

**Phase II Documentation of Philippine Traditional Knowledge and Practices on Health and Development of Traditional Knowledge Digital Library on Health for Selected Ethnolinguistic Groups: The TAGAKAULO people of Sitio Biao, Sitio Binacalan, and Sitio Lunao in Barangay Pinalpalan; Sitio Kitulali and Sitio Kyasan in Barangay Kilalag; Sitio Malandog and Sitio Kangko in Barangay Dimuluk, Malita, Davao del Sur**

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## Summary

An ethnopharmacological study of the Tagakaolo was conducted from May 2012 to May 2013. The one-year study included documentation primarily of the indigenous healing practices and ethnopharmacological knowledge of the Tagakaolo. The ethnohistorical background of the tribe was also included in the study. The study covered (7) Sitios, namely Sitio Biao, Sitio Binacalan, and Sitio Lunao in Barangay Pinalpalan; Sitio Kitulali and Sitio Kyasan in Barangay Kilalag; Sitio Malandog and Sitio Kangko in Barangay Dimuluk, Malita, Davao del Sur. Our main host organization was the ***Malita Tagakaulo Mission of the Missionaries of Jesus***; it also served as our satellite site for the study.

A total of 144 plants and 9 other natural products, 11 traditional healers in the community were documented. Documentation employed the use of prepared ethnopharmacological templates which included: medicinal plants and other natural products, herbarial compendium of selected medicinal plants, local terminology of condition and treatments, rituals and practices, and traditional healer's templates. Immersion in the community was the primary method employed. Interview and participant-observation, and forest visits were utilized to gather data. Focus group discussions were also done as a form of data validation. Formalized informed consent for this study was asked from different peoples' organizations, religious institutions, and from different key individuals prior to the documentation and collection of medicinal plants.

## 1 Introduction

The effort to continue the traditional health practices documentation initiative of the University of the Philippines Manila College of Medicine (Department of Pharmacology), and its funding agency Philippine Council for Health Research and Development, has led to the present project entitled “Phase II Documentation of the Philippine Traditional Knowledge and Practices on Health and Development of Traditional Digital Library on health for Selected Ethnolinguistic Groups: Mindoro, Zamboanga, Davao and Cordillera.”

One of the selected sites was the Davao region which we divided into three province-unit research areas: (a) Davao del Sur and Davao City, where three of our five sites are located (Malita {for Tagakaolo group}, Todaya, and Makilala {for Tagabawa Bagobo group}); (b) Davao del Norte, where Talaingod is located {for Talaingod Manobo group}, and (c) Davao Oriental, where Mati is located {for Mandaya group}.

The different sites we visited for a project that initially centered on plants and peoples' health practices and views gave us lasting engagements with diverse organizations, individuals, and communities that, even after the formal ending of the project (May 2012 to May 2013), opened continuing joint community-academic activities and plans meant to deepen community initiatives and exchanges to generate knowledge of their localities for the peoples' uses.

### *Perspectives and objectives*

From the very beginning, our engagements with the selected sites had been guided by this perspective of cultivating long-term engagements on the basis of shared interests on indigenous knowledge and community-building projects.

As a theme (indigenous health concerns and practices) that resonates well with every area we had visited, the core objective of the project—to make a systematic documentation of plant-based medical knowledge among Kaolos, Tagabawas, Matig-Talomos—immediately connects it to three other aspects of concern in and for the areas:

(1) conservation of herbal sources (plant and non-plant materials) in their localities—found abundant but fastly disappearing—and the immediate addressing of their many other socio-environmental concerns, especially in the context of their much-challenged ecological areas given their marginalized socio-political standing;

(2) developing resource materials from such documentation for use as teaching materials in the *lumad* (Mindanao indigenous peoples) schools of their areas; and, (3) deepening the scope and rigor of the generated knowledge by designing long-term knowledge and

community-strengthening links between local cultural specialists and academe-based individuals.

Our initiating plants-and-health theme, therefore, quite naturally branched into three other future possible and doable joint projects: (a) resource conservation and medicinal plant gardening and folk-friendly processing; (b) development of education materials (for use in both lumad and non-lumad contexts, primary to tertiary levels); (c) undertaking continuing co-researches on local history, folk science and folklore, and indigenous philosophies and folkways in general.

Such future projects with the particular sites where we have done plant collections and interviews—Matamis, Dimoluk and Calatagan villages in the Tagakaolo (or Kaolo) area; Sibulan, Todaya, Makilala, and Locatong villages in the Tagabawa Bagobo area; Dulyan, Laslasakan, and Nalubas villages in the Pantaron Manobo (or Matig-Talomo) area; the Palo Cuatro village of Balyan Nanay Parong and the Kamunaan garden and lumad museum of Atty. Al Aquino—can only be undertaken in the background of deepening friendly bonds between us and key individuals and organizations in the mentioned communities.

### **Selection of Study areas**

The ethnomedical study of the Tagakaolo was conducted in the areas of Malita, Davao del Sur: Dimuluk, Kalatagan, Lagingan and Tabunan; Sitio Mote, Sitio Lunao, Sitio Biao, Sitio Binacalan, Brgy. Pinalpalan. The selection for the study sites was based on the criteria that these major sampling areas are long-standing research sites of one of our team members (MJ Paluga) and so the key individuals and organizations we have connected with for this study are either the same individuals and organizations our team member has for long been connecting with or 'snowballed' community figures from key lumad friends of the areas.

The general criteria used for our site selection for the whole project are the following: (a) the community has reputation for indigenous medical/healing practices, i.e., presence of at least three actively practicing indigenous healers; (b) the community is living at or near forested areas; (c) the community is known to have continually practiced its indigenous traditions; (d) the community has stable peace and order situation; and (e) the community can be accessed using available means of transportation within a reasonable period of time. The first three items of the above list are given more weight in our area selection in cases where not all of the criteria are optimally passed by a possible field site.

## Gathering of Information

### *Sampling approach and plant-collecting methods*

Our sampling practice is designed more for collecting as many plant samples as possible in the context of a simultaneous, on-going random 'mapping' or searching of key informants or healing specialists (usually called as snowballing approach). The data, therefore, being non-systematically taken, is not usable for formal quantitative analysis.. However, some rough patterns emerging from our data-sets are suggestive of some exploratory potential and given brief discussions below.

The researcher documented the community's concept of health and wellbeing and how they respond to each one; the different medicinal plants utilized by the healers and the counterpart illnesses that it cures; their diverse healing methods and practices alike. Free and prior informed consent was implored before any documentation was done.

The researchers' immersion with the community allowed them to observe their culture and some patterns of behaviour, participate in their activities of daily living (ADLs) and learn aspects of their language, beliefs and struggles in life. Participant observation and interview, mostly informal were utilized to gather data while collection of medicinal plants for scientific identification and herbarium specimen storage was done through forest exploration with the informant and applying some practical suggestions given in Martin (2004).

The researchers also scheduled focus group discussions (FGDs) among health care providers mostly participated by mothers and trusted elders in the community and initiated consultation meetings with key informants, tribal leaders and members of the community.

### *Organizations and institutions*

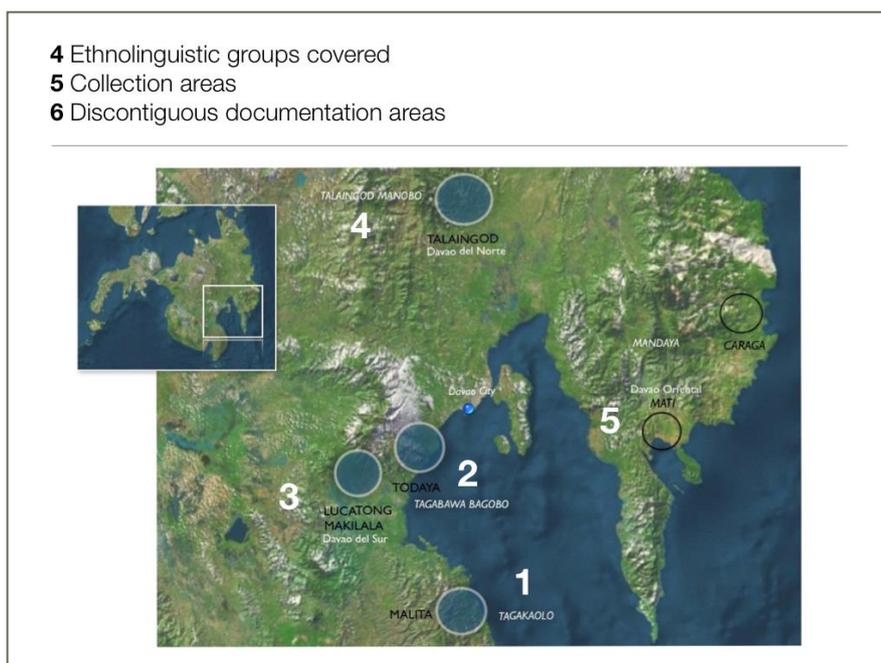
As much as possible, cognizant of the key social and political importance local formal organizations play in building and strengthening lumad communities in the context of political challenges that are generally called 'development aggression', the rule we followed is always to work with organizations (and in areas not so organized, with key individuals or cultural experts) that we believe have achieved a high 'moral standing' in the villages we are directly working with.

The following lists the major organization and individuals we have directly worked with relative to our study:

Our main host organization here is the ***Malita Tagakaulo Mission of the Missionaries of Jesus***, especially Fr. Joey Evangelista, MJ and Marites Gonzalo. Our major Malita informants

and guides in plant and non-plant documentation are the following: Mayonan Malagante Bansila, Divina Salipad Monan, Balabay Diansing, Victoria Ampan, Ingad Bandal, Clarita Inantay, Lionila Sumandil, Alicia Sabigla, and Kalimasan Palapan.

The researchers were able to identify several traditional healers in the community and informants who supported and spared time to be interviewed. One of the profound



Template map from: <http://gspace21.ls.apple.com/html/attribution.html>

observations and realizations of the researchers while finding key informants in the community is that the knowledge in healing and the utilization of the medicinal plants are not concentrated on specific number of people only. There are some people who are considered as the community health experts or specialist but the basic knowledge about medicinal plants use is shared by the community members alike.

Ethnopharmacological templates were prepared to aid the researchers in what to collect and gather that is considered to be essential for the study. The prepared guide questions did not confine us from documenting the abundance of traditional knowledge and practices of the Tagakaolo people. Aside from the templates, the researchers were also equipped of instruments for documentation such as voice recorder and digital camera which were utilized in the whole process of the study. Permission to record was sought prior to conducting any interviews or simply taking their pictures.

## 2 The land and the people

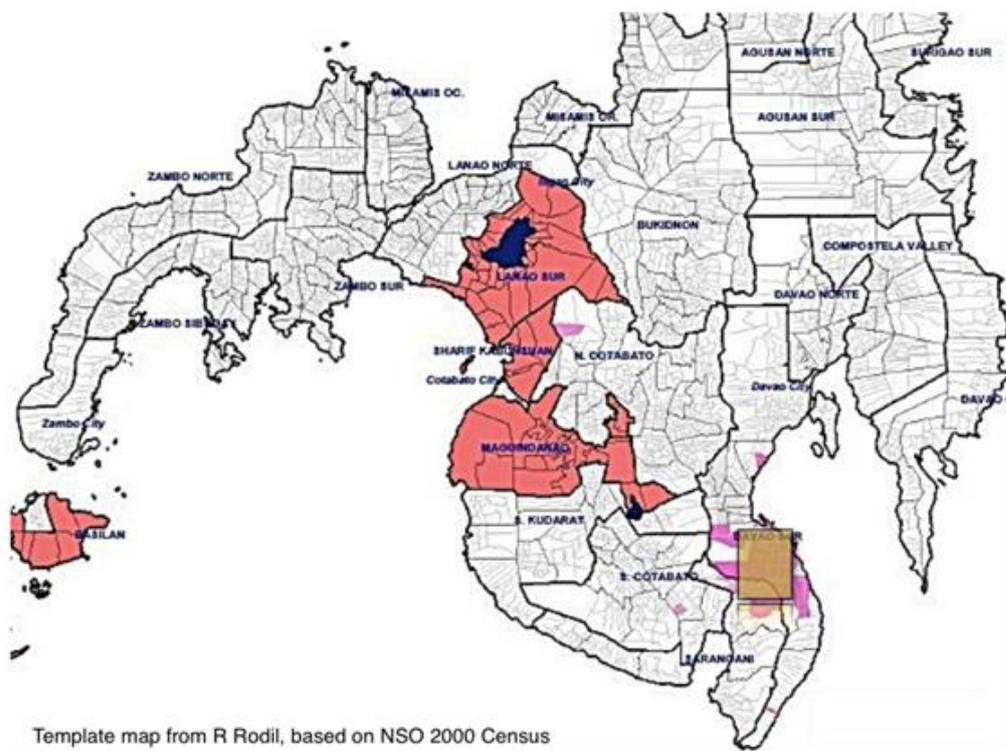
Overall, the five plant collection sites covered by the study fall under the traditionally-labelled 'Davao area' since the time of the early Jesuit missionaries, but now divided into three Davao areas: Davao del Sur (and Davao City), where three of the five sites {see map above} are found (**1** Malita, **2** Todaya, **3** Makilala-Locatong {we fused our collections from these villages and treated them as one site because of their relative proximity, geographic and ethnographic-wise}), Davao del Norte, where **4** Talaingod is located, and Davao Oriental, where **5** Mati is located.

This part of Mindanao, the southeastern region, covers two major families of lumad groups {those covered by this study is in boldface}: the *Mandaya group* (covering seven named ethnolinguistic groups, like the **Mandayas**, Mansakas, **Tagakaolos**, and others: see the important study of Nabayra, 2012a) and, perhaps better seen as a super-family, the *Manobo group* (covering diverse and highly dispersed groups—like the Higaunons, Matigsalugs, Arakan Manobos, and many others). Also under the Manobo family are the Bagobo groups: **Tagabawa**, Klata or Jangan, and Obo {called also as Manuvu by EA Manuel}, the three ethnolinguistic groups that surround Mt. Apo. In the *Norte/Agusan* area are two other sub-groups of the Manobos: the relatively lowland Agusan-area Manobos {Agusanons} and the highlanders, the Pantaron or **Talaingod Manobos** {also wrongly called, 'Ata Manobos'} and the Bukidnons.

Downward from this covered area, one meets the *Blaan-T'boli group*; of South Cotabato; and upward from this area, one meets the *Aeta/Negrito group* (Mamanuas) of the northern Mindanao area.

### ***Geographic and related features of the Tagakaolo area***

The Tagakaolos (Kaolos or, based on other pronunciations by older folks, the Kowlos), by their location {see above map}, forms the southernmost extent of the Mandaya group expansion and borders with the Blaan ethnolinguistic group of the South Cotabato-Sarangani provinces. The major river systems of the Kaolo sites we have visited for this study drains into the Sarangani area, the main homelands of the Sarangani Blaans (this last being usually differentiated, even among emic observers, from Matutum area Blaans): therefore, given the usual pattern of upstream-downstream economic symbiosis among indigenous communities, making these Kaolos the highland/upstream partners of the relatively downstream Sarangani Blaans. The contiguities of the borders of the upland Kaolo (a Mandaya sub-group) area we have visited with that of the Sarangani Blaans and the Sarangani Manobos (of Don Marcelino area) make the area {indicated in the map below} an interesting interacting areas of three major indigenous families (Tboli-Blaaan, Manobo, Mandaya).



DISTRIBUTION OF TAGAKAOLOS IN MINDANAO (BLUE) AND THE LOCATION OF MALITA TAGAKAOLOS (YELLOW BOX)

### ***Field-based observations and some ethnic patterns***

An interesting field observation we have from our field visits is the shared Lumabat/Almabat epic hero among Blaans and Kaolos. The figure and story of this raptured-to-heaven hero is also reported by early-20th century American observers as present among Tagabawa Bagobos. Among Kaolos, Lumabat is noted as a hero harassed by many body afflictions and infirmities. We have also recorded several *hubaton*-chanted lores in Dimulok area as part our preparatory ethnographic studies of the area and have shared this for data basing in the library collection of the Maramis Mission. We have also visited the more interior upland plateau area of Calatagan and gained a positive assessment of the potential archaeological importance of the area based on surface inspection with help from the locals: about an hour of land surface scanning produced for us Chinese porcelain shards that are comparable to those found in the Mandaya-Mati area, presently displayed in Kamunaan museum. Calatagan area, indicatively linked to long-distanced trade exchanges, might be an important surplus-producing Kaolo (assuming ethnic continuity) area in the pre-hispanic past.

### 3 History

#### *Available literature*

No major anthropological work is done on the Kaolos: there is an unpublished, typewritten *Tagakaolo Kalagan*-English dictionary (by SIL scholars Don and Mary Murray), dated 1983, shared to us by our Matamis missionaries host. There are also a few paragraph-length details given in varied studies (aspects of oral traditions and local histories) {see list in Bibliography} and an important half-page entry in Frank Lebar's edited survey of Philippine/Mindanao ethnolinguistic groups (Lebar, 1975). The best aspect of Tagakaolo culture given some depth of focus so far seems to be on its oral traditions as given in Camposano's studies (2006, 2006a).

### 4 Material culture

Camposano's (2006: 45-46) entry for material culture contain only two categories: 'dress and ornaments' and 'music and instruments'. Under dress and ornaments, *bong* and *tidas* (kinds of women's chemise), the *malong* and the *dagmay* clothings are listed, together with their traditional body ornaments: the *suwat* comb and the *balyog* necklace. Other aspects of their material culture includes: *kapulan* (metal box for their *mamaen* betel), *sukatan* rattan basket as seed container, and the *tikus* leglet. Under 'music and instrument', the following are listed by Camposano: *edel* ('long rectangular wood with three-rounded timber for pounding'), *kudlong* (stringed instrument), *kubing* (bamboo-made wind instrument), and *gong* (brass or bronze-made percussion instrument).

A comprehensive survey, however, of Tagakaolo material culture, beyond patchy listings is still to be undertaken.

### 5 Economic activities

Like many upland indigenous peoples of Mindanao, the Tagakaolos have traditionally relied for their subsistence needs on rotational farming (of native varieties of upland rice and cultivating a range of rootcrops), river fishing, and hunting of some wild fauna (pig, deer, birds) in the forests (see an important study of *kaingin* and other indigenous economic activities in Gloria and Magpayo, 1997). Abaca extraction is a major cash crop for Tagakaolos since the early 20<sup>th</sup> century.

The following description are culled from Camposano's (2006: 44) observation of the economic life of Malita Tagakaolos when she did her study in the area in 2003: the people are mostly farmers who also raise swine and chicken for backyard production; their primary farm produce is corn, supplementing this with upland rice, coffee, abaca, coconut and root crops.

## 6 Political structures and social institutions

Aside from the yet-to-be-published ethnographic notes and studies on the different facets of Tagakaolo society by Emmanuel Nabayra, Jr. (plus several internet entries of varying ethnographic quality), there is a dearth of serious anthropological work done on the social and political processes of Tagakaolo life. Lebar (1975: 62), using the 1960-1965 fieldwork data of the anthropologist Aram Yengoyan, has the following short entry for Tagakaolo, which gives a peek on traditional sociopolitical context of the traditional Tagakaolos:

Synonyms. *Calaganes, Kalagan, Kagan, Laoc, Saka*

ORIENTATION. According to Cole (1913: 159), *tagakaolo* means "those who dwell at the head of the river," a name applied to an estimated 6,000 hill tribesmen in the intermediate area between the western Davao Gulf coast (largely occupied by Kulaman and Moro groups) and the interior uplands (Bilaan territory). At present they are found in the coastal towns of Malita and Lais, **employed as plantation labor**, although aboriginal Tagakaolo still reside in the interior—on the upper tributaries of the Malita, Lais, and Talaguton rivers. Cole (1913: 158) reported a "degraded division" of Tagakaolo, called Laoc, in the Haguimitan Mountains of San Agustin Peninsula, on the east side of the Gulf. A survey of the Haguimitan area in 1961, however, found the region inhabited by Mandaya, with little or no evidence of a former Tagakaolo population. Tagakaolo, together with most other languages of Mindanao, is classed by Conklin (1955c) within his Central Philippine languages group. The aboriginal culture pattern was apparently similar to that of Kulaman and Bilaan with respect to **the special status of warriors** and its association with patron deities and human sacrifice. **Swidden agriculture** is still practiced nowadays in the interior, but corn has supplanted rice as the major staple. With the harvesting of corn two or three times per year, the settlement pattern among the upland Tagakaolo is more clustered than in regions where a single crop is grown. Most **upland settlements are composed of from eight to ten households in close proximity**. Metalwork comes from the Moro or the Mandaya—still recognized as the best metalworkers in Davao. Trade objects are obtained directly from itinerant Muslim merchants. (Emphasis added.)

## 7 Knowledge and practices on health

The following will present a synthetic view of the general patterns that we think can serve as interpretive frame for the health/healing practices of the four indigenous groups that we have studied (Tagabawas, Tagakaolos, Mandayas and Talaingod Manobos; our empirical data for the Mandaya group, however, is more based on secondary materials, pre-gathered collections and information from the *Kamunaan* museum, and less on in-depth fieldwork interactions with indigenous healers).

### ***Schematic themes in indigenous life and health practices***

The set of five meta-categories given in the table below (see the section, Photos, Plates, Tables) is constructed as a working frame in order to approach, organize, and link varied practices and categorizations by indigenous communities, especially those related to health and well-being concerns.

The heuristic frame stands on the initiating idea of the importance of the category 'house' in the Austronesian/Philippinesian civilizational roots. This point is asserted both in the *Pantayong Pananaw* school's emphasis on the study of *bayan/banua/ili* 'community' categories {with Zeus Salazar as a major scholar contributing highly seminal studies along the line of house-society lexico-semantic links: for example, *bayan* is a lexical form of *ba(ha)yan*} and in the observation of Claude Levi-Strauss (in Waterson, 2009) that Southeast-Asian societies should be called 'house societies'.

The main assertions of the heuristic frame are the following: starting from the initiating idea of the central importance of 'house' across diverse ethnolinguistic groups:

1. The wider expansion of the idea of 'house' as dwelling place is, in the context of Mindanao, the category *banua/banwa*, forming a *baloy-banwa* house-world schema.
2. There is a categorial double for the idea of a 'world' in the indigenous worldview, captured nicely in the term *dakel banwa*, 'great world', in the Tagabawa language, in reference to the unseen 'world of the afterlife', the '*kabilang daigdig*' or '*kabilang buhay*' among Tagalogs.
3. The idea of an unseen world among *lumads*, and its many phenomenological descriptions in both emic and etic reports, is better grasped if understood as describing a mode of experiencing this same socio-physical world: the experiencing of it as a world of terrifying, spectral qualities.
4. The two other (maybe more than two) important meta-categories in indigenous life, 'livelihood' and 'spirituality', can also be better grasped in their central conceptual structure if they are lined-up with the meta-category 'afterlife': they are outlining varied modes of relating to the world of realities given in the *baloy-banwa* schema. (See the heuristic and interpretive notes in the B-table of 'Selected ethnolinguistic groups...' table given below.)
5. The concerns of the indigenous communities we have studied relative to 'well being', 'health concerns', 'afflictions', and their culturally-linked concerns with 'livelihood',

'food', and 'having a good life' (*maganda*/beautiful and *maginhawa* {literally, 'breathable' and also 'loving', based on the Manobo and Mandaya categories})—all these can be structurally understood if juxtaposed with the given heuristic frame. (See the table below: 'Where is the concern with health...')

6. The ubiquitous concern with spirits and their role in indigenous construal of 'sickness' and 'afflictions' can also be framed well and grasped of its probable logic if linked to the constructed heuristic frame.

From the above perspectives, one sees why indigenous peoples' notions relative to 'health' (and plant use) are substantively linked to their dual (a) socio-economic concerns with food and livelihood and (b) psycho-ecological concerns with the 'spirits' and hope-emphasizing 'spirituality.'

The general pattern emerging from this approach in making sense of *lumad* views on health appears to be this: that while positive aspects of health and well-being are of this side of the 'world' (*baloy-banwa* dimension), and its major concerns with 'good food', 'good house', 'good work', and 'good air' (a *ginhawa*-as-love or 'loving atmosphere'), major health related disturbances—sickness and afflictions—are construed as coming from the 'other world': the 'world of images and specters'.

## 8 Traditional healers

Traditional healers among the Tagakaulo are divided into three, the *mamulongay*, the *mananamok* and the *anitoan*. An individual can be both a *mamulongay* and *mananamok*, but some specialize in only one of these roles.

### *The mamulongay*

The *mamulongay* among the Tagakaulo are the general practitioners who heal and help maintain the wellbeing of their patients. They use both plant and non-plant resources in their activities. Most of the informants said that their capacity to heal was acquired through traditional training and by observing the healing practices of other *mamulongay*, especially those who are members of their own family. However, other *mamulongay* say that they developed their abilities after undergoing near-death experiences, from which they had to medicate themselves.

It is worth noting that among the Tagakaulo, a health program called *Alagad sa Panglawas* was instituted by the Catholic Church in Malita to train traditional healers and birth attendants in biomedicine. Some of these trained *mamulongay* and *mananamok* now work as *Barangay Health Workers* at their *Barangay Health Centers*.

The *mamulongay* can be either a man or a woman.

### ***The mananamok***

The mananamok is the Tagakaulo's traditional birth attendant or midwife. They are mostly female who are mothers or have undergone childbirth themselves. Some mananamok refer to this personal experience as the point wherein they began assisting other women in childbirth. Others would say that they learned how to be a mananamok by observing their relatives', sometimes the mothers', activities. They also acquire their knowledge of healing plants by observation. The mananamok, just like the mamulongay, use both plant and non-plant resources in their healing practices. One can be both a mananamok and mamulongay.

At present, the mananamok of the Tagakaulo are apprehensive about being caught practicing outside the purview of the government. For this reason the mananamok themselves regulate and control their practice.

### ***The anitoan***

The most powerful and effective healers and birth attendants are called anitoan by the Tagakaulo. Healers who are anitoan are believed to possess an *anito* or spirit guide who directs the anitoan in his or her healing practices. It is believed that the anitoan can access his or her anito through dreams, and that the nature of afflictions and their management are made clear in these dream episodes.

## ***Profiles of healers and traditional birth attendants***

### ***Divina Salipad Monan***

Divina Salipad Monan lives in Sitio Kitulale, Kilalag, Malita, Davao del Sur. She is 54 years old and works as Barangay Health Worker. At the same time, she sells dried fish and farms corn and vegetables.

Divina is both a mamulongay and a mananamok. After observing her mother, who was also a mamulongay, she began healing at the age of 17. At age 42, she started attending births. In 1995, she trained as a Barangay Health Worker under the Alagad sa Panglawas program. She currently combines traditional plants and biomedicine in healing.



### ***Victoria Ampan***

Victoria Ampan, is a farmer from Sitio Kitulali, Barangay Kilalag, Malita, Davao del Sur. At the time of our interview, she estimated her age to be 74. She farms different crops such as coffee, coconut, and durian for her and her family's own consumption.

Victoria is both a mamulongay and a mananamok. The former ability she acquired after observing her grandfather and one of her cousins, who were mamulongay. After her marriage and she delivered her firstborn on her own, after which she started practicing as a mananamok. She says that acquiring these abilities was convenient since they live far from any hospitals or health centers. Until now she still assists in childbirth. She has clients who live as far away as Davao City, five hours away from her current location.



### ***Alicia Sabigla***

Alicia Sabigla is a 73 years old a farmer who resides at Sitio Binacalan, Barangay Pinalpalan, Malita, Davao del Sur. She is mananamok or traditional birth attendant. Alicia learned from her mother, who was also a mananamok. She began assisting births around the year 1980. In 1993, she underwent formal training under the Alagad sa Panglawas Program.

### ***Kalimasan Palapan***

Kalimasan Palapan resides in Dimuluk, Malita, Davao del Sur. She estimates her age to be 75. She practices backyard farming and tends pigs and chickens while taking care of her grandchildren.

Kalimasan is both a mamulongay and a mananamok. Her mother began training her when she (the mother) was taken ill and close to dying. Kalimsan believes that each plant has a medicinal purpose, and thus forested areas should be preserved and protected from logging and other forms of environmental destruction.

She delivered and cut the umbilical cord of all of her eight children on her own.



### ***Bakleg Ansay Mamundas***

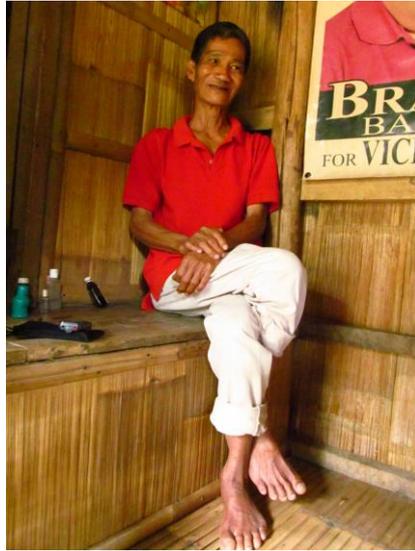
Bakleg Ansay Mamundas, a mamulongay, resides in Sitio Kangko, Dimuluk, Malita, Davao del Sur.

He recalled that there was one year in the late 1970s when he was afflicted with different diseases such as tuberculosis, goiter, rheumatism, and he had difficulty in breathing. The worst affliction was the enlargement of his testicles that rendered him unable to walk. At one point he dreamt of a small woman (*gamay na babae*) and upon waking, he found himself healed and able to walk. This event, in the year 1977, triggered his healing abilities. After this his father would often request that he heal other people. Bakleg Ansay uses lime (*apog*) in treating his patients.



### ***Balabay Diansig.***

Balabay Diansig has been a healer for almost 15 years now. He is 70 years old, farms for a living, and resides with his wife and two children. He is also a Roman Catholic. He says that he uses medicinal plants in his healing but he cannot disclose their names nor their functions. He also says that his healing techniques come from his dreams.



### ***Ingad Bandala.***

Ingad Bandala lives in Matamis, Dimuluk, Malita, Davao del Sur. For a living, she farms and tends pigs. She is a Roman Catholic and a member of the local Gagmay Kristohanong Katilingban (GKK or Basic Christian Community). She lives with her daughter and her daughter's children. Ingad is a mamulongay who started healing after she got married. She is also known for her knowledge of *ubaten*, or Tagakaulo epics, which are traditionally sung. However, a mild stroke affected her speech pattern and ability to sing.



***Mayonan Malagante Bansila.***

Mayonan lives in Upper Malandog, Dimuluk, Malita, Davao del Sur along with her husband and six children. She estimates her age to be around 60 years. She is a Roman Catholic.

Mayonan is both a mananamok and mamulongay. She told us that she started her healing practices at around 20 years of age, and that she acquired her skills from her sister, who was also a mamulongay and mananamok.

She charges a small fee for her abilities: Php 20.00 for a traditional massage (*hilot*) and Php 50.00 for delivering an infant. She also grates corn to be sold in the lowland.



***Tyana Laginan.***

Tyanan Laginan is a mamulongay from Sitio Kangko, Dimuluk, Malita, Davao del Sur. He is 64 years old. He was born in Tabunan, Sarangani, to a Blaan mother and a Tagakaulo father. He transferred his residence to Davao del Sur in 1986, and currently lives there with two of his children. Three other children now live in Davao City. His ability to heal came from his grandmother. He also uses plants in his healing practices.



***Clarita Inantay Gonzalo.***

Known to many as Claring, she lives in Sitio Lunao, Brgy. Pinalpalan, Malita, Davao del Sur. She tends a small farm that is enough for their own consumption.

Claring is both a mamulongay and mananamok. She started healing when she was still in her 30s. Her teacher was Buyag Liwawa, whom she believes to be an anitoan.



## Tables

Selected Ethnolinguistic Groups and Key Indigenous Categories Pertaining to Life and Living (A)						
Ethnolinguistic Groups	Meta-categories and local terms					
	Bahay HOUSE	Pamumuhay LIVELIHOOD	Daigdig WORLD	Kabilang-buhay AFTERLIFE	Pananampalataya SPIRITUALITY	Other terms related to health, healing, and others
	The following can serve as a lumad meta-category translating the above concepts:					
Lumad	BALAY	KAOYAHAN	BANWA	INGOD TO GIMOKOD	PANUBAD	
Tagakaolo	<i>balay</i>	pag- <i>uya</i> , pag- <i>eyya</i> (Bis. 'pamuyo'; pag-puyo; uya, eyya, puyo, cf. Manobo, ugpa—lahat, maisasalin. sa literal, na pag-tira-sa-bahay (kalagayan-sa-bahay); Kaolo: 'mano ya pag-uya mayo don' = kumusta ang pagpuyo/panginabuhian ninyo diha? = kumusta ang iyong pagtira, kalagayan-sa-buhay/bahay?)	<i>banwa</i>	kilot ('laing kalibutan' = 'ibang daigdig', ginagamit ng mga dating pari para sa impiyerno'), tas na lupa (kabilang daigdig)	<i>panawag-tawag</i> (tawag = Manobo, tubad; pagsasalita, pakikipag-usap), pangintuu	magpamulong (bulung = gamot), anituwan ('may anitu'; manggagamot); magkedel (sakit)
Tagabawa	<i>bale</i>	kangayan ka kantayan ('makunan ng ikabubuhay'; kantayan, Tag. <i>buhay</i> , ikabubuhay)	<i>banwa</i>	dakel banwa ('puy-anan sa nangamatay') (sa literal, 'malaking bayan')	<i>panubad-tubad</i> : 'ang pagtuo sa lumad, nga sa pagtan-aw niya sa kalibutan, anaay nagmugna ug sagrado, pasabot, girespetuhan kay dili binuhat sa tawo' (ang paniniwala ng lumad, pagtingin niya sa daigdig, na may naglalang nito, sagrado, dapat respetuhan dahil hindi ito gawa ng tao)	bogok (sakit); ginawa (hininga, pag-ibig); mabalian (mag-papaanak), tara-ilos (hilot).
Pantaron Manobo	<i>baloy</i> , tuluhan	kaoyahan, katubungan (magandang buhay, mapayapa, walang problema sa pagkain)	<i>ingod</i> , <i>kalibutan</i> (sanlibutan = 'isang pag-libot', kabilogan)	ingod to <i>gimokod</i> (sa literal, 'daigdig ng mga larawan')	<i>panubad-tubad</i> (sa Magbabaya)	goinawa (hininga, pag-ibig); <i>balyan</i> (manggagamot, tagapagsagawa ng ritwal)
Mandaya	<i>balay</i> , bay, ballay; bunsali, abat (in dawot)	talaba(h)o, kaballagan, pyagkugi(h)an ('pagsisikap'), pyagkaya, pyag-agos (paghahanap ng ulam/makain)	katadman, <i>kalibutan</i> , pullo, <i>banwa</i> , liwagan, lugar	'naa lang dinhi, tapad lang nato, pero dili makit-an kay espirito man' (dito lang sa tabi, pero hindi makikita)	pagtuo, <i>pagtaya</i> , pagkamatinaon, matinumanon, naghigugma sa abyan nga nagbaya; <i>panawag-tawag</i> ('offering of drinks, lighting of candles, burning of incense, or offering chicken blood')	<i>balyan</i> (manggagamot)
Blaan	<i>bali</i>	det gu mwe kakaan?' (saan ang makunan ng makain?), 'det galabek dad to?' (ano ang kadalasang trabaho ng mga tao dito?)	bong <i>banwe</i> , bong kabanwe	ang dautan nga tawo, ginaingon nga mupaingon sa ilalom sa yuta (mule lam <i>tanu</i> , 'ilalim ng lupa'), lugar ni Blagul (ug ni Se We, daghan siya totoy, kay sa iya katotoy ang mga bata nga mamatay); ang maayo ug dinaugdaug kuhaon, i-rapture, paadto kay Fye We' ('ang masasama, pupunta sa Kailaliman, kay Blagul, ang mabubuti, kukunin ni Fye We, dadalhin sa <b>Kalawakan</b> )	kaftoo, <i>kdasal</i> , dasal (katulad ng Tagalog na dasal)	

With translation inputs from friends: Kerlan Fanagel (Blaan), Prof. Emmanuel Nabayra, Jr. (Mandaya), Benito Dawsay, Teody Mansimuy-at (Pantaron Manobo), Matet Gonzalo, Raquel Mandaya (Tagakaolo), Tio Monico Cayug (Tagabawa Bagobo)

Selected Ethnolinguistic Groups and Key Indigenous Categories Pertaining to Life and Living (B)					
Ethnolinguistic Groups	Meta-categories and local terms				
	Bahay HOUSE	Pamumuhay LIVELIHOOD	Daigdig WORLD	Kabilang-buhay AFTERLIFE	Pananampalataya SPIRITUALITY
	The following can serve as a <i>lumad</i> meta-category translating the above concepts:				
Lumad	BALAY	KAOYAHAN	BANWA	INGOD TO GIMOKOD	PANUBAD
HEURISTIC AND INTERPRETIVE NOTES	The linguistic form BALAY is the most stable across areas; the concept may translate well as house = <b>dwelling place</b> ; as <i>tuluhan</i> , <i>torogan</i> (Maranaw; Tag., ' <i>tulogan</i> '), it is the place where one 'sleeps and rests': a <b>moving-and-resting place par excellence</b> )	The terms <i>oya</i> / <i>eyya</i> may be related to the forms <i>puyo</i> (Bis.) and <i>ugpa</i> (Manobo); the underlying concept may translate well as <b>place-condition-means of living</b> or the house as 'life-place': if the house is the foundational space, <i>ugpaan</i> / <i>kaoyahan</i> describes the <b>quality</b> (living a 'beautiful life') of that living-resting-place house.	Banwa/ingod is <b>the larger dwelling place enwrapping the life-place of the house</b> : it is a 'life-world', defining both (a) the sphere where one does life in the broadest sense, and (b) the world as a <b>breathing-caring (ginawa/goinawa), living-and-life-giving sphere</b> (cf., 'life' as <i>umo</i> , in Obo Bagobo (Cabazares and Tampos, 2013), with its <i>it-is-alive-if-it-gives-life</i> logic).	Either as two linked worlds (two-sided worlds: this-side and the-other-side or the-seen-world and the-unseen-world) or three (the 'other world' is divided again into 'world-below' and 'world-above'), the idea of <i>banwa</i> and <i>dakel banwa</i> , is perhaps well conceptualized as the same earth-world seen from different angles (or emphasizing different dimensions): its socio-material aspects ( <i>banwa</i> ) and its symbolic-affective-virtual aspects (featuring spectral qualities and sensed images: 'the world of <i>gimokod</i> -images').	The ghostly, spectral world of the <i>dakel banwa</i> is re-experienced in this domain as a world of faith-evoking contingencies, prompting one to think of <b>the world as a person-to-talk-to</b> (or a person to call from the depths of one's <i>ginawa/loob</i> ); this is perhaps the basic sense of <i>panubad-tubad</i> or <i>panawag-tawag</i> practices.
	The three categories ( <i>balay-oya-banwa</i> ) can be diagrammed as two concentric circles of an expanding/deepening living space, with its mode marked by a third category <i>oya</i> ('mode of living').	The idea of an other-world/ <i>kabilang-buhay</i> is, therefore, a second qualitative handling of the <i>balay-banwa</i> : <i>gimokod</i> -thinking as a second <i>oya</i> -mode, the world as full of potent spectral entities. It is the <i>ginawa/luot/loob</i> that senses this dimension of the everyday world, sometimes accessing this in dreams. Imagine the diagrammed life-circle as split into two when everything in it is suddenly infused with spectral qualities: this splitting is the very sense of <i>buhay-kabilang-buhay</i> mode of thinking.	Perhaps in its germinal design, <b>the indigenous world portrays an expansive <i>balay-banwa</i> world experienced thrice</b> : (a) as a caring sphere where one moves and sleeps, (b) as a terrifying place where almost everything in it, and even itself as a whole, can be seen as both having familiar and deathly, spectral dimensions: a world where unseen and half-seen forces and powers are ascendant in our senses, and (c) as a world-person to talk to.		

Where is the concern with health and well-being located in the <i>balay-banwa</i> frame?				
Bahay HOUSE	Pamumuhay LIVELIHOOD	Daigdig WORLD	Kabilang-buhay AFTERLIFE	Pananampalataya SPIRITUALITY
<b>Dwelling place:</b> place where one moves (sit, stand, work, eat, drink, walk around, breathe and love (as <i>ginawa/goinawa</i> ), sleep, dream, think)	Describes the <b>quality</b> of that living-resting-place house (living a 'beautiful life'/magandang buhay): <b>mode of living</b> . <b>First mode</b> of experiencing the house-world: as a <b>caring sphere</b> where one moves and sleeps.	<b>The life-world enwrapping the house:</b> (a) the sphere where one does life in the broadest sense, and (b) the world as a <b>breathing-caring sphere</b> . The expanded 'house'.	<b>Second mode</b> of experiencing the house-world: as a <b>terrifying place</b> where almost everything in it, and even itself as a whole, can be seen as having deathly, spectral dimensions.	<b>Third mode</b> of experiencing the house-world: as a <b>world-person to talk to</b> .
<b>Indigenous views on well-being and health: (a) what makes a good life (<i>magandang buhay</i>, <i>kangayan ka kantayan</i> {Tagabawa Bagobo}, <i>katubungan</i> {Pantaron Manobo})? Satisfying one's objects of thought/desire for each domain...</b>				
'magandang bahay'	'laging may mapagkukunan ng pagkain', 'maginhawang buhay'	'magandang lupain'	'magandang kamatayan'	'pagmamahal ng may-kapal' (ginawa ng Manama {Tagabawa Bagobo}, goinawa ng Magbabaya {Pantaron Manobo})
<b>Indigenous views on well-being and health: (b) what obstructs the making of a good life? Afflictions coming from...</b>				
			<p><i>The center of gravity of indigenous concerns with sickness and afflictions appears to be located in this domain.</i> The world-body is experienced as subject to intrusive, malevolent forces and dangerous powers.</p>	

The *busaw-force* of *Ingod-to-Gimokod* (IG) {spectral-world} is seen as actively seeping into the **house-world** and challenges its *kaoyahan* {mode of living}. This explains why the central figure of the IG-domain, the **balyan**, who officiates agricultural rites is also the figure of healing and medicines.

## 9 Materia medica

The study was able to document a total of 144 plants and 9 other natural products, 11 traditional healers in the community. The appendix lists the scientific name, local name/s, common name, its indication, part/s used, preparation, and direction for use and the plants actual photo if available. Although our sampling practice is unsystematic, our data-sets and ethnographic interview data show that some plants (a) are utilized more frequently than others in varied afflictions and/or (b) are given more symbolic importance than others.

Based on the name's frequency mentioned in the collated set of listed afflictions provided us the rough idea of the possible 'top-ranking' of plants and non-plants utilized by respondents of each area. Therefore, led to the top 3 frequently used herbal plants in various afflictions which included: taginosa (*Villebrunea rubescens* (Blume) Blume), kamogna (*Acorus calamus* L.), and kisol (*Kaempferia galanga* L.).

Most of the preparations are made from single plants and are prepared by boiling (decoction) and (infusion), and are taken orally or applied as poultice.

Physical concerns with highest range of multiple cures (top 5) documented were bleeding, diarrhea, post-partum relapse, fever, and cough.

If a more rigorous sampling is done with this pattern in view, it opens up the interesting question of the ecological and cultural factors that serve as basis for the emerging ranking.

Again, although our sampling practice is unsystematic, it is interesting to observe some commonalities and differences in the kinds of afflictions given importance by our informants on the basis of their memory-based responses to our simple question, 'what are the illnesses and afflictions in their area and what plants are utilized for their treatment?'

The study also documented (4) local illnesses and conditions, and (1) ritual done in the community.

## Concluding Points

*How the community can make use of the research*

Area/Ethnicity	Important area features	Health Needs	Can research help? In what way?
Malita (Tagakaolo)	Areas visited have high literacy rate	Health materials for the community	Protection of key medicinal plants
Todaya (Tagabawa)		Guidebook on useful plants for illnesses	Advocacy and teaching materials for their school
Makilala (Tagabawa)	Has Brgy. Health Clinic, midwife; near the town, access to market; limited sources of herbal, plant		Data will help NGOs working in the community
Lokatong (Tagabawa)		Technical needs in establishing their herbarium; materials for herbarium	
Talaingod (Manobo)	Far from the central town	Hygiene, Basic health training	Scientific plant identification; capsule and syrup making, ointment
Mati (Mandaya)		Kamunaan museum (Atty. Al Aquino): scientific plant identification	

The table above lists a sample of health needs and some possible intervention responses

KEY **INDIVIDUALS** IN THE COMMUNITIES ARE CONTINUING **PARTNERS** (OF UNIVERSITY-BASED RESEARCHERS) IN DOING SUSTAINED DOCUMENTATION, PROCESSING, AND APPROPRIATION FOR **VARIED USES BY THE PEOPLE** OF THE GROWING DATA

It is important to underline the **evolving nature** of the research

that can be undertaken as take-offs of this study.

As mentioned in the opening chapter, this study is conducted with a long-term view of a healthy interaction between knowledgeable villagers and academe-based individuals who are committed to forging closer bonds with the struggling indigenous communities. The

DOCUMENTATION OF PHILIPPINE TRADITIONAL KNOWLEDGE AND PRACTICES ON HEALTH AND DEVELOPMENT OF TRADITIONAL KNOWLEDGE DIGITAL LIBRARY ON HEALTH FOR SELECTED ETHNOLINGUISTIC GROUPS: THE TAGAKAOLU PEOPLE OF SITIO BIAO, SITIO BINACALAN, AND SITIO LUNAO IN BARANGAY PINALPALAN; SITIO KITULALI AND SITIO KYASAN IN BARANGAY KILALAG; SITIO MALANDOG AND SITIO KANGKO IN BRGY. DIMULUK,

evolving nature of this kind of research should result to a continuous checking and rechecking of the data, assumptions, and interpretations in the course of any collaborative

IF FOLKS DO **HAVE LIVING KNOWLEDGE AND ACCESS** TO USABLE PLANT SOURCES (LIKE THE MANOBOS LIVING NEAR THE PANTARON RANGE), WHY ARE THEY **STILL ATTRACTED** (PERHAPS EVEN CONSIDERING AS MORE EFFECTIVE) **TO USING NON-INDIGENOUS, COMMERCIALIZED MEDICINES?**

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An observed disjoint in folks' knowledge and behaviour might just be overtaken by the **development of new attitudes** if there is a continuing shared activity between villagers and academe-based researchers

works on the theme of local history and cultural analysis for community self-knowledge.

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