Documentation of Philippine Traditional Knowledge and Practices on Health and Development of Traditional Knowledge Digital Library on Health

FOLK HEALING PRACTICES of SIQUIJOR ISLAND

TERMINAL REPORT

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PROJECT SUMMARY

Project Title: FOLK HEALING PRACTICES of SIQUIJOR ISLAND: Documentation of Philippine Traditional Knowledge and Practices on Health and Development of Traditional Knowledge Digital Library on Health

Implementing &

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SUMMARY

An ethno pharmacological study of the Siquijor Island in the communities of Mount Bandilaan was conducted from September 2014 to July 2015. The 10-month study include documentation on the indigenous local healing practices and ethnopharmacological knowledge of the communities. The study on the health-seeking behaviors, cultural conceptions on health, illness, curative resorts and efficacy of curative resorts was also included in the study.

There are eight (8) healers who served as the main source of information on herbal plants while the community validated and shared their practices. Both the healers and the community consented to share their knowledge except for two plants which are believed to be harmful if not properly managed.

Data gathering was done through walk-through activities, key informant interviews, focus group discussion, survey, participant-observation, community-education workshop, community validation and consent. Prior to the conduct of the research, a consultation was done and a formal Informed Consent in the dialect was also secured from the respondents.

A total of 218 plants, cave minerals, insects e.g. cockroaches, marine resources e.g. corals, shells and octopus, naphthalene balls, sugar, honey, ashes, coconut wine, lemon, onion, garlic, bell pepper, carrots, red corn and corn rice are used for healing rituals and practices. Dominant plant families used for healing are Apocynaceae, Euphorbiaceae, Lamiaceae, Rubiaceae, Fabaceae and Zingberaceae.

I. INTRODUCTION

The Documentation of Philippine Traditional Knowledge and Practices in Health and the Development of a Digital Library on Philippine Traditional Knowledge and Practices in Health was conceived in recognition of the wealth of traditional health knowledge held by indigenous and local communities and in response to its loss due to various factors. The program aims not only to establish an inventory to preserve the country's national patrimony but seeks to uphold each individual and/or community's right to the healing knowledge they and their forbearers have cultivated.

Known as the mystic island, Siquijor became a point of interest for researchers. According to Miquiabas (2008), the folk healers of Siquijor are considered as mystics as they continuously seek assistance/guidance from the spirits/supernatural beings in healing their clients. Previous anthropological studies done in Siquijor described folk healing that utilizes certain plants in the preparation of decoction for both healing and sorcery but most of them emphasized the mysticism and religious aspects only.

The Land and the Climate

Siquijor is known as the mystic island of Central Visayas. It is the southernmost island in the Visayan Island Group. It is about 30 kilometers southeast of Negros Oriental and about 50 kilometers from the closest point of northwestern Mindanao. The Tañon Strait separated it from the islands in the northwest, the Sulu Sea in the southest and the Mindanao Sea in the South. It has six municipalities namely Larena, Siquijor, San Juan, Lazi, Maria and Enrique Villanueva. Siquijor is the capital and commercial center of the province.



Siquijor island is 133 sq mi/344 sq km. Fishing is its economy's primary industry and land use is primarily agricultural.

The climate of Siquijor like most of the country is tropical. It is dry from January to May and west for the rest of the year. Annual rainfall is 1,000 to 1,300 millimeters with November having the heaviest rainfall and April having the least. Siquijor has an average temperature of 29°C and a humidity of 78%.

History

According to legend, Siquijor was not part of the islands of the Philippines. One evening, a strong earthquake and thunderstorm occurred and flashes of blinding light laced the sky. While the sea raged, the ocean's womb gave birth to an island. It is said that even today, farmers in the mountains of the island still find giant shells beneath the surface of their farms as proof that the story about Siquijor's birth really happened and not just folklore. Soon after its birth, the island was said to be covered in Molave trees locally known as *tugas*, earning the name *katugasan*.

Molave trees are said to be the home of the fireflies and at night, the trees are lit by these tiny creatures. The Spaniards who were exploring the Visayas area at that time noticed this nocturnal scene and called the island, *Isla del Fuegos* or *Island of Fire*. The island's evening glow aroused the curiosity of the Spanish explorers.

The island was first sighted by the Spaniards in 1565 during Migule Lopex de Legaspi's expedition. Since then, the island came under Spanish rule and the present municipalities, with the exception of Enrique Villanueva were established as Catholic parishes. In the years after 1877, more parishes were founded by the Augustinian Recollect priests.

Old Chinese antiquities have been discovered in the caves of the island, which suggest an early trade with the Chinese merchants and numerous neighboring islands.

Demographics

According to the 2000 census, there are a total of 81,598 Siquijodnons, as the residents of Siquijor call themselves. This makes Siquijor the 3rd smallest province in terms of population. It has 17,351 households with an average household of 4.7 persons. The annual growth rate is 2.19% lower than the national growth rate of 2.36%

Study Communities



Mt. Bandilaan is the highest peak of Siquijor island towering 557 meters above sea level. It is also a protected nature reserve which became one of the well-known hotspots of the island. In terms of folk healing, Mt. Bandilaan is also considered the main source of

herbal plants used for healing. Culturally, this is also the place where the traditional healing festival is done during Holy Week. Hence, there are more traditional healers found in the place than in some other municipalities.





Mt. Bandilaan, undeniably the seat of all herbal gathering activities and predominantly for healing was chosen and the four barangays where the known healers are found became the study communities. These are barangays San Antonio, Cantabon, Cangmatnog and Ibabao with a population of 690, 477, 186 and 252 respectively. The people are mostly Roman Catholic.

Methodology

A consultation with the local leaders (barangay captains) was done to verify the data on healers secured from the Tourism office. After the verification, the healers (not gatherers) were identified based on the local people's actual knowledge of the healers' capabilities. Some healers who were identified were not included in the study due to the local community's perception that they practice "witchcraft".

A formal launching of the project with the barangay officials and the constituents was held where the nature and purpose of the research project was explained. The cooperating institutions, local leaders, mayor and governor all gave their commitment while the study communities and healers gave their informed consent.

During the study, some healers who consented refused to be photographed and documented in videos but they cooperated all throughout the project duration in sharing their local healing knowledge and practices.

Several methodologies were utilized in this project. These are:

- 1. Walk-through
 - A series of walk-through activities was done in the photo documentation of the actual plants used and gathered by the healers.
- 2. Key Informant Interviews (KII)
 Interviews key informants (healers) were done on a regular basis depending upon the availability of the respondents.
- 3. Focus Group discussion (FGD)
 In the study on community conceptions on health and illness, curative resorts and efficacy of curacy resorts, FGD was done to supplement the data gathered from the survey.
- 4. Survey
 - Survey was conducted to obtain data on community conceptions on health and illness, curative resorts and efficacy of curacy resorts.

- 5. Participant-Observation
 Daily community stay gave the researchers the chance to observe the community specifically in the health practices, healing rituals and healing practices.
- 6. Community Education-Workshop
 As part of the activities, the communities had a health education seminar then a
 workshop on the community's health activities and healing practices.
- 7. Community Validation and Consent After all the plants were listed, these were presented to the community for validation. Consent to share their local knowledge and practice was also secured. A discussion on Intellectual Property Rights was done before the validation and consent was conducted.

II. COMMUNITY HEALTH CONCEPTIONS AND PRACTICES

A field research on ethno-medicine in Siquijor island by Kazutoshi Seki supplemented the research of Mascunana. However, Mascunana's research focused on the combination of traditional healing practices with spiritualistic techniques and not solely on the identification of the local plants utilized by the community for health and wellness.

A 1971 study by Pontenila and Reynolds on sorcery in the framework of medicine on Siquijor island, they revealed that people go to two types of referrals for their sickness, the medical doctor if they believe their illness is due to natural causes or the folk healers (mananambal) if they believe is due to supernatural or causes or sorcery. After almost thirty years, Macunana et. al.,(1999) conducted a similar study on the shamanistic folk healers of the island who use concoctions of local herbs and spiritual techniques to cure diseases. Among the plants identified are alipata (Excoecaria agallocha), badyang (alocasia macrorrzhiza), bagacay (schizostachyum dielsianum), balalanti (macaranga tanarius), balikbalik (croton sp.), gabi (colo cassia esculenta), gusoguso (euphorbia tirucalli0, kanomay (diospyrus multiflora), mangungkong (celtis luzoniza) and sorosoro (euphorbia neriifolia).

A recent study by Mansueto, et. al (2012) presents the beliefs and practices of the local people which may unconsciously help protect the natural ecosystems such as the Senora River in Lazi, Siquijor. In an interview with the local healer, some of his concoctions were derived from the riparian area of the river such as *pangagos*, *hambalante* and *bangkunayong kumalon* (tree). Based on his descriptions, these plants belong to at least two families including *Family Moracae*.

Health seeking behaviors

In seeking for help when ill or not feeling well, the people first try to do the healing by themselves using herbal plants. If nothing happens, they go to the *mananambal* or healer. Doctors or hospitals are the last resort. However, they can do both ways, they simultaneously go to the healer to seek help and the doctor for medical help. If there is no progress in the condition, they refer to the mananambal again believing that if science could not help them; there must be another cause for the illness.

Cultural definitions of health and illness

There are two statements that constitute the respondents' belief on the relationship of health and happiness. Instinctively or by observation, respondents believe that happiness and health are connected as shown by their concurrence to the statements "A healthy person is always happy" and "A person who has no ailment is happy". Regarded by social scientists as fatalistic or non-rational, nonetheless, respondents believe that healthy people do make plans whether short or long-term or what are called as "pangandoy" or yearnings. A sick person is so engrossed in his sick condition that he has no time or motivation to look beyond his illness.

Three related statements refer to respondents' conception of health as a condition that allows one to work hard, and fast, with stamina, and sustained. These are: A healthy person can sustain walking, works very fast, not indolent, and can lift heavy objects. Healthy people also have appetite to eat. They eat a lot. They have no sleeping problems. Socially, a healthy person can carry on social relationships with other people and join community activities as well.

Curative resorts

Curative resorts are treatment choices available to an individual upon the onset of illness, e.g. traditional curers (i.e., *hilot, mananambal*, etc.), modern curers (i.e., doctors, nurses), or self-medication.

The curers or curative resorts reside in the area where the afflicted persons live; because of this, they know each other. Consequently, the sick persons have trust and confidence in the curers' ability to cure. And since the curative resorts and the people in the area are familiar with each other, the former could readily be called by residents in the area for treatment. These are the first reasons why, according to them, the traditional way of treatment is relevant or appropriate in the area.

The second reason is economic. People spend very little in the sense of not being charged with professional fees, but are only asked for donation; in addition, the medicines, most of the time, are found just around the area, or are made available by the curers themselves.

The third reason refers to the integrity of the medications used. The medications, most of which are herbal, have been handed down from one generation to another, from the older to the younger members, from one community to another. To these people, the healing effects brought by these medications have remained undiminished even with the passage of time. According to respondents, the medicines used are really for the illness felt by the patient, especially those illnesses which to their belief are caused by supernatural beings and vengeful people. This belief is validated in their own experiences and observations, since treatment is done in front of everybody from generation to generation, up to the present. That is why they can vouch for the traditional medical system. The respondents cannot see or say these things with regards the modern doctor.

It can be said, therefore, that people have firm belief in their traditional medical system, and this belief is reinforced by their difficult economic situation.

Efficacy of curative resorts

With regards relevance of curative resorts alone, respondents profess a loyalty to traditional medicine. In the first place, it is delivered in their own language within its own peculiar context. Modern treatment and pharmacopoeia are studied and understood by doctors of medicine and other health personnel like the pharmacist or the nurse using technical language; more often than not, this knowledge is not shared with the lay men in their own terms. In the second place, the modern health personnel are the only ones who frequently witnessed with their own eyes the dramatic effect of modern medicine; thirdly, the doctor and patient relationship is not a community affair because of ethical considerations like privacy for the patient and confidentiality. All of the reasons could not be said about the traditional medical system.

Although people profess about the efficacy of modern curative resorts, they still use their traditional curative resorts which dispense herbal medicines, because of their relevance to their situation. This means that people have confidence in their own medical system, and being cash-strapped, only traditional medicine and its medicinal herbs could be reached or afforded by them to cure their ailments. Quoting Pontenilla et al. (1971:95), "...folk practitioners meet the need for low cost and convenient 'medical service'. ...the mananambal, mananabang, herbolario and manghihilot are considered friends of the people who try in some way to help them in sickness, injury, or death...folk healers often give explanation to natural occurrences which the people cannot understand...".

When it comes to efficacy, respondents attribute it to modern medicine. One statement says that the modern doctor is efficacious in treating difficult diseases with complications, especially internal diseases because he has studied ailments for so many years. In addition, the medicines prescribed are effective against the disease. Plus, the respondents recognize the usefulness of medical equipment being used by medical doctors. For the respondents, the medical doctor is the last resort; if a patient does not get well, they say that it is already the will of God or may be due to supernatural causes.

III. TRADITIONAL HEALERS

Emiliano Tinae Apiag

Tatay Emiliano is from Purok 3 in Barangay Cantabon. He is 72 years old, Roman Catholic and main occupation is farming. He knows four (4) healing practices- himulso, tawal, hilot and tuob. He also knows herbal gathering. He has been in practice for 25 years and knows all 161 different herbal plants that he used for healing.

Tatay started the healing practice in 1989 (47 years old) through a dream about an old man telling him to look under his pillow where he eventually found a "librito" (a small, match-sized book). He was told to open the librito after three days. When he opened the "librito" he found prayers written in Latin, how to do "tawal" healing (healing with the use of saliva and prayer) and a lot more.

His first client is Melicio Tumapon of Tacloban, Siquijor. Melicio would not eat due an unexplainable sudden loss of appetite. It was found that Melicio was "gikalag" (visited by a dead person).

Recently, in November 11, 2014, when he was about to go to sleep, he found two (2) "mutya" (small, round, clear like marble-looking pebbles). Now, he brings along with him his "librito" and the 2 "mutya" wherever he goes.

Albert Caliso Banggos

Albert Banggos is from Purok Asphytophylon in Barangay San Antonio. He is engaged in farming, 54 years old and a Roman Catholic. He knows four (4) healing practices which includes himulso, tawal, hilot and tuob. He is also an herb gatherer. He has been in practices for 20 years.

He started the healing practice using the "tawal" (healing with the use of saliva and prayer) when he was 34 years old in 1994. This gift of healing was openly and freely provided to the people who needed his help. Since the clients got cured, he continued this practice. Another knowledge he learned is on "pangalap" (gathering and identifying herbal plants to be used) which he learned from his father-in-law, Juan Ponce. From then on, he treated a lot of clients coming from various places even outside the island.

He got his certificate on TESDA-KNAS in Kinoguitan Misamis Oriental about CBC Training on Medicinal Crop Production and Processing last May 25-26, 2006.

William Ongue Bolongon

William Bolongon lives in Purok Fortune in Barangay Cangmatnog. He is 70 years old and has been in the healing practice for 20 years. He is a farmer and a Roman Catholic.



He knows four (4) healing practices which are himulso, tawal, hilot and tuob. He is also a mangangalap or herb gatherer.

William's mother is a traditional hilot and his maternal grandfather is a "mangangalap". He started the healing practice after the death of his grandfather who used to bring him along when gathering herbs.

Vicente Bolongon Macalisang

Tatay Center lives in Purok 6 Lansones in Barangay San Antonio. He is a farmer, 68

years old and a Roman Catholic. His healing practices include himulso, tawal, hilot and tuob. He is also a mangangalao or herb gatherer. He has been in the practice for 50 years.

He started at 18 when his father, Basilio Macalisang taught him all about "pangalap" (herb gathering). He also learned his healing skills from his grandfather, Francisco Macalisang and from his brother Hermogenes Macalisang.

He learned about healing when he dreamed that he saw someone handing him the "librita" (small, match-sized



book). It has Latin prayers and information about healing. It was also in his dream that he was instructed to get the "librita" at 8:00 in the evening inside the church of San Antonio Parish (the "librita" was said to be in front of the image of San Antonio). When he opened the "librita", he found out all about healing.

Felinor Quezon Magpiong "Pengkoy"



Tatay Pengkoy is 68 years old, Roman Catholic and lives in Purok Colabyawan in Barangay Iababo.

He practices himulso, tawal, hilot, gipalaktan, sondal and tawas for 28 years. He is also an herb gatherer for 43 years.

He started when he was 25 years old as "mangalalap" or herb gatherer. In the healing practice, he started when he was 40 years old when 5 of his children died. The picture of San Antonio is the reason why he entered the healing practice after he saw it in his dream. In his practice, he is not allowed to eat in the household nor accept anything

from the client within two years.

Gorgonio Lomocso Omoc-oc

Gorgonio Omoc-oc is 77 years old, Roman Catholic and resides in Purok Poinsettia in Banrangay San Antonio.

His healing practices include himulso, tawal and tuob. He is also an herb gatherer. He is an herb gatherer for 57 years as a healer for 37 years.

At 20, he already started joining the mangangalap or group of herb gatherers during the Holy Week's "pangalap" season . He said that at 40, he started as a healer after he learned it from his maternal grandfather at the same time, he said it is a God-given gift. He said he got his skills and knowledge in healing from God.

His first patient was his wife who was then suffering from "bughat" and "hubag-hubag (boils)". It was during her illness that he said that he asked God to give his wife a longer life.

Bienvinido Go-oc Ponce

Bienvenido Ponce is from Purok Gumamela in Barangay San Antonio. He is a farmer. He is a Roman Catholic. Bienvenido has been in the practice for 23 years. He knows himulso, tawal, hilot and tuob. He is also knows herbal gathering.

He started as a healer when his father died. Among all his siblings, he is the only one who was taught and vested with the healing power by his father.

Noel Cordova Torremocha

Noel Torremocha lives in Purok 3, Barangay Cantabon. He is a Roman Catholic, 45 years old and has been a herbalist for 30 years and a healer for 15 years.

He practices himulso, tawal and tuob.

He started as a herbal gatherer of his father in law (Pedro Tumapon). Evenutally, he ventured into the healing practice when his father-in-law died at the age of 80.



He started with "tawal" (healing with the use of saliva and prayer) in 2007. He already entertained numerous clients from different places in the Philippines (Iloilo, Davao, Boracay) and abroad (Germany).

IV. RITUALS AND PRACTICES

Himulso

Himulso is a diagnostic practice used to determine if the cause of ailment is due to natural causes or to an evil doing. In this practice, the healer will firmly touch the pulse in the arm of the person. The beating of the pulse will determine the ailment and the cause of the ailment.

Hilot

Hilot is done to relieve pain and discomfort and return the dislocated/affected bone back to its anatomical place/position.

The *manghihilot* gently massages the affected area with oil until the bone is in place and there is no more pain and discomfort. It may either end up there or *boyo* leaves are placed on the affected part or the healer spits a little saliva on the affected area and the back (between the shoulder blades. Latin prayers is prayed all throughout the ritual.

Gipalaktan

Gipalaktan is a ritual for diagnosis and treatment. It is used to determine the cause of the person's illness and seek forgiveness for any transgression.

It is a way of determining the incident and whereabouts (place, time, person/s/spirit/s involved) before and during the person's illness. The healer prays the Latin prayers calling the "engkantos" to communicate with them in order to determine the person's action that displeased them. The healer then asks for forgiveness in behalf of the person/client and gives the offering to appease the spirits. Either the person/client or the

significant others like family members are the ones to prepare the offerings or leave it to the healer do the entire preparation. The healer then goes to the designate place to do the ritual. He prays and lays the offerings to ask for forgiveness on whatever the transgressions the person/client has done to the spirits.

Sondal

Sondal is a ritual to determine the cause of the person's illness and seek forgiveness. Sondal is like "gipalaktan" but this ritual looks for the specific location where the transgression occurred. An offering right at the site where the transgression is committed is offered to the "engkantos" or spirits is done to seek. It is the healer who prepares the offering. He does this by writing Latin prayers in a piece of paper, then puts it inside the bottle, and blesses it with Holy Water, salt and water. If the person is from another place, the healer sends it so the person has to personally offer and seek forgiveness. This is done to appease and convert the spirits to become Christians.

Tawal

Tawal or blow healing is used for treatment and ward off evil spirits. The healer will do the *himulso* first then prays the Latin prayers. After which, he spits a little saliva at the back or on the area/s where the illness and the pain is felt.



Tigi sa Papel

Tigi sa papel is a diagnostic ritual to identify the cause and culprit of the illness. The person/client will first hold the paper. The healer will get the paper from the person/client and place it on top of the candle until it is covered in soot. Once covered, the healer will wipe it with a wet cloth and wait until the name/s of the culprit or cause of illness is visible to read. Latin prayers are being prayed all throughout the ritual.

Tigi sa Tawas

Togi sa tawas is a diagnostic ritual to determine the cause of illness. The person/client will first hold the tawas to be used. The healer then gets the tawas and places it on the cinder and leave it to melt until a figure is formed. The figure is the cause of the illness. Latin prayers are being prayed all throughout the practice.

Tuob/Palina

Tuob or palina is used to relieve pain and discomfort, decrease body temperature, and relieve from itchiness due to skin allergy. In this practice, the coconut shell is burned until it becomes coal/cinder. The cinders are placed in a pot with a little "sumpa" in solidified form and Holy water from the church. The pot is placed under the chair. The person is made to on the chair where he/she is then covered with a blanket



so that the smoke from the pot is confined inside the blanket. If itchiness is due to skin allergy, a little oil is applied on the affected area or may not do it at all.

Pangalap



Pangalap is the gathering of herbal plants used for healing. The process of gathering plants used in the healing practice depends on the ailment of the person. The "mangalalap" (herb gatherer) only gathers in the morning, facing the South.





2015 Healing Festival

It has been a practice that "pangalap" is done seven (7) Fridays before Holy Week when the healing festival is celebrated. During this festival, preparation of medicines and "sumpa" or protection from evil spirits is being done.











V. MATERIA MEDICA



The research project was able to document 218 plants, minerals from caves, insects e.g. cockroaches, marine resources e.g.

corals, shells and octopus, naphthalene balls, sugar, ashes, coconut wine, lemon, onion, garlic, bell pepper, carrots, red corn and corn rice used for healing rituals



and practices. Photos of the all the plants including its scientific

names, family, local names, description, method of preparation and directions for use are presented as Appendix G (separate book), the healers' background, rituals and practices and local ailments and remedies are presented as Appendices C, D and E while Materia Medica book as a separate Appendix G and Plant Compendium as Appendix F.



Common ailments treated by local healing include hubag (Boil), bughat, gidaot/barang, hilo, kabuhi, pasmo sa kaon/kusog, rayuma, daghanag dugo,





impalatso, kidney trouble, ulcer, cancer, subaw, paak, sakit tiyan, apoy, kuyap, butod-butod sa tilaok, kalibanga, sakit sa dugo (DM), and rayuma.

The most common preparation for remedies are poultice and decoction using a single or combination of plants taken orally just like plain water or applied as poultice. Among the plants commonly used are from families Apocynaceae, Euphorbiaceae, Lamiaceae, Rubiaceae, Fabaceae and Zingberaceae.

VI. PROBLEMS ENCOUNTERED

Different geographic locations, problems on availability of schedules and various priorities prevent some members of the team to fully participate in the research activities. In a few instances when all members are available, weather did not permit the members to travel to the island.

VII. LESSONS LEARNED

Mentoring for neophyte researchers and to an institution striving to improve its research capability could sometimes be a downturn for the team for the lack of full support to the project could leave the remaining members to do the responsibilities by themselves at a very premature time.

VIII. ACCOMPLISHMENTS

The project was able to document the Siquijor folk healing practices of the Mt. Bandilaan communities where most of the plants used by the healers are found and most healers of the island reside. It was also able to disseminate and educate the communities on health and wellness, the relevance of the preservation of their culture and the protection and conservation of their natural resources.

The health service providers were informed and trained on the use of the Digital Library on Health and were given the brochures developed by the project for community distribution. The brochures covered local ailments such as cough, colds, fever, insect bites, wounds and bruises. These were presented in two sets- English language and the local dialect. Another accomplishment is the identification of marine resources which are also used for healing and wellness.

IX. DELIVERABLES

Aside from the brochures and the anthropological documentation of community health practices, the project primarily endeavors to produce two books for publication: (1) Siquijor Materia Medica and (2) Siquijor Folk Healing Practices and Community Health Concepts and Practices in the 21st century to serve as bases for policies and education efforts on the preservation of the local traditional culture and conservation of the natural resources.

VIII. PHOTO ESSAY

















Community Consultation and Launching

















Community Education and Workshop













IPO, Community Validation and Consent Atty. Gilbert Arbon Director, DOST-Negros Oriental









Project Monitoring and Inventory of Equipment Dr. Isidro Sia, Research Consultant Engr. Mario de la Peña, Director- DOST Siquijor

















Digital Library Workshop and Distribution of Brochures Engr. Reinhold Abing of DOST-Siquijor

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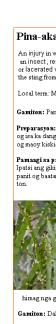
Appendix A

Community Primary Care Practices Brochures (4 sets)



kalabo tigre

Local Healing Practices of Siquijor Island: Mt. Bandilaan Communities WOUNDS BRUISES BITES 2015

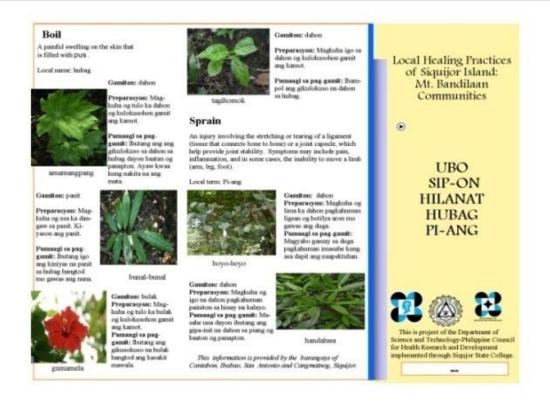


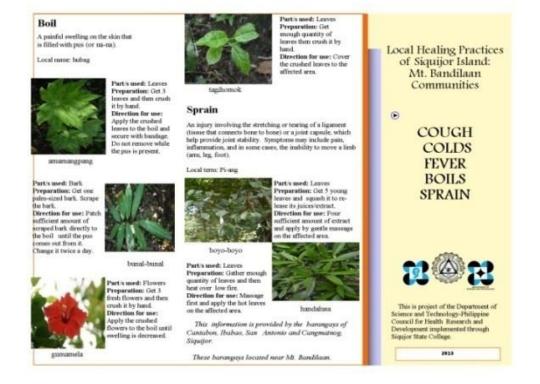
2015

This is a project of the Department of Science and Technology-Philippine Council for Health Research and Development implemented through Siqujor State

Bun-og (Bruise) Pina-akan (Insect Bites) An injury in which the body surface is torn by An injury appearing as an area of discolored an insect, resulting in abrasions, punctures, or lacerated wounds. The bite from fire ants, the sting from bees, dogs, snakes, and homets. skin on the body, caused by a blow or impact Local Healing Practices rupturing underlying blood vessels. of Siquijor Island: Mt. Bandilaan Local term: bun-og Local term: Malala Communities Gamiton: Panit Gamiten: Dahon Preparasyon: Magkuha Preparasyon: Magkuha og 0 og maoy kiskison. Pamaagi sa pag-gamit: Ihampol ang dinokdukan na dahon sa pinaakan. Pamaagi sa pag-gamit: Ipatsi ang gikiskis na panit og baatan og panap-ton. **SAMAD BUN-OG** handilika Gamiton: Sanga og dahon PA~AK Preparasyon: Pigaon ang duga sa sanga og dahon. Pwede pud pinuhon ang sanga og dahon sagol sa This information is provided by the barangays of Cantabon, Ibabao, San Antonio and Cangmatnog Siguijor These barangays are located near Mt. Bandilaan. Pamaagi sa pag-gamit: Ibagnos ang duga sa sanga og dahon sa pinaakan. himag nga gamay Preparasyon: Mag-kuha og isa ka dahon. Dokdukon ang dahon gamit ang bato og pigaon ang duga. This is a project of the Department of Science and Technology-Philippine Council for Health Research Direction for use: and Development implemented through Siqujor State Ibagnos ang duga sa dahon sa piaakan. College kalabo tigre

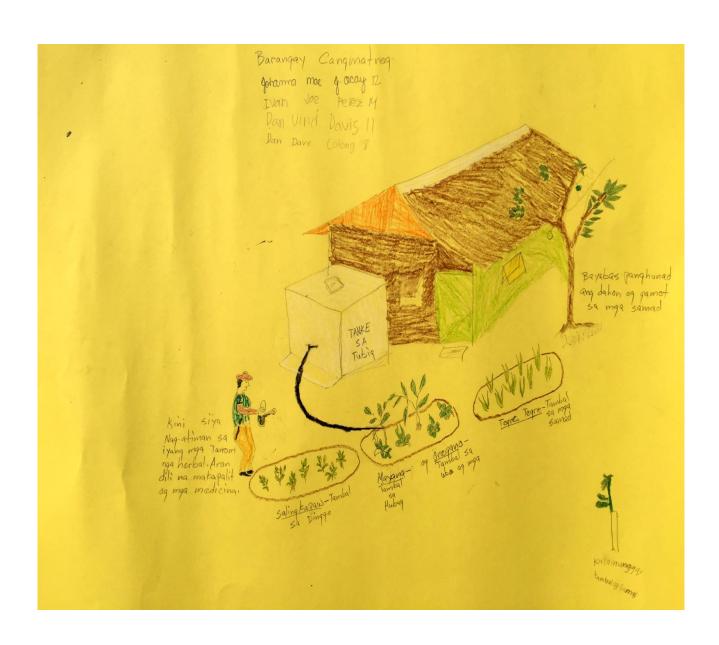
the stone and then squeeze out the juice from the leaf. Direction for use: Apply the juice on the affected area.

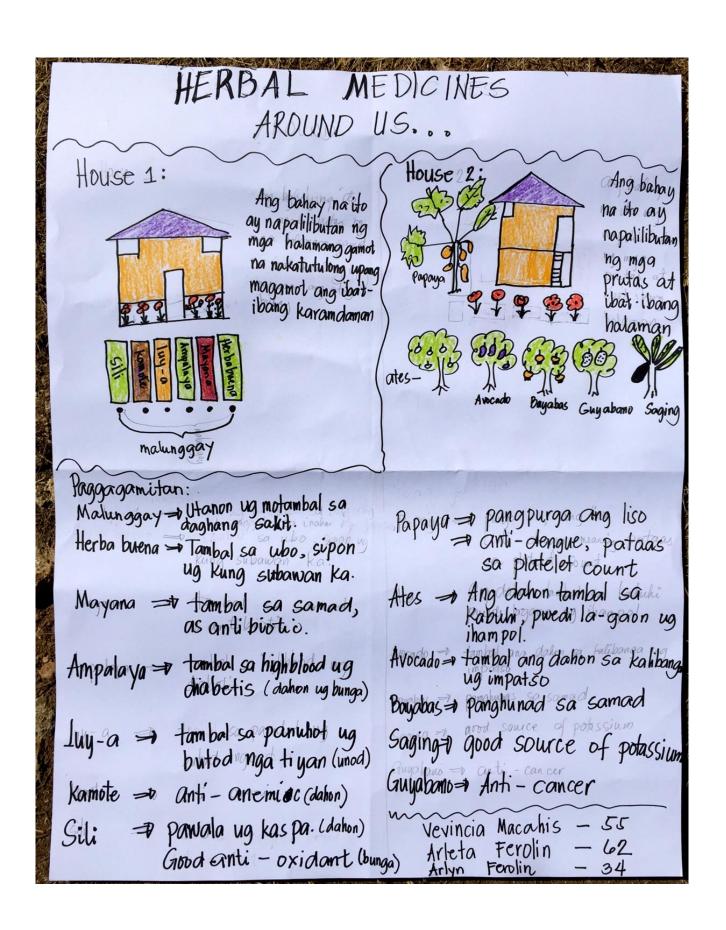




Appendix B

Community Documentation Outputs









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