino people (Weiler 2019). Therefore, on top of worrying about where to find money to bring food to their table, the low-income Filipino family is further pushed to the brink as health inequalities become more disadvantageous for them. Health, therefore, is a money-draining facet of Filipino life and is in effect taken as an option and a luxury rather than a necessity. No wonder why 6 out of 10 Filipino patients die without ever seeing a doctor as nearly half of Filipinos are unsure if they have the capacity to burden medical bills (Baticulon 2020; Chanco 2019).

Aside from that, the Philippine health care system is also short of resources. The World Health Organization recommends 2 beds per 1,000 population, but the country stands at a rate of 1.04 per 1000 population. There is also a scarcity of health care personnel as the ratio of doctors to population is at 1:33,000 Filipinos, a far cry from the recommended 1:1,000. This is bound to be challenged even more by the migration of our workers as the country continues to export nurses and is

unable to control push factors that drive health care workers to migrate abroad. (Department of Health n.d.; Lim 2020; World Health Organization 2018).

Tabaco City in Context

Tabaco City is located on the northeastern coast of Albay and is one of Albay's growth centers alongside Metro Legaspi and Ligao City. It has an area of 120.14 square kilometers with a population of 140,691 people, the majority of whom are Roman Catholic as suggested by Albay's overall religion demographics. Projection suggests that Tabaco City is bound to experience an increasing population and consequently, the city must reconfigure its land use with a trajectory of incremental utilization for residential, industrial, and commercial spaces. This is alongside the plan to increase forest land allocation despite growing competition in different land uses.

Tabaco City has 6 general hospitals with 5 classified as private and only 1 as a government hospital. These hospitals offer a total workforce of 66 doctors, 187 nurses, and 24 midwives. Moreover, the city government employs around 5 doctors, 15 midwives, and 5 nurses across its expanse. On the other hand, Tabaco's economy is largely agricultural, and among its social sector issues is the high incidence of poverty recorded at 32.2%. The city also suffers from inadequate infrastructure and road networks alongside environmental concerns such as the degradation of natural resources and unplanned horizontal expansion of human settlements. (Local Government Unit of Tabaco City 2021)

METHODOLOGY

The study utilized semi-structured interviews as a data-gathering tool. There were 40 traditional healers interviewed using the mixed method of over-the-phone calls and on-site one-man assistance due to the constraints of the pandemic. Out of the 47 barangays in Tabaco City, Albay, 23 barangays were included in the roster with the interviewees referred to as Folk Healer (FH) for confidentiality. Guide questions were outlined upon conducting the data-gathering process, and a data matrix was made to organize the responses of the interviewees

attached to the Appendices section. Maps were also created out of the data gathered and a website¹ was released for archiving and the purpose of documentation and discussion. This project was made in coordination with the local government unit of Tabaco City, Albay. Procedures of consent, privacy, and research ethics were taken into consideration and were followed in the study. Task delegation was also systematized by creating three teams assigned to the interviews, writing, and mapping with another team deployed on-ground.

RESULTS

This section will focus on the socio-demographic profile, background and practices, and the client information of the traditional healers in Tabaco City. There will be three tables and a map to present the breakdown of the variables and spatial distribution of the healers' extent in the city. Each healing nature will be discussed in the *notable herbs, concoctions, and practices* subsection alongside the application and methods.

Socio-demographic of Folk Healers

The tabulation in Table 1 shows that of the 40 folk healers interviewed, 33 (80%) were female while the remaining 20% were male. For the age groups, the most observable age among the healers is 67 garnering 10%. Meanwhile, the youngest healer is 39 years old, whereas the oldest is 86. Thereupon, 13 (32.5%) of the healers were aged between 61 to 70 years old, during the time they were interviewed.

To analyze the spatial distribution of the folk healers in Tabaco City, the 23 barangays were grouped into four categories, namely: upland, suburban, island, and poblacion. The suburban barangays of Bangkilingan, Baranghawon, Bog nabong, Cobo, Panal, Pawa, Salvacion, San Lorenzo, and San Vicente had the greatest number of healers at 18 (45%). The healers are mostly faith healers and *manghihilots* who also administer faith healing by 33.3%. The upland other 2.5% comes from FH15 who exercises

Category	Variables	f	%
Sex	Male	8	20%
	Female	33	80%
Age	≤40	2	
	41 - 50	3	
	51 - 60	9	
	61 - 70	13	
	71 - 80	7	
	≥81	4	
	Unidentified	2	

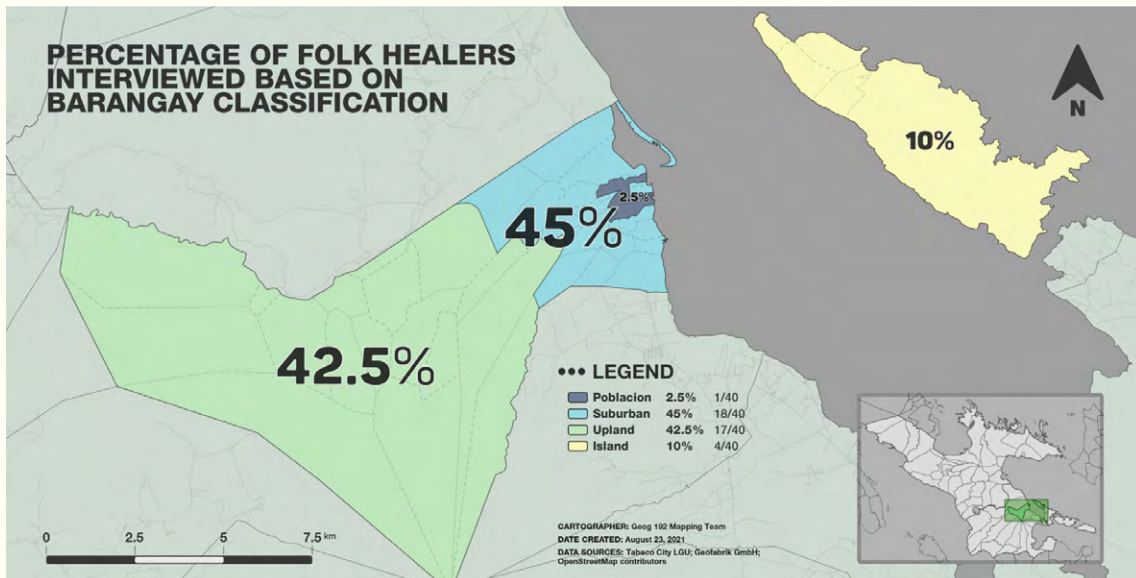
TABLE 1. FOLK HEALERS' SOCIO-DEMOGRAPHIC PROFILE.

bare hand operations on circumcisions, to boys nine to ten years of age, and even to some young lads who were not able to apply during their younger years. In summary, there is one *tambal* healer and at least one mixed healer practicing faith healing, *hilot*, and *tambal* in the upland, suburban and poblacion. On the other hand, healers on the island are female and commit to only one healing nature. Thus, faith healers and *manghihilots* are the preponderance in Tabaco City.

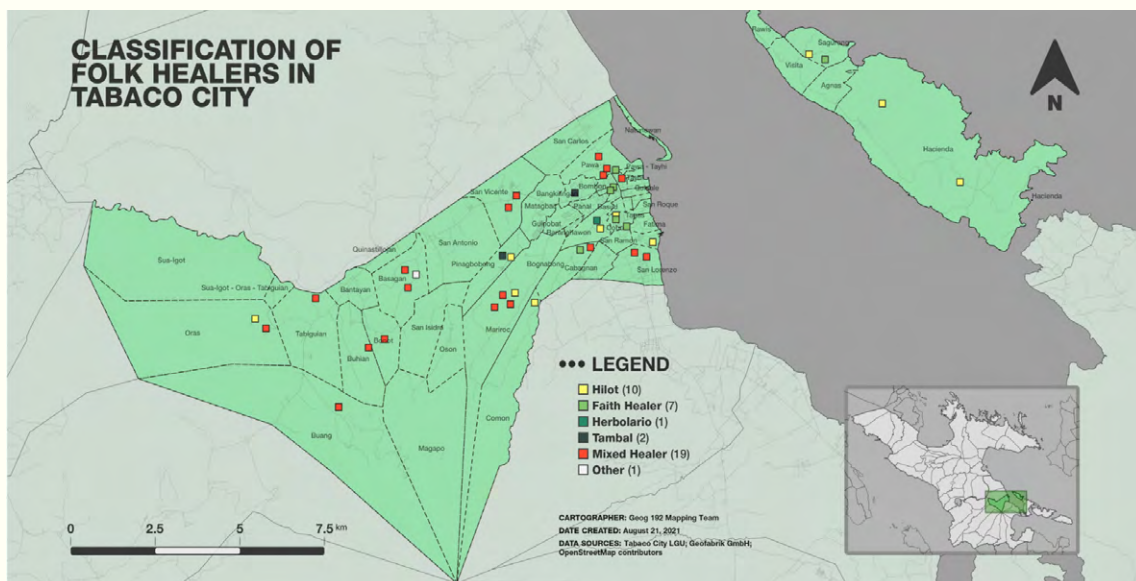
Origins and Transmissibility of Healing Practice

The interviewed folk healers had a relatively spread-out amount of experience, with them overall having an average of 27 years of practice. The most experienced healer had been practicing for 58 years, while the healer with the least experience had only been practicing for one year. Thus, there may be relatively slower growth than negative in the healers' population in the succeeding years, since out of 21 who gave a definite answer to whether they plan to pass the practice to their next kin, 12 answered yes reflecting the preservation of the healing practices in Tabaco. The transmissibility occurs from the family of healers, their relatives, and children assist them and thus are experienced in the healing proper. On the contrary, healers admit that it is not an easy practice. They often receive bruises, body pains, and fatigue,

¹ https://geogsocup.github.io/Geog192Field21AH/?fbclid=IwAR1kLh9krVp-MAOVqFLYRKz7sl3iCC5Va-GccocJ_mlvzqpj3WBqBjK4w9c (accessed April 2023)



MAP 1. PERCENTAGE OF FOLK HEALERS INTERVIEWED BASED ON BARANGAY CLASSIFICATION.



MAP 2. CLASSIFICATION OF FOLK HEALERS IN TABACO CITY.

which is the reason for the other nine's choice to non-transference.

The folk healers were asked about the origin of their practice, that is, whether or not their practice was acquired through transmissions, learned through self-practice, or both. Acquired through transmissions registered 25 responses pertaining to religious or prayer covenant (4), supernatural

aid (4), dream manifestations (5), inherited from family members including spouse (9), apprenticeship from another folk healer (1), or a combination of inheritance and dream mediation (2). The agreement to join in the vocation is greatly influenced by preservation of the family heritage of healers and healing miracles that are personally encountered, thus becoming a healer is a form of debt of gratitude to the being they sought. The

Category	Variables	f	%
Years of Practice	≤10	8	20%
	11 - 20	5	12.5%
	21 - 30	3	7.5%
	31 - 40	9	22.5%
	≥41	6	15%
	Unidentified	9	22.5%

TABLE 2. TYPES OF HEALING NATURE AND YEARS OF PRACTICE.

13 who self-practiced encompasses training and seminars (6), learned through observations (4), out of curiosity (1), and accidental (1). One healer preferred not to disclose information despite conveying the practice as not transmitted. Then, FH16 was trained and persuaded by religious reasons, while FH20 was appealed by both supernatural and accidental occurrences, tallying two in both acquired through transmission and self-practice as an origin of practice. The seminars were sponsored by the local government unit (LGU) in their barangay, while training courses in reflexology and massage therapy are enrolled

Category	Variables	f	%
Origin of Practice	Acquired through transmission	25	62.5%
	Self-practice	13	32.5%
	Both	2	5%
	Sense of Fulfillment	17	42.5%
	Calling	8	20%
Purpose of Practice	Religious Reasons	3	7.5%
	First Aid	2	5%
	Unidentified	10	25%

TABLE 3. ORIGIN OF PRACTICE.

When asked about the non-monetary benefits they receive from healing, 17 (42.5%) say they gain a sense of fulfillment from helping others, eight get a sense of satisfaction from practicing it as their calling, and three practice for religious or spiritual reasons. Two healers say they understand how difficult it is to get a

hold of medical services, so they see themselves as first aid actors. The other ten did not cite specific benefits and said they practice simply because they know how.

Notable Herbs, Concoctions, and Practices. The folk healers in Tabaco City have comparable folkloric and spiritual applications, which make use of conventional ointments, organic herbs planted by them or found within their barangay, and identical concoctions for varying ailments. The medication they create and apply to their practices heavily relies upon the availability of their natural resources, and witnessed the efficacy of the leaves and extracts on certain maladies. Thus, provided in Table 3 are the prominent herbs and sacred tools used, which also reflect the resourcefulness, creativity, and withstanding tangible heritage the healers are equipped with.

Herbs (local term)	Applications (local term)
Coconut oil	Ointment for katakana
Banana leaves	Provides sign on which body part to massage and antiseptic
Artamesa	Extract used to mix with oil for colds and headache
Luyang dilaw (turmeric)	Extract used to mix with oil for lamig
Dahon ng Pili	Perfume against bad spirits
Dahon ng Tuba	Pilay, Gastritis
Dahon ng Matangkwang	Fever and pilay
Dahon ng cepres kagurang	Fever and pilay
Dahon ng Oregano	Colds
Kulong Kugon	Colds, Poultice
Taheebo	Colds, Coughs, LBM, highblood
Moringa	Colds, Coughs, Wounds, LBM, highblood
Bayabas	Coughs, Antibiotic, Diarrhea, LBM, Panulit
Upak ng anonang	Panulit, Binat

TABLE 4. NOTABLE HERBS AND APPLICATIONS.

In every healing rite, folk healers initiate and/or conclude with a prayer, as a way of seeking aid and praise to a higher being. There are 35 healers who incorporate herbs in their healing practices, while the significant tools highlighted are believed to greatly influence the vocation and coined as a material heritage possession, which acts as mediation from the source of healing power to the healer then to the patient. *Tambal* healers pray over objects and herbs that will be used as ointment or poultice to animal and insect bites. The rock that can heal when prayed over by the Apostles' Creed claimed by FH1 was bought from an Aeta due of curiosity, when tested upon their cousin who was stung by a bee, a black figment was extricated from the inflicted wound. The alleviation it brought to patients acted as first aid, similar to FH33 who uses *kahoy na sinukuan*, which is the mainstream poultice used by *tambal* healers. As well as FH26 which uses an ointment mixed with *baleteng-itim*, a substance said to be acquired from the deep part of the ocean. Meanwhile, herbolarios create concoctions and serve it as potable teas or juices that can alleviate the internal organs' swelling, spasms, and soreness. The herbs are planted in the healers' garden, bought from a supplier in the barangay, or received from the neighbors' generosity. Just like FH5 which is said to have sold thousands of Miracle Herbs all over the Philippines, with each box priced at 250 pesos and tea bags at 100 pesos each. The Miracle Herbs are said to have cured people suffering from diabetes, kidney stones, tuberculosis, arthritis, heart ailments, and even restored the strength of those who are bedridden. FH13 who studied reflexology is a mixed healer of *hilot* and herbolario that uses Taheebo and Moringa in her *pito-pito* brew, to heal those with high blood and suffering from loose bowel movement (LBM). *Pito-pito* is a herbolario concoction that utilizes seven herbs in order to achieve its healing efficacy, any less or more will not be able to produce beneficial results for the client.

Alongside with FH2's cotton, bought from sellers at the church's gates is priced at five pesos for two ballots, laid upon by *Amang Hinulid* of Naga portraying an image of the entombed Christ that their family interceded for good health. Their devotion was rooted in FH2's father who spent years offering and praying for

FH2 to walk as she was previously paralyzed. After she became able, she attended the LGU's massage training and seminar and practiced *hilot* by pinching or massaging different body parts to locate the body strains or sprains (*pilay*). This is the method done in *hilot* to revive the vein, the healer will assess the body parts first then track down the *pilay* depending on the patient's reaction. With the aid of the oil concoctions, the friction and pressing is less painful than anticipated; afterward, clients are advised to not bathe within 24 hours to let the body absorb the oils.

Materials (local term)	Applications (local term)
*Patinti	Guide candle for <i>hilot</i> and <i>santigwar</i>
*Kahoy na sinukuan	Animal and insect bites and bali
*Baleteng itim	Animal and insect bites
*Healing rock	Medium of healing for animal and insect bites
*Medallion	Anting-anting for healing power
*Cotton laid by Amang Hinulid	Medium of healing for <i>pilay</i>
*1963-issued 10 centavo coin	Medium of healing for jinxed and psychotic patients
*Miracle Herbs concoction: Sambong, serpentina, malunggay, kamyas, balingbing, santol, and avocado	For colds, coughs, fever, stomachache

TABLE 5. SACRED TOOLS.

Nevertheless, tools such as the healing rock and the cotton of *Amang Hinulid* are some of the objects borne from religious interventions because these are believed to constitute when interceded with prayers. Only the appointed healers can use these, or else the healing power will vanish when used by other people. Faith healers are also mediums between the human world and the religious or supernatural, the tangible materials they carry just assist them.

Just like Tabaco's most renowned healer, FH17 who uses a medallion as a source of her healing power since clients all over the country started visiting her, which soon made her restless. She then asked the mythical creatures for assistance, and they have provided her with a son, J. J is said to be a special kid because he is half human and half dwarf, as his twin brother resides within him. J's voice can change into a dwarf-like with proper focus and was even possessed by Sto. Niño. With that, the mother and son became a team in healing their clients, making them effective given J's gift being the mediator in the supernatural world.

With that, faith healers do not take their vocation lightly because they have rites needed to be followed such as the prominent group called *Lunduyan*. Clients are only accepted every Saturday, while every second Saturday of the month, they give praise. Every Holy Week, they visit a cave in the mountains to gather, praise, preach, and heal. The clients are also invited to listen and have a check-up. Their rites include three parts: *Pag-aayuno*, Bible Study, and Medium Apprenticeship. In *pag-aayuno*, for forty days and forty nights, they shall not eat any root crops and dedicate their time to praying. Then with bible study, it will be one's first step in opening one's heart and mind in the words of God by accepting Him. In a medium apprenticeship, one will learn how to receive and release the holy spirit into one's body. It is important to control oneself from accepting several spirits and also, learn how to differentiate the good from the bad spirit. The rites are performed from nine in the morning until three in the afternoon. It will start with an opening prayer, bible reading, and *ebangelio* wherein faith healers take turns in sharing and preaching. Then after lunch, the rites will resume with an opening prayer, by then the healers will diagnose the clients and initiate the healing methods, which will end in a closing prayer.

In faith healing there are four methods for evaluating and relieving the patient from disturbed spirits' hex or jinx. First is by twisting each of the patient's fingers, when a finger pops it will direct the healer to the body part that has *played*, since every finger is believed to be

connected in certain body parts. Second, FH4 practices *santigwar* by placing a 10-centavo coin on top of a plate, when it rises after the pray over, the patient has positively disturbed a spirit and is the cause of one's body ailments or psychotic behavior; otherwise, the healer will proceed to *hilot*. Meanwhile, the difference in FH19's is that instead of plates, they use saucers and are believed to be more effective, then with FH36 they instead recite an oration in Latin. After the coin-plate method, the faith healers will recite a prayer or *oracion* while letting the melting wax from the patinti drip onto a bowl of water. The wax drips will form an image or figure of the creature disturbed, then the healer will pray over and mark a cross on the patient's forehead. Other than *santigwar*, some healers rely on the third method which is *pagpupulso*. It is done by checking the patient's pulse and if the pulse rhythm is faster than normal, the cause of the body aches and illness is from supernatural tendencies. Lastly, FH26 aligns the left and right pinky fingers of the patient ensuring the lines are connected; otherwise, the patient is hexxed. With that, the resolution done is by silently calling and communicating with them, some mythical creatures are said to obligate *tulod* or offerings in the forms of bread, eggs or whole chicken, as narrated by FH25. Once the instructions are relied on, the malady will be relieved after the offerings have been made.

Therefore, these notable concoctions, materials, and practices have personalized inclusions of the healers' personality, resources and experience that are controlled by the transmission of their practice, years of practice (along with the changes in mainstream herbs and medicines), and types of patients handled.

Client Information

Based on the over-the-call interview, of 40, 17 of the folk healers receive clients within Tabaco City, while eight healers have clients even outside Albay. FH1 and FH31 prefer private or within relatives only and three received clients within the barangay; then, six healers have clients within Albay only, while the other four did not mention their clients' background.

The healers attend to clients from babies to elderly and of all genders, including pregnant mothers and women in and after parturition. Minor infections such as *kulibra* or wounds are tended with ointments and herbs such as *mansanilya* and *moringa*. Babies are also said to find relief from *hilot*, whenever they have *pilay* or cry from uneasiness due to factors that mothers cannot determine. First time mothers seek assessments and advice to healers, to take care of their babies better and understand the condition of their distress. Moreover, healers tend to pregnant women who need assistance with prenatal care to avoid breech birth, by administering *hilot* or massaging the mother's womb to change the baby's position. Some help mothers in parturition in place of the doctors, due to affordability or convenience. *Panulit*, on the other hand, is for mothers who would like to regain their strength after giving birth. They seek this type of *hilot* to have strength in taking care of their family. For the children, teenagers, adults, and elderly, they first assess by asking questions to locate which body part and healing application needed to perform.

In addition, folk healers are voluntarily paid and do not obligate payments. Although there are clients who insist on paying 10 to 20 pesos as tokens of gratitude. FH11 and FH12 require 20 to 100 pesos depending on the case. Even the capital of the healers from the herbs, concoctions, and materials bought or sowed are not enforced of any remittance, aside from the FH5; although, she admitted that if their clients cannot afford the *Miracle Herbs*, she will provide it for free. The profit is said to only cover her capital in sorting and packaging. Nevertheless, when wounds and illnesses are not alleviated by the healing practices, healers advise their clients to have them checked by a doctor. When asked why their clients seek their aid instead of the doctors, the claimed reasons are: affordability, convenience, positive feedback from previous experiences, herbal methodology, higher healing efficacy, was previously not been healed by a doctor, religious reasons, and (for this setting of the study) COVID-19 restrictions.

DISCUSSION

The previous section has already laid out the results and isolated patterns that float out of the data. However, for this section, the findings will be subjected to various forms of analysis to enrich the discussion and make sense of the gathered information. This section asks how and why the patterns manifested as well as outline the different implications that come across these patterns.

THROUGH DIALECTICS: TRADITIONAL MEDICINE IN TABACO CITY, ALBAY

Traditional Medicine Against and Alongside Modern Medicine

Tabaco City's case is not spared from the threat of the times. Around 6 of the informants from the National Commission for Culture and the Arts (NCCA) professed that if there is a challenge in the practice, it would be a rapid change in the world. This reflects the first moment of dialectics showing how opposites clash to replace one another. This instability is also reflected by the aging sample of our informants with 95% of them registering an age of 40 years old and above. While most of the traditional practitioners are willing to pass on the legacy, the times and bad discourse will prove it hard for someone to carry it forward. In fact, it can be argued that the remaining portion of the informants not willing to pass on the practice can reflect the internal stereotype and discrimination of the practitioners itself which can atrophy moving forward. Aside from that, the urbanization of Tabaco City and horizontal expansion of human settlements will also greatly challenge the resources and the practice of Tabaco traditional healers.

But as dialectics had suggested, tradition can never completely die. Data from the research is suggestive of tradition's assimilation of mainstream medicine's resources. From the model of dialectics, we can claim that this mirrors the trajectory toward the state of stability and universality. A good 17 of the informants (1 answered no, 22 others gave

no response) consider their treatment as a substitute or preliminary care to mainstream medical treatments. For example, FH6, a *tambal* and masseuse, says her treatment only serves as first aid care as she always recommends for the patient to visit the doctor after the healing process. This is most especially the case if the disease is something that demands desperate attention. “My mother [the alternative healer] recommends for the patient to go to the hospital once she sees that the case is something she’s not capable of healing... yes, it’s basically just a first aid,” answered the daughter of FH6 on behalf of her mother.

The same folk healer also incorporates mainstream elements in her methodology as she recommends medical drugs such as *paracetamol* to patients having fever on top of the herbal options she offers. Thus, in this case, we see how beyond the preliminary hostile contradiction between traditional and modern medicine, traditional medicine has slowly integrated in its craft modern practices to become even more effective and to perhaps survive the tides of time. As FH6 provides treatment for the scale or ideological preference that Tabaco City’s health care system cannot touch or satisfy, she also borrows from modern medicine elements that she deems relevant to healing her patients. Moreover, the good proportion of the informants who acquired their skills from seminars and training offered by the local government unit and Technical Education and Skills Development Authority (TESDA) reinforces that the relationship between modern and traditional medicine is not that glaringly aggressive after all. It can even be argued that the adaptive nature of Tabaco City’s traditional healers paves the way for the survival and thriving status of traditional medicine in the city as it does not just accommodate cultural sensitivities but is also gently shifting toward universality to house modern preferences.

Traditional Medicine and Christianity

The adoption of Christian elements is something common in traditional healing practices all throughout the archipelago, and this is manifested in Tabaco City’s case in quite varied ways. “I offered sacrifice to the Mayon Volcano; it’s hard to believe, but it’s true... I just prayed, and the

Lord teaches me in dreams and dictates to me what to do and what herbs to use,” recounted FH9 on how he acquired or learned of the practice. The healer further pointed out that the practice is not something he can voluntarily pass on as it is the Lord’s will to appoint the next healer. Aside from that, 21 of the informants also interpolate incantations or prayers as a treatment, 15 use religious or supernatural items, and a majority starts and ends the healing process with a prayer. Specifically, the religious elements in traditional healing include rosaries, Catholic-like ceremonies (i.e., reading the *evangelio*), and legitimizing the practice as something God-given and God-driven.

These well-integrated Christian elements in the sample of folk healers coincide with the fact that the Bicol region records the highest proportion of Catholic followers than any other region in the country (Gregorio 2023). And within the provincial scale, the province of Albay, where Tabaco City is located, records the highest percentage as well among other provinces.

Tradition is often criticized for being too caught up with preservation as the common strategy for tradition to save itself is to display modernity as the taint. But as we can see here, traditional healing is not a divisive practice that staunchly stands opposite to modern medicine and the *zeitgeist*. It is not anachronistic or impractical; it is instead an adaptive one. It is willing to concede and absorb elements that would be beneficial for the practice. And this basically is how it survives the test of time—by adapting, by synthesis. And maybe what can be learned from this is that preservation does not necessarily mean building more walls; it can mean looking into how traditional healing can be more in-tuned with the here-and-now, to see how it can learn from the present without necessarily losing itself.

Traditional Medicine in Tabaco City: In and For its Own

The previous section has only painted traditional healing as something that needs changing in order to survive as if the burden of adaptation is on traditional healers. But in this

section, we balance the analysis by saying that mainstream medicine is not necessarily the ideal model of health care. As dialectics can suggest, mainstream medicine also needs amelioration. These two apparently contradicting modalities have to establish a point of compromise, and so we highlight in this section how traditional medicine supplements the lapses and holes in mainstream health care as well as how it stands independent as a practice, taking Tabaco City as a case.

Most of the healers interviewed do not require payment in the vocation. According to the matrix, 33 of the informants do not require payment; it is only out of the willingness of the client as well as their financial capacity. However, in cases that the healer requires payment (2 healers require payment, with 5 no response), the clients would only have to pay around Php 20 to Php 100. FH5, for example, only accepts whatever the client may give, saying, *“Bente-bente lang [only around twenty pesos] ... I'm just happy and content that I get to heal and help them,”* referring to whether she requires payment upon conducting the healing. In the practice, typically, there is no set price, and the client only offers payment voluntarily. But if they offer such payment, it is only affordable, if not depending on their financial capacity. This can be one of the reasons why some of the informants claim that patrons resort to them—because it is affordable. This claim can be further fortified when we see this affordability factor alongside Tabaco's socioeconomic status.

However, more than the lesser economic cost incurred when getting treated by a Tabaco traditional healer, convenience can be considered as a strong factor as well. The use of herbs, with 37 out of 40 folk healers utilizing such resources, gives the practice an ideal image as the herbs used are usually collected and gathered from the informants' backyards or from their neighbors. As much as these herbs are accessible to the healer, the herbal treatments can also be accessed by the patients themselves further demystifying the healing process. The informants also typically practice their vocation in a closely-knit service area with some healers offering service only to relatives or going so far as visiting the house of

the patient. In this way, Tabaco City patrons do not have to battle against the city's inadequate transportation infrastructure and spend on pharmaceuticals when they can be treated without having to source money out of their pockets. Aside from that, the close relations of Tabaco City healers with their patients establish a personalized and intimate form of health care that is far-fetched from the seemingly cold and transactional nature of health care provision in mainstream health care modalities.

On the other hand, connected to the previous points raised, Tabaco's traditional medicine welcomes the diversity of people's attitudes and cultures toward health care and well-being. Though each of the informants has different client demographics, he or she ushers in everyone from all walks of life. An informant said:

“It's affordable! Those who have the money to buy can buy just so my hard work gets paid off. But I accept any form of payment. Sometimes, I give it for free to those who really have nothing. My goal is to heal other people, not to get rich. On how God has helped me, I give to people in return.”

And the fact that Tabaco traditional healers operate in a hybrid form of healing ideology, they are also able to accommodate beliefs in the supernatural, the power of God, and the science of biomedicine. In fact, one traditional healer bought a sort of stone instrument from an Aeta who claimed that the rock has healing powers, and now, she has used it in the practice. This suggests a relative flexibility of Tabaco traditional practitioners not just integrating modern practice but even cultural elements from other ethnolinguistic groups. Aside from that, the selflessness and clean intention of the healers as well as the lesser focus on healing as a form of business tickle patrons' Catholic consciousness.

But beyond the cultural elements and traditional medicine's affordability and convenience forwarded by the informants, traditional medicine has also set the foundation

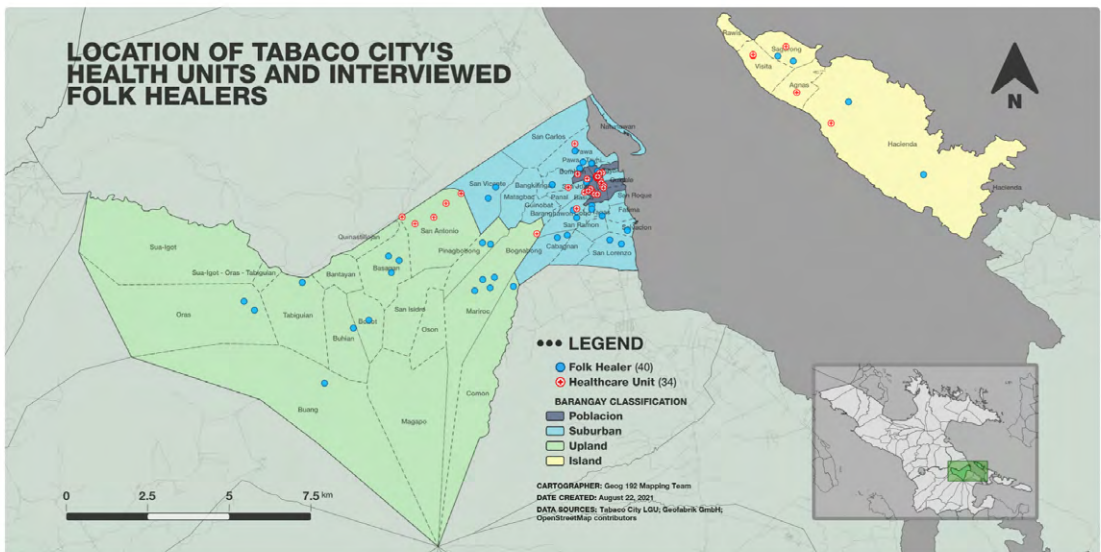
for modern medicine’s development. This is manifested by one of our informants, FH5, who was able to release in production an herbal medicine called Nature’s Gift which is composed of seven herbs as assisted by the Department of Trade and Industry. However, beyond this case, it is interesting to see the trajectory of folk healing research that could be lifted from the practices and medicinal plants used by Tabaco City traditional practitioners. The same form of research was undertaken by the University of the Philippines Manila and other institutional research groups and universities where they searched for medicinal plants that would provide affordable healthcare treatments (World Intellectual Property Organization 2015). The research involved surveying herbolarios on the herbal plants that they used and set the list as samples for further clinical studies.

Spatialities and Geographies in Tabaco’s Traditional Healing

We have already tackled the dialectical relationship between traditional medicine and mainstream medicine as well as traditional healing’s desirable characteristics. For this section, we will now discuss the spatial

component of traditional healing and ask where our traditional healers are located and why. As has been found in the matrix, the majority of our healers reside in the rural settings. Based on the ecological profile from Tabaco City, only 14 out of the 40 healers live in urban areas. The other healers are in upland areas, islands, and the suburbs—the rural for the purpose of discussion. As evident in the geospatial location of the informants vis-a-vis Tabaco City’s healthcare units, time indeed evinces in space, the urban representing modernity and the rural as traditional (Tuan 1977). Visual analysis of Map 3 suggests that healthcare units agglomerate in the lowland poblacion and slowly sparse out as topography increases toward the green upland in the map.

This geographical distribution reinforces the spatial affordability, convenience, and cultural acclimatization of Tabaco’s traditional modalities as they are available where mainstream health care cannot reach them. This also aligns with the World Health Organization’s report that in some areas, traditional medicine is sought not out of choice but because it is the only form of health care available. Even the home as the site of health care provisioning reinforces



MAP 3. LOCATION OF TABACO CITY’S HEALTH UNITS AND INTERVIEWED FOLK HEALERS.

On the other hand, the traditional-modern relationship and the dialectics between them also extend to the rural and the urban. The urban is the face of modernity and rural tradition. This reveals so much about how the rural became a cultivating environment and a haven for culture and tradition to survive without discrimination. And since traditional healing is very much cultural and, of course, traditional, nowhere can it find its home better than in the rural where it is accepted as part and parcel of life. We can see how this is as traditional medicine moors cures and causes of illnesses on the supernatural existing in nature. And between rural and urban, it is in rural areas that people have a close interconnection with the environment as almost all activities are highly dependent on nature and the land. It is in the rural that different herbal medicines exist, and it is also in this setting that the supernatural and specters are imagined. Therefore, the way rural people reimagine their space into a dual one and attach life to nature provided the most suitable ground for the seeds of traditional medicine to grow. In the case of Tabaco, bringing the interlinked nature of space, time, and phenomena, it can be reckoned that we will see a change in the face of traditional healing as urbanization, population increase, and land use change persist in the city of Tabaco.

And having said that, further unpacking the narratives of the informants, diseases for traditional medicine are much in a sense a poetic spatial politics. It is concerned with the power geometry existing between the other-worldly and the human world. This power geometry must be balanced, otherwise, it will result in illness. It is when the divide between the supernatural and the natural becomes less fine that diseases and bad luck befall humans. And to appease the spirits for crossing the line, sacrifices must be offered as a form of penance. Thus, in this sense, the environment is imagined in rural areas as well as in traditional medicine with a certain degree of haunting and spectrality. By explaining the root cause of diseases from the spirits of nature, sickness became a form of punishment that reimagines nature as a setting field with specters that demand respect. And these specters become the most sensical explanations for diseases that cannot be healed

or are undetected by hospitals. But how can we reach and speak to these supernatural unseen? Through traditional healers, of course. It is only the traditional healer, not even the medical doctor, who can manage to bridge the spiritual with the human and heal the sick that appeases the geography of the two worlds.

SUGGESTIONS

The folkloric, spiritual, and societal value of these healing practices is unquestionable. As such, further steps must be taken to ensure that these traditions and healing practices live on. Here are the following actions suggested:

- ◇ Integrating knowledge regarding alternative healers in formal education.
- ◇ Seminars and training for the youth who are interested in the practice.
- ◇ Radio, television, and social media channels may be tapped to endorse alternative healing and help the public learn more about it.
- ◇ Ensure environmental protection for the herbs commonly used for these practices.
- ◇ Concerned agencies and organizations must actively aid in enacting ordinances, policies, and programs as well as engage the traditional healers themselves.
- ◇ Further documentation and research are necessary for alternative healing practices—not just in Tabaco City, but also in the entire country.
- ◇ Making health care services more affordable, convenient, personal, and intimate.

CONCLUSION

The alternative healing practices and traditions in Tabaco City provide a wide array of topics and subtopics that are extremely significant and worth dissecting. This begins with the distribution of the healers. The demographics are dominated by faith healers and *hilots* (around 70%), with *herbolarios*, *tambals*, or mixture of those four making up the rest of the total. 95% of these healers are above the age of 40 and most of them have more than ten years of experience in the field. From this alone, it can be concluded that alternative healing is an aging practice. This is a worrying precedent for the preservation of the tradition, as the mean age of these healers keeps increasing every year and the passage of practices to the next generation seems slow. According to the data, 12 out of 21 healers have expressed intent to pass the tradition on to their next of kin. While this offers hope, this does not bode well in the long run, since the sample of folk healers is aging.

The analysis becomes more interesting once a spatial component is introduced. According to the data, only 14 out of the 40 healers are from barangays that are categorized as urbanized—the remaining 26 are scattered throughout suburban, upland, and island barangays. This further emphasizes the working notion of traditional and alternative medicine being more prevalent in far-flung areas. This may also relate to the abundance of medicinal plants and herbs available in these areas, as some *herbolarios* and *manghihilots* grow the plants they use in their own backyards.

Moreover, it can also be theorized that the predominance of these healers has a strong correlation to the accessibility of professional medical care and the economic status of the residents. The clients who usually avail of the services of alternative healers are those afflicted with common illnesses such as cough, fever, diarrhea, and muscle pains. This means there are lower risks and no need to travel to a hospital that is likely further away and more expensive. Furthermore, this correlation is also supported by the prevalence of affordable or voluntary forms of payment for alternative healing services. It is clearly an appealing option

for people who do not have the economic means and resources to avail of professional medical services. The practice of alternative healing is born out of a necessity for more accessible and affordable forms of healthcare.

In summary, the significance of the alternative healing processes and their consequent heritage in Tabaco City is indisputable for three key reasons. First is how it provides accessible alternative medical services for virtually every barangay within the city. They are perfect for common illnesses since they are within physical reach. Next, these alternative healers provide a more economic option to residents who may not be able to avail of professional medical services. Lastly, they are an integral part of the folkloric, spiritual, and societal identity of Tabaco. All these factors and contributions prove the indubitability of alternative healing practices within the city.

BIBLIOGRAPHY

- Alarilla, Joey. 2021. "Babaylan, mangkukulam: Demonizing gender-fluid past." *Digital Life Asia*. June 17, 2021. <https://digitallifeasia.com/2021/06/17/babaylan-mangkukulam-demonizing-gender-fluid-past/>.
- Anttonen, Pertti. 2005. *Tradition through Modernity: Postmodernism and the Nation-State in Folklore Scholarship*. Helsinki: Finnish Literature Society.
- Baticulon, Ronnie E. 2020. "OPINION: The Philippine health care system was never ready for a pandemic." *CNN Philippines*. <https://cnnphilippines.com/life/culture/2020/3/20/healthcare-pandemic-opinion.html>
- Berdon, ZachiaRaiza Joy S., Edheliza L. Ragosta, Reynaldo B. Inocian, Creezz A. Manalag, and Elena B. Lozano. 2016. "Unveiling Cebuano Traditional Healing Practices." *Asia Pacific Journal of Multidisciplinary Research* 4, no. 1 (February): 51-59.
- Cerio, Calyd T. 2020. "Albulario Folk Healing: Cultural Beliefs on Healthcare Management in Partido District, Camarines sur, Philippines." *JATI-Journal of Southeast Asian Studies* 25, no. 1 (June): 210-37.
- Chanco, Boo. 2019. "Philippines healthcare unaffordable." *Philippine Star*. <https://www.philstar.com/business/2019/07/05/1932014/philippines-healthcare-unaffordable>
- Crisol, Lourd Gregory D., and Efren Jone J. Oledan. 2016. "The Mananambals and Their Functions in Philippine Culture." *CASS Langkit* 7 (2016): 84-94.
- Department of Health. n.d. "Chapter 1: The Philippine Health System at a Glance." Department of Health. <https://doh.gov.ph/sites/default/files/basic-page/chapter-one.pdf>
- Gregorio, Xave. 2023. "Philippines still overwhelmingly Catholic." *Philippine Star*. <https://www.philstar.com/headlines/2023/02/22/2246855/philippines-still-overwhelmingly-catholic>
- Jocano, F. Landa. 1966. "Cultural Context of Folk Medicine: Some Philippine Cases." *Philippine Sociological Review* 14, no. 1 (January): 40-48.
- Lim, Jose Lorenzo. 2020. "COVID-19 and the Philippine Healthcare System." *IBON Foundation*. <https://www.ibon.org/covid-19-and-the-philippine-healthcare-system/>
- Local Government Unit of Tabaco City. 2021. *Comprehensive Land Use Plan of Tabaco City*. Tabaco City, Philippines: Local Government Unit of Tabaco City.
- Maybee, Julie E. 2020. "Hegel's dialectics." *Stanford Encyclopedia of Philosophy*. October 2, 2020. <https://plato.stanford.edu/entries/hegel-dialectics>.
- Nomoto, Sandra. 2020. "Indigenous Filipino healing practices." Cold Tea Collective. January 14, 2020. <https://coldteacollective.com/indigenous-filipino-healing-practices/>
- Ng, Jeremy Y., Natasha Verhoeff, and Jeremy Steen. 2023. "What are the ways in which social media is used in the context of complementary and alternative medicine in the health and medical scholarly literature? a scoping review." *BMC Complementary Medicine and Therapies* 23, no. 32 (February). <https://doi.org/10.1186/s12906-023-03856-6>.

- Rebuya, Niño R., Emy S. Lasarte, and Mericia Mila A. Amador. 2020. "Medical Pluralism, Traditional Healing Practices, and the Partido Albulario: Challenge in Inclusion." *Open Journal of Social Sciences* 8, no. 6 (June): 72-79. <https://doi.org/10.4236/jss.2020.86007>
- Tan, Michael L., Mila Querubin, and Tita Rillorta. 1988. "The Integration of Traditional Medicine among Community-based Health Programmes in the Philippines." *Journal of Tropical Pediatrics* 34 (April):71-74.
- Traditional and Alternative Medicine Act of 1997 (Philippines).
- Tuan, Yi-Fu. 1977. *Space and Place: The Perspective of Experience*. Minneapolis: University of Minnesota Press.
- Weiler, Gundo A. 2019. "Universal health care: The best investment the Philippines will make." World Health Organization. <https://coldteacollective.com/indigenous-filipino-healing-practices/>
- World Health Organization. 2002. *Regional Strategy for Traditional Medicine in the Western Pacific*. Manila: World Health Organization.
- . 2005. *WHO Global Atlas of Traditional, Complementary, and Alternative Medicine*. Geneva: World Health Organization.
- . 2013. *WHO Traditional Medicine Strategy 2014-2023*. Geneva: World Health Organization.
- . 2018. *The Philippines Health System Review*. New Delhi: World Health Organization.
- World Intellectual Property Organization. 2015. "From Herbal Folklore to Modern Medicine." World Intellectual Property Organization. https://www.wipo.int/ipadvantage/en/articles/article_0186.html