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Medical Pluralism, Traditional Healing Practices, and the Partido *Albularyo*: Challenge in Inclusion

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Abstract

Traditional healing is a part of the Filipino culture that has been passed down through many generations, and is continuously being practiced, especially in far-flung barrios and barangays in the country. From the old name babaylan, the traditional healers now operate under various names, such as *albularyo*, manghihilot, mangluluop, mangtatawas, and faith healers. They become instrumental in ensuring that their kapwa (fellow) receives the health care a person needs regardless of gender and social status. In this context, this study traced the existence of traditional healers in the fourth district of the province of Camarines Sur known as Partido area. It was found that ancient parabulong in Partido area is commonly called albularyo which is considered as the "general practitioner" knowledgeable in most of the folkloric modalities, usually versed in the use of medicinal herbs and spiritual/supernatural interventions. Their procedures and rituals were observed with similarities on performing orasyon, hilot, and himolso; likewise, with their common healing paraphernalia such as lana and kandilâ. Although there are noted differences and similarities on the description of their practices and procedures, these key informants' healing practices are all centered to God with a pure intention to cure one's illnesses and to be of help to other people. Hence, further studies on the psychological effects of albularyos and exploring the other features of traditional healing of Partido area should be conducted and be preserved as part of the locals' culture and tradition.

Keywords

Albularyo, Healing Procedures, Medical Pluralism, Traditional Healing Practices

1. Introduction

The existence of traditional healing dates back from 14,000 centuries B.C., until Chinese, Graeco-Arabic and western countries start using traditional medicines. It is the oldest form of structured healing, which is practiced with basic sets of tenets (Medicine Network, 2003). Before modern medicines have been introduced by this kind of practices in the Philippines, Filipino early ancestors have engaged in traditional healing (Berdon et al., 2016). Traditional healing is a part of the Filipino culture that has been passed down through many generations, and is continuously being practiced, especially in far-flung barrios and barangays in the country. It has a rich history dating back in the precolonial period where *babaylan*, aside from being a religious leader, is served as the main dispenser of health care to everyone in the community (Labastida, 2016).

It cannot be denied that these practices had been subjected to several challenges, traditional healing practices survived the brutal repression under the Spanish colonizers, the introduction of foreign medical system and education during the American occupation, and the current predicaments brought by modernization and globalization. These historical experiences have made possible the continued existence of diverse blends of the native and foreign healing arts, superstitions, beliefs and practices.

From the old name babaylan, the traditional healers now operate under various names, such as: albularyo, manghihilot, mangluluop, mangtatawas, and faith healers. The albularyo referred to us the "general practitioner", knowledgeable in most of the folkloric modalities, usually versed in the use of medical herbs. In the rural areas, by tradition and because of chronic economic constraints, the albularyos are the general practitioners, the primary dispensers of health care. The *manghihilot* specializes in techniques and treatments applicable to sprains, fractures and muskulosketal conditions. Hilot in rural areas ambiguously refers to both midwife (magpapaanak) and the chiropractic practitioner (manghihilot, masahe). The mangluluop specializes in diagnostic techniques, usually referring the patients after diagnosis to the albularyo, medico, or manghihilot for definitive treatments. It is considered as specialist that determines the cause of an illness through the ritual of *luop*, while the mangtatawas or tawas is a popular diagnostic ritual performed by providing clues as to the nature and cause of the person's illness (Stuart, 2003). They become instrumental in ensuring that their kapwa (fellow) receives the health care a person needs regardless of gender and social status. On the other hand, the concept of "power" in relation to spirituality (faith healing) pertains to the intimate connections between the people and the venerated saints or spirits and how this framework of power relations is translated in the domestic and social levels. It encapsulates the people's attitude and beliefs toward sacrifices and penance, devotions to saints, submission to the tasks as healers-forging a constructive approach toward selfness and service (Arriola, 2011).

Aside from its obvious function, the traditional healing practices also reflect

the Filipino psyche that includes its culture, folklore religion, superstitions alongside saints and mythological creatures. In fact, the Department of Science and Technology (DOST) will soon regulate the practice of traditional healers also known as "albularyos" in the country (Umali, 2015). According to DOST-led Philippine Council for Health Research and Development (PCHRD), they are coming up with a set of guidelines that will introduce non-formal health practitioners into the mainstream medical practice.

Bicol region, also referred to as *Bicolandia*, is considered to have the highest number of Catholic followers than any other regions in the country. The impact of Catholicism in the region is worth noting for the *Bicolanos* to still continue the traditional practices in healing despite the technological advancement in society. Most of the people are still growing their faith and beliefs to *parabulong* (healer) which is said to be chosen by spirit/supernatural being as a medium to heal individual. Because of pity for those "who have nothing" (Cannell, 1999), the spirit instructs the *parabulong* not to ask for any payment; therefore the patient can pay in voluntary form. This kind of bond between the medium and the spirit is formed once the *parabulong* accepted the role bestowed upon him/her. In return, the sacrifices that the *parabulong* undergoes will be reciprocated through happiness, good health, and peace of mind.

Partido area, in particular, is also known as one of the places in Camarines Sur that possess rich cultural and spiritual beliefs, thus making it very significant for the recognition of various types of traditional *parabulong* or sometimes called *albularyos* where local people most specially in remote areas are patronizing this kind of non-formal medical practices and also as part of their social culture. Hence, this study that traces and attempts to understand the existence of traditional faith healing as practiced by the locals for more than a hundred years.

2. Objectives of the Study

Generally, this study traced the ancient *parabulong* or *albularyo* in Partido area. Specifically, it determined the socio-demographic profile of the key informants and the procedures of the traditional healing practices and/or rituals.

3. Materials and Methods

3.1. Research Design

This paper employed a descriptive method through qualitative research design which is aimed to gain a richly detailed understanding of a particular topic on first-hand experience and direct observation. According to Denzen & Lincoln (1994), qualitative methods are used to study things in natural settings, an exploratory method of inquiry that typically involves investigating unknown subject matter, sensitive topics, or difficult to access populations (Ostaszkiewics, Bliss, & Hunter, 2015). It is also defined by naturalism and interpretation (Frank & Polkinghorne, 2010).

3.2. Data Collection Procedure

This study applied the ethnographic approach in qualitative research which the data gathering were done through direct participant observation and interviews. It utilized interview-guided questionnaire which served as a main gathering tool. This instrument contained items that determine the 1) demographic profile of the KIIs; 2) number of years in practice; 3) nature of healing, procedures and rituals; 4) used materials and/or paraphernalia, and 5) traditional healing description. During the data collection, the respondents were first given a copy of the consent to participate—this is to ensure their voluntary participation and observance to Philippine Data Privacy Act of 2012. Once agreed, using the interview guide questionnaire, the respondents were asked pertaining on the subject being investigated. Respondents of the study were composed of ten (10) key informants considered native traditional *parabulong* or *albularyo* living within Partido district and selected based on popularity from the local residents and previous patients, has family background on indigenous healing tradition and a permanent resident of the area for many years.

4. Results and Discussion

This part presents the results and discussion of the study which focuses on the socio-demographic profile of the respondents and traditional healing practices and/or rituals of the *albularyos*.

The socio-demographic profile of the respondents as seen in **Table 1**, female dominates the male of 80 percent for gender; most of them were aged 51 years old and above (90%) only 10 percent who are aged 26 - 30 years old and all are

Table 1. Respondents' socio-demographic profile.

Respondents' socio-demographic profile	Variables	Frequency	Percentage
C 1	Male	2	20%
Gender	Female	8	80%
A	26 - 30 years old	1	10%
Age	51 above years old	9	90%
Religion	Roman Catholic	10	100%
	Live-in	1	10%
Marital Status	Married	3	30%
Maritai Status	Widow	4	40%
	Separated	2	20%
Occupation	Occupation Pagbubulong		100%
Education	Elementary	9	90%
Education	Secondary	1	10%
Monthly Income <php 5000.00<="" td=""><td>10</td><td>100%</td></php>		10	100%

Roman Catholic (100%) in religion. Along with marital status, 40 percent of them are widows, 30 percent married, 20 percent separated, and only 10 percent live-in; their occupation are dependent on *pagbubulong* (100%) and earning a monthly income of approximately below Php 5000.00. Further, their highest educational attainment was elementary graduate (90%) and secondary (10%). This result is very evident on their observed socio-economic status considering that most of them are just staying in a very simple house structured and made up of light materials. It was also noticed that these *parabulong* are living on their own since their children have already their respective families to attend to.

Table 2 presents the traditional healing practices and procedures of the traditional healers who served as the primary key informants (KIs) that were selected because of their popularity in healing according to the previously interviewed patients and local residents. Among the ten key informants, it was noted that they are all practicing the Philippine folk medicine called *albularyo* which is considered as the "general practitioner" knowledgeable in most of the folkloric modalities, usually versed in the use of medicinal herbs and spiritual/supernatural intervention. Their procedures and rituals were observed with similarities on performing *oràsyon*, *hilot*, *and himolso*, likewise with the common healing paraphernalia such as *lana* and *kandilâ*.

Although there were noted differences and similarities on the description of their practices, according to these KIs their healing are all centered to God with a pure intention to cure one's illnesses and to be of help to other people.

Table 2. Traditional healing practices and procedures identified by key informant.

Key informant	Years of practice	Nature of healing (local term)	Procedures/rituals (local term)	Materials (local term)	Description
KI ₁	46 years	Albularyo; Hilot; Tawas.	Oràsyon; Himolso; Hilot; Sulô at pàaso sa baso; Hayùp.	Santo; Baso; Papel; Lana; Kalayo; Pakô; Kahoy.	 Checking on the pulse of the patient Writing oràsyon on a small piece of paper Burning the paper (with oràsyon) in the glass while exposing the smoke on affected body's part until turned into ashes then added with some water and drink by the patient Gently blowing the nail (2inches) on the head of the patient Gently massaging the affected part of the body Driving away supernatural beings from possessed individuals
KI_2	40 years	Hilot.	Pangadyi; Hilot.	Lana.	Gently massaging the affected part of the bodyChecking on the pulse of the patient
KI ₃	18 years	Albulayo; Tawas; Hilot; Kudlit.	Novena; Pangadyi; Himolso; Oràsyon.	Sugok; Kandilå.	 Checking the shortest finger to determine the cause of patient's illness Making the egg stand alone Lighting the candle while performing the <i>ordsyon</i> Putting small piece of paper on the forehead of the patient Light massaging using coconut oil Driving away supernatural beings from possessed individuals

Continued

KI ₄	15 years	Albularyo; Hilot; Kudlit.	Pangadyi; Himolso; Tulod.	Lana; Kàkanon.	 Shortly performing prayer before the healing process Lighting up candle to determine the cause of the patient's illness Offering food depending on the request of the engkanto and eating by the patient and healer afterwards
KI ₅	50 years	Albularyo; Tawas; Hilot.	Oràsyon; Himolso.	Krusipiyo; Kandilâ.	 Gently blowing the head of the patient Performing <i>ordsyon</i> while touching the hands of the patient Mildly putting an oil on the body parts where pulses are usually felt Gently massaging the affected patient's body part
KI ₆	22 years	Hilot; Panganayo; Albularyo.	Oràsyon.	Kandilâ.	 Gently blowing the head of the patient Blessing of prescribed medicines or direct blessing to the patient Mildly spitting of saliva to the patient's pulse coupled with prayers
KI ₇	58 years	Manghihilot, Hilot, Albularyo.	Pangadyi.	Lana hali sa Hinulid (Jesus Christ laid to rest).	 Checking on the pulse of the patient Gently massaging the affected part of the body Driving away supernatural beings from possessed individuals
KI ₈	7 years	Albularyo.	Pangadyi.	Tindog na sintabo, Imahe kan Santo.	 Performing short prayer before the start of pagbubulong Waiting for a coin to stand Putting oil and piece of paper on the forehead of the patient
KI,	51 years	Albularyo; Tawas; Manghuhula; Kudlit.	Oràsyon; Rubbing the lana; Hula; Pangontra.	Manok; Lana; Bottle container.	 Shaking the bottle container with oil and ash from the piece of paper with oràsyon Slaughtering white native chicken to extract the blood that shall be used for the healing ritual Checking the pulse of the patient Blessing of prescribed medicines and direct blessing to the patient
KI ₁₀	30 years	Albularyo.	Oràsyon; Saniban.	Ugbas, Sigarilyo, Lana, Tubig, Kandilâ.	 Checking the pulse of the patient Writing <i>oràsyon</i> on a piece of paper, crumpled it with oil and determine the cause of patient's illness under the lighted candle Waiting until the <i>parabulong</i> is possessed by the <i>engkanto</i> who gave the illness to the patient Conversing of the patient to the <i>engkanto</i> through intervention in <i>parabulong</i> Blessing of prescribed medicines and direct blessing to the patient

Based from the face-to-face interview with the key informants, their healing powers are inherited from their forefathers and parents while some were said it was a vocation from God. Their healing rituals is centered to God, thus they usually start and end with prayer during the performance of their practice. These so called vocation are religiously *pinapamibian* by these healers most especially every Tuesday and Friday where the influx of patients are also observed and considered effective days in curing one's persons illness. Their services have no

definite schedule for as long as there is patient who is in need of their help. In the same manner, the fee is always voluntary and is given as *kusang boot* by the patients.

5. Conclusion and Recommendation

The ancient *parabulong* in Partido area is commonly called *albularyo* which is considered as the "general practitioner" knowledgeable in most of the folkloric modalities, usually well versed in the use of medicinal herbs and spiritual interventions. Their procedures and rituals were observed with similarities on performing *oràsyon*, *hilot*, *and himolso*, likewise with their common healing paraphernalia such as, *lana* and *kandilâ*. Although there are noted differences and similarities on the description of their procedures, these key informants' healing practices are all centered to God with a pure intention to cure one's illnesses and to be of help to other people.

Hence, further studies on the psychological effects of *albularyos* and exploring the other features of traditional healing of Partido area should be conducted and be preserved as part of the locals' culture and tradition. If possible, a need to establish an organization for these indigenous healers is recognized, so that, they will not be exploited by this modern society and will continue to exist for generations.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

Arriola, M.S. (2001). Spirituality among the Bikolanos: A Perspective in Contemporary Practices. *International Conference on Humanities, Society and Culture IPEDR* (Vol. 20, pp. 186-187). Singapore: IACSIT Press.

Berdon, Z. R. J. S. et al. (2016). Unveiling Cebuano Traditional Healing Practices. *Asia Pacific Journal of Multidisciplinary Research*, 4, 51.

Cannell, F., (1999). *Power and Intimacy in the Christian Philippines*. Quezon City: Ateneo de Manila University.

Denzen, N. K., & Lincoln, Y. S. (1994). *Handbook of Qualitative Research* (p. 2). Thousand Oaks: SAGE Publications.

Frank, G., & Polkinghorne, D. (2010). Qualitative Research in Occupational Therapy: From the First to the Second Generation. OTIR: Occupation. *Participation and Health*,

- *30*, 22. https://doi.org/10.3928/15394492-20100325-02
- Labastida, S. C. L. et al. (2016). *Tradisyunal nga Pamulong: A Rationale on the Persistence of Faith Healing Practices in Miagao, Iloilo.* Research Gate, 2.
- Medicine Network (2003). *Traditional Healing*. Retrieved July 6, 2015, from Traditional Medicine Network. http://www.traditionalmedicine.net.au/tradheal.ht
- Stuart, G. (2003). *The Healers. Retrieved from Philippine Alternative Medicine*. http://Stuartxchange.com/Albularyo.html
- Ostaszkiewics, J., Bliss, D., & Hunter, F. (2015). *Qualitative Research Abstracts.* United Kingdom: International Continence Society (ICS).
- Umali, J. (2015). Gov't seeks ;albularyo' certification. Kicker Daily News.