

DIGGING THE ROOTS OF LOCAL HERBALIST IN BUKIDNON

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Abstract

In the Philippines, common stories of the curative effects of the herbs were tested by traditional healers on their patients on a trial and error basis. In the province of Bukidnon, few studies relate to the unevaluated practice of herbal medicine. Nonetheless, stories of “*Binisaya*” or “*Mananambal*” – the local term for herbalists are most dwellers seek and depend on their health and relief from illnesses. This study embarked on qualitative inquiry to understand the lived experiences and uncover stories that trace the tradition and practices of the key players and partners in our communities in promoting health. The research employed a qualitative phenomenological design. Data management utilized NVivo 7 and the analysis of findings was drawn following Colaizzi’s descriptive-interpretive principles. Purposive sampling led to the conduct of key informant interviews to nine (9) respondents within Bukidnon. There are seven major themes that surfaced in the stories of local herbalists: (1) Existence is driven by Extraordinary mission; (2) Essential roles and regard in the community; (3) Extreme experiences of healing; (4) Extensive use of herbal resources with explicit measures and timing; (5) Exclusivity of prayer, ritual and sacrifices; (6) Evidence of living in simplicity; and (7) Service that is worth Emulating. The findings help us better understand the cultural, personal, and traditional considerations in the usage of herbal medicines giving emphasis on how these practices on healing methods brought wellness to the people.

Keywords: *Herbalist, Mananambal, Traditional Medicine, Phenomenology*

INTRODUCTION

Traditional medicine practices continue to play a role in the indigenous communities considering about 80% of the world population in developing countries relies on medicines derived from herbs according to World Health Organization (2002). Current estimates suggest that, in many developing countries, about two-thirds of the population relies heavily on traditional practitioners and medicinal plants to meet primary health care. Nowadays, herbal medicines are revalued by extensive researches on base materials plant species and their therapeutic principles (Kunwar, Shrestha, & Bussmann, 2010). However, the majority of herbal medicine practice is not supported by good quality evidence. Herbal medicine practice is therefore currently based upon traditional practice rather than science (Guo, R., Canter, PH, Ernst E, 2007)

Mostly the local practice on the curative effects of the herbs were tested by traditional healers on their patient on trial and error basis. Thus, the national level integrates herbal medicine into the country's health care system, with Republic Act 8423 – An act creating the Philippines Institute of Traditional and Alternative Health Care (PITAHC) to accelerate the development of traditional and improve the quality and delivery of health care services to the Filipino people as alternative for high cost medications.

The folk healer has always been an important member in Philippine society though the significance of their role has ebbed and flowed throughout the years (Gaabucayan, 1971). In the Cebuano speaking parts of the Philippines, the folk healer is called *Mananambal* or *binisaya*. A *mananambal* is a person who does the "*panambal*", which comes from the root word *tambal* that means "medicine", "cure", or "remedy". They are referred to as a local medicinal doctor who has knowledge in the use of herbal medicine and resorts to indigenous means of treating patients who are in pain or have been long suffering from various forms of illness caused by supernatural factors as well as ailments with natural causes (Del Fierro, RS & Nolasco, F., 2013). Stories

about them treating very unusual ailments tend to be more instilled in the memories of the people because it is more sensational (Berdon, et al., 2016). The prevalence of folk healers in many parts of the country shows that the practice of folk healing is still flourishing in our contemporary society. It is through exploring the stories of the "*mananambal*" of Bukidnon that may give light to their contribution in helping patients and enhancing the health care delivery for Filipinos.

This study is directed to unveil the wide and unique lived experiences and practices of traditional medicine producers/herbalist in the province of Bukidnon. Specifically aims to: (1) Understand the lived experiences of local herbalist or "*mananbal / binisaya*"; (2) Trace the traditional practices and healing perspective in the use of herbal medicines by the herbalist or practitioners; and (3) Draft a model that will serve as a working guideline for possible local policy in the utilization of traditional medicine of the herbalist in Bukidnon.

METHODOLOGY

This study employed a qualitative phenomenological design. A total of nine (9) Traditional herbalist "*mananambal/ binisaya*" five males and three females were located and interviewed separately at different occasions. The inclusion criteria for selecting study participants are: (1) they are known to practice traditional healing as *mananambal/binisaya* by the community dwellers (2) they produce their own herbal medicines in doing traditional healing (3) has been a *mananambal* for 10 years or more.

The traditional healers included in this study are popular in the locality and are the most sought after *mananambal*. Their ages range from 40 to 72 years old. The mean age is 56. On average, the *mananabal* provides herbal healing to residents in the community for around 28 years. The *mananambal* in different municipalities employ various forms of treating ailments, varying description of degrees and extent of experiences.

Table 1. Respondents Profile

| Respondent s Code | Age | Gender | Ethnic Group | Location/Municipality | Years of Experien ce as Herbalist |
|------------------------------|------------|---------------|---------------------|------------------------------|--|
| H1 | 72 | Male | Lumad Bisaya | Panadtalan, Maramag | 42 years |
| H2 | 52 | Female | Lumad Bisaya | Kitaotao | 22 years |
| H3 | 40 | Female | Lumad Bisaya | Maramag | 20 years |
| H4 | 67 | Female | Lumad Bisaya | Impasugong | 36 years |
| H5 | 45 | Female | Lumad Bisaya | Ala-i, Manolo Fortich | 21 years |
| H6 | 63 | Male | Lumad Bisaya | Mantibugao, Manolo Fortich | 43 years |
| H7 | 58 | Male | Lumad Bisaya | Kalasungay, Malaybalay City | 25 years |
| H8 | 42 | Male | Lumad Bisaya | Kalilangan | 21 years |
| H9 | 43 | Male | Lumad Bisaya | Malitbog | 26 years |

A comparable finding to the preliminary local study conducted by Domagsang, PV & Soliven, RAR (2016) that peddlers and herbalists are more likely to belong in the elderly category which majority are females. They are more likely to have low educational attainment but have more years of experience in trading herbal medicine.

In the conduct of qualitative phenomenological study, the researcher is the main research instrument through a Key Informant Interview (KII) and observation. The use of open-ended interview in local dialect and naturalistic observation in its natural setting without any manipulation by the observer provided a free listing of their verbatim accounts were noted as primary narratives. These are some of the questions: What is it like to be a mananambal? How did you become a mananambal? What do you do as a mananambal and what are the medicine plants and methods you use? The study did not deal with questions on whether the healers are certain about the illnesses for which the plants are used.

After securing necessary prerequisites to conduct the research, respondents were identified and located. Approval from the Municipality and Barangay offices of identified respondents to conduct the study was secured and letters to the institution's ethics committee. Letter of translated consent and procedure were presented (read) to them and have they sign to conform to their agreement to

be interviewed. The research team conducted a community observation on

preliminary and second visits to the area, to observe the raw materials for herbal medicines are collected, prepared, and produce by the herbalist. Several healing sessions were also observed, participated and experienced.

The procedures involved transcription, translation, interpretation in a conventional way, consultation, and coding through NVivo version 7, were done simultaneously.

RESULTS AND DISCUSSION

This section presents the central findings and discussions of the study. There are seven (7) exemplary major themes that surfaced in the stories of local herbalists.

Theme 1: Existence is driven by extraordinary mission

The preliminary guiding question to the participants: How did you become a "mananambal"? Answers vary in extensiveness and backgrounds. Generally, local herbalist claimed that they were chosen and appointed by a higher being through a dream, apparition and personal experience of healing.

Gi tandag na sa akua sa dili pareho nato ang pagmanananbal pinagaagi sa segi ug balik balik nga damgo" (H1, H5, H6,)

"I was chosen by someone (not human like ours) to take the role of a mananambal through a repetitive dream"

*“Ma-oy gitagnaan sa akoo, wala man ko ingon nga nituon sa pagpanambal, iya man na nga pag buot. ((H7, H8)
That was predicted to me, I did not train to be a healer, it is his will that I became one”*

One narrated that her having recovered from unexplained near death experienced is an indication of a divine call. Following her recovery, she started her healing activities using various methods including the use of herbal medicines. She believed that she has been gifted with healing power and it is her social and moral obligation to help others.

Nag uban uban ko sa usa ka mananambal...nawala ko sa kalibutan ug ni agi ko ug kamatay, dayon gi ingnan ko sa usa ka Binisaya nga mahimo kong mananambal ug mao ni akong himuon nga mu uli sa nahitabo kanako” (H3)

“I was with a mananambal...I was brought somewhere and I experienced death, but the herbalist told me that I am going to become a mananambal the moment I will get back to life.

There are some of them who attain healing abilities from their ancestors and pass on through the next generation.

*Pagka 17 nako ka anyos, akoy gipili sa akong papa nga musunod ka niya.(H9)
(When I turned 17, I was chosen by my father to follow his footsteps)*

In Philippine Cebuano society, a *mananambal* utilize a variety of remedies based on indigenous beliefs and experiences which have been acquired from their elders and handed down from generation to generation (Del Fierro, et al., 2013).

While typical folk healer in the context of the Philippine culture whose characteristics is reminiscent of those *babaylans* of pre-historic Philippines (Ozoa, EM 2019), some of them who attain their healing abilities through their ancestry and by training are part of the Rizalista—a society that mushrooms in the 20th century, in honor of Dr. Jose P. Rizal, as the country's National Hero (Berdon, et al., 2016). Every interviewed *mananambal* has their own story in acquiring their

healing abilities but they all have the same goal, which is to heal the sick since they believe that healing their patients is their legacy to the community.

Theme 2: Essential roles and service in the community.

The participants identify themselves as a *mananambal* or *binisaya* and their clients consult them *para magpatambal* (for healing). The habitual use of the phrase *magpatambal ko ug binisaya* (I need healing) is commonly heard among community dwellers. All of the herbalist claims: *“Kaila na sila sa amoa”* (they know us very well). They are referred as “*mananambal*”/*herbolaryo*/*“binisaya”*. All of them satisfy the inclusion criteria as to someone who create or produce their own medicine in performing their healing services.

Mangita gyud na sila sa akoo...kasagara and pasyente muanhi, pero usahay kami ang muadto sa ilaha. (H5)

People look for us. Most of the time they come to us, but there are times that we go to them.

The appellation *mananambal* is a derivative of the term for the art of *panambal* or traditional folk healing in the Philippines. Those families of known *mananambal*, with reputation to heal a lot of diseases are known as group of *tambalan* (Inocian, R., 2015).

When people are ill in most rural areas in the Philippines, they seek help first from Folk Healers rather than from professional doctors or hospitals (Mansueto, et al., 1966). Even in this era when conventional medicine has become increasingly accessible to people in rural areas because of the government's creation of community hospitals, there is still a great demand for the service of the folk healers. It cannot be denied that financial concerns are an important factor in this but there seems to be other reasons why many people prefer to go to a folk healer because even people with financial means still prefer to go to them.

In a phenomenological case study of Ozoa, EM (2019), expressed that the acceptance of a folk healer in the rural Filipino community recognizes him in the

context of their collective consciousness. The *mananambal* and the patient understand each other for they speak the same language due to their shared orientation. His patients see him as *Hindi ibang tao* that is why they feel at ease with him and that is why they prefer going to him rather than to a medical doctor. There are those who believe that the nature of their illness has a better chance of being healed by a *Mananambal* instead of a medical doctor. This is especially true to people who believe that causes of their ailments are unnatural like being a victim of a “*mambabarang*” (sorcerer) or being punished by an offended “*duwende*” (elves). These people believe that the *Mananambal* would be more accepting of their theory of the reason for their ailment and that they would be ridiculed by a medical doctor if they tell the doctor about their theory. The other group is composed of those who have been to different medical doctors but have not been cured. In desperation, these people would turn to a *Mananambal* for help. He said a majority of them has the attitude of *namahala na* or has resigned their fate to God. A few of these people are actually advised by some doctors to go to a *Mananambal* because their cases are beyond the capacity of medical science.

In terms of remuneration in the healing practices they perform, all participants have mentioned the following words:

“Naa ra na sa ila, kung pila ang ilang ihatag. Ibilin ra nila diha sa sudlanan, basta sa akua malipay na ko nga mauli sila nga maulian.”

(Its up to them how much they will give, they just leave their gifts or donations in that basket, all I care about is that the patient will go home recovered.)

One herbalist stressed out:

Panambal gani ug binisaya nga dekantedad, nangilad na, ayaw tuo ana. (H1)
(Healing of the mananambal that comes with a price, that is fraud, do not believe in that)

Payment is left up to the patient, though the exact amount was not mentioned, they would accept anything

from their patients in cash or in kind. Because payment is not obligatory and it is up to the patient to offer whatever amount he/she would like to donate, all nine *mananambal* say they are happy to be of service to people who are in need of immediate medical attention.

Beliefs and practices about healing, including the ideas on culture, may affect people’s decision in response to treatment, when they consult the *mananambal*. This context mirrors the shades of poverty, where people cannot afford to avail the health services in medical centers, because they only give a little amount to the *mananambal* for his or her rendered service, which is called *pahalipay* or an offering (Inocian et al 2016).

Crisol, LG and Oledan, EJ (2016) on the functions of *Mananambal* in the Philippine Culture pointed out two of the four roles of the *mananambals* (1) as a reminder to the Filipino people about the importance of personal linkages. Most of these *mananambals* do not really ask for payment for their service; instead they claim that this is heartily given and in the service to God. This is a reflection of how Filipinos value people more than wealth (CASS *Langkit* Vol. 7, 2016-2017); (2) the *mananambals* function as a melting pot of different cultures. They embody the indigenous and the foreign in Filipino culture. Moreover, it is through culture bearers like these that the Filipino people are reminded of their rich heritage.

Theme 3: Extreme experiences of healing.

In few occasions during the data gathering, the researchers witness a healing consultation and treatment session of the participants. There were around 2 patients with ongoing treatment and 3 other patients waiting for their turns. In one of their statements:

Ang nindut gyud maam kay kanang gikan na sa hosiptal ug kanang wala na gyuy mahimo ang doctor, ug gipapa uli nalang siya... dayon kami ang ipatambal, maayo man, o karon, buhi pa. Pangutana gani ni sila. (H4).

The good thing is, those who came from the hospital with the doctor saying, there is nothing we can do about it. And so far, the patient lived, you can even ask these group of people.

It was also observed that one of their patients when interviewed was diagnosed of diabetes and kidney failure evident with edema on both legs. The patient claimed that he no longer goes to the hospital but rather have his treatment twice every week to the mananambal.

"Maayo naman akong paminaw, diri na ko gapa tambal"

I feel better now, this is where I go for treatment"

Other excerpts from their stories:

Kanang ingon nila nga cancer? kita gyud ka naay mangawas sa ilang lawas. (H1)

That one they call cancer? You can see something goes out of their body.

Whether he/she specializes only in treating ailments of the skeletal and muscle systems (manghihilot) or in spiritualist healing (albularyo), therapy may also include the use of plants reputed to possess medicinal value.

As revealed in the study *Unveiling Cebuano Traditional Healing Practices* by Berdon et.al (2016) traditional healers involve combination of Himolso (pulse-checking) is the initial process of the pananmbal (healing) in order to diagnose the sickness and perform *palakaw* (petition) or *pasubay* (determining what causes the sickness and its possible means of healing). Healing does not limit to cure biological illnesses, ailments and diseases as what most of people think, *panambal* also means treating impaired social relationships, as one respondent specializes this kind of healing. When consulting a mananambal (healer), both the healer and the believer perceive that panambal encompasses strengthening social or intimate relationships or impairing and cursing a person to illness.

It could be inferred that the *mananambals* function as one of the links between the physical world and the spiritual world. They function as a reminder to Filipino people that this world is not just of the physical but also of the

spiritual. They also reinforce the Filipino belief of the mystical and how one could experience harm or wellness depending on the results of the interactions between the invisible world and the visible world.

Theme 4: Extensive use of herbal resources with explicit measures and timing;

This finding is reflective of the methods of the Mananambal or Binisaya found in literatures.

Imnon nimo nga init (sagol nga panit sa kahoy in water), ayaw sugnuri ug gakaayo – baga lang para hinay hinay ug perminte nga init.(H1)

Drink this hot (mixture of different barks in water), do not boil it over fire, but just used the charcoal, slow and it will always stay hot.

Dili sad magpataka ug tambal tambal ug bisag unsa, dili matunong sa iyang sakit, pareha sa hilanat mi inum ka ug tambal sa ubo (H7)

You cannot just get what ever herbal medicine, it may not be the what is intended for the sickness, you may be giving wrong treatment for the fever when the ailment is for cough.

Kini gamit ni sa hubag, ihaplas, Kinahanglan alas 3 sa hapon. (H8)

This one, spread it over your body, and it has be done at 3oclock pm

...kining 2 lang gyud ka tudlo imong gamiton pag pudyot ani. (H2)

You can only use your two fingers to to pick up these herbal leaves

The way they prepare their ingredients for the treatment regimen follow the general principles of extraction, i.e., decoction, expression and infusion. Even with their simple methods, it is presumed that the bioactive compounds from the plant sources which are responsible for the curative effects have been extracted.

In most cases, leaves of the plants are commonly used. Decoction (hot aqueous extract) entails boiling in water to extract the medicinal properties from the plant material, allowing the mixture to concentrate, and giving the resulting mixture for the patient to drink (ingestion). On the other hand, the method of extraction involves extracting the essential medicinal properties from the plant material by pounding or squeezing and

applying the extracts to the affected area, or applying the directly as poultice (skin penetration). Infusion entails the immersion of the plant material in water for a certain period of time before application (Del Fierro, et al. 2016). They say that the herbal plants they are using are as effective as any medicine recommended by doctors for common and ordinary ailments.

Phillips, N. (2005) stated that these mainstays of herbal tradition are gentle and yet highly effective. Occasionally, when things get out of balance, we need to go to the more specific medicinal herbs. And in rare situations, we need to use low doses of very strong, potentially dangerous plants and expertise is critical. Surely, there is a continuum of health care practitioners in the same ways that there is a continuum of herbs. One of the foundations of herbalism is the use of nourishing herbs regularly over time to build overall health. The community herbalist will always be the tonic provider for a peoples' medicine (Phillips, 2005).

Theme 5: Exclusivity of prayer, ritual and sacrifices

Traditional healers are believed to have a special connection with the spiritual world and that their healing power is derived from their spiritual patron (Lieban, 1978).

Matag alas 6 sa hapon, mag ampo gyud ko... di na ko kinahanglan mu adto sa simbahan kay kung asa ko diha na ang akong altar, diri sa balay or sa lasang ba. (H1)

Every 6 in the afternoon, I set that time to pray, it's not necessary to be in church because where I am, I set that as my altar, here in my house, in the forest

Every healing procedure is accompanied by prayers. Two (2) of the mananambals reveal the use of "orasyon" – set of prayers written in different language or mostly latin which is known to be the language of God, and one with a "librito" – a 1inch miniature book containing several orasyon.

Ang mga pulong nga gamiton sa pagpanamabal ug pag-ampo gikan sa alas 6 sa buntag alas 9 sa buntag, alas 3 sa hapon

ug alas 6 sa hapon ug alas 9 sa gabii. Ang pag ritwal kay sa alas 9 sa gabii sa tanang mga sakit nga imong ampoan. Mao na diha ang akong pag panambal. Dili sayon ang pag serbisyo. (H5)

(I utter the words in prayer from 6 to 9 in the morning, then 3 to 6 in the afternoon and 9 in the evening. Ritual is being done every 9 in the evening for all kinds of diseases. That is my way of doing healing. It is not easy doing this service)

From their stories, the ability to utter *orasyon* were practices based on unusual trainings. Most *maanambal* testifies that prayers should be done to make his healing craft effective.

"Kinahanglan mag ampo gyud ka, ipakita raman na sa imo kung unsa ang sakit sa tawo ug kung unsa imong gamiton. (H2, H6, H8)

There is a need to pray, it will be shown to you on what illness does one have and what you need to use.

As one narrated that the only reason that the ailment of a patient is healed is because it is the will of God. The faith or the lack of it does factor in to the successful cure of a patient. Only God, in his infinite wisdom has the power to cure an ailment. Traditional healing especially in Cebuano speaking regions are strongly driven and influenced by the Christian folk Catholicism faith - a belief that animism and faith in the Supreme God co-exist. (Del Fierro, et al., 2016). The mananambals reinforce the Filipino people's faith in God. They serve this function by showing to their patients that with prayers and supplications from a supreme being, they can be cured.

Similar claim from the lived experience of a Mananambal by Ozoa (2019) stated by one of the mananabal that the faith of the patient towards his method does not affect his healing effectiveness. He said that sometimes God would use these people with little faith and transform them into strong believers by healing their ailments. Therefore, the ailment of a person is healed if it is the will of God. His healing power is bestowed to him by God.

In the study of Gaabucayan (1971), anyone who has the capacity to wreak witchcraft to an enemy is supposed to cause disease by forcing live insects or inanimate objects like hairpins, broken glass, fine sands or mud into the corpus of the intended victim". Ironically, most of the mambabarang or sorcerer consults to saints. Just like any other traditional healing practices, barang is accompanied with prayers often referred to as "*paghalad*" or offering. The weirdest and most dreaded character of traditional mananambal is doing a dual role of being a sorcerer and a healer, at the same time.

Many traditional herbalists think that people have been equally blessed with an intuitive understanding of the gift bestowed by the creator. They believe that plant spirits (and keen taste buds) guided these attentive ancient peoples to find what they needed. No doubt some truths lies on each perception of the origins of herbal lore. Depth and presence are essential in accessing the teachings of the natural world (Phillips, N & Phillips, M 2005).

Theme 6: Evidence of living in simplicity.

Book authors and herbalists Nancy and Michael Phillips (2005) wrote: We may look a bit weedy compared to the flashy cultivated garden flower or a properly trained and pruned hybrid rose. We appear gentle and very commonplace. But we can make a powerful difference if our ways are heeded. Discovering that our medicines can be found in the fields and woods that surround us is empowering. So many of the good things in this life are simply intended as everyday blessings. Our culture has promoted our food, our health, and at times even our spirituality, as centralized economic commodities. An herbalist begins with the healing plants growing outside the door, whether they are grown in the garden, approaching bloom in a wildflower meadow, or growing in a shaded woodland glen.

Magluto ra ko sa akoang ilimnon (H2)
I make my own drinks

Dili mi gakaon anang mga ice cream - bugnaw man na, ok na mi aning mga lagotmon, bisan unsa nga naa diri sa among palibot (H4, H5)

We don't eat such as ice cream – that is cold. We are fine eating root crops, whatever is available in our nearby areas.

Mag ampo ko diri sa akong kaugalingong balay, bahalag buslot, unsaon man na nimong buslot, nag tuo ka concrete ba diay to ang balay nga gi anakan ni Maria ni Hesus? Kay kung kwartahan pa ko maghimo ko ug akong relihiyon... ang gwapo ug gwapa, inig kamatay kalabera ang ulo. Ang tanan tawo tanan parehas ra. (H1)

I pray in my own house, even if with holes, what will I do with that? Mary did not gave birth to Jesus in a concrete house. If only I am well-off I'll make my own religion. .. all the beautiful and handsome when they die, their heads are skulls, all people are the same.

The informants also revealed that there are varied ways of protecting or warding off impending harm and illnesses. These involve very practical tasks like living a healthier lifestyle, drinking vitamins, exercising, protecting oneself from natural forces, or even using religious means such as prayers or holy articles like crosses.

(7) Service that is worth Emulating.

The village herbalist often served as a midwife, family pharmacist, and spiritual guide all rolled into one. Communities honored their healers throughout most of history. The call to serve, to be instrument of healing, did not lead to glory or riches. Barter and sliding scales of payment made it possible for everyone in need both to benefit from and support those local people who dedicated their lives in this good work. Such mutual caring worked in days when community circles balanced individual desires with a deep understanding of the generations to come and the sacredness of Creation.

"Tagana bantay likay" – Mao akong balaod Higugmaa ang imong kaugalingon maingon sa imong isigkatawo. Mao rana ang maayo buhaton nimo, tagana ka bantay likay.

"Tagana bantay likay – that is my rule. Love yourself as you love your fellow. That is the only good thing that you are supposed to do.

Dili man kandila ang gi anhaan anang tawo nga naay sakit, magpatambal man na kay naay sakit. Sila moy naay gipangayo. Para sa akoo, hatagi ang tawo nga nag kalisod isod.

It is not the candle that people come to you, they come to you because they are sick, they sick for healing. It is them that needed something. For me, give to those who in hardship

Medicine of the people will first, and foremost, take place nearby. Caring beings with the people who know us. A cellular harmony exists between the plant and animal species that share the same environment. Yet somewhere between our body's innate ability to heal itself and conventional medicine's pricey attempt at a cure lie many situations that can be bridged by common sense and a compassionate connection to the world into which we are born. This is a bridge that knowledgeable herbalists can provide- a world that the plants are ready and willing to share.

Naa akong anak maam nga mag sunod sa ako. (H3)

I have my son who follows what I do.

Akong kitudluan akong ika 7 nga anak, para sa dili pa siya mag 17, pareho na siya sa akoo. (H7, H9)

I teach/train my 7th child so before he turns 17, he is already an herbalist."

The personal experiences and traumas in an attempt to fully comprehend the pain and suffering by the herbalist has served as useful purpose in formulating effective treatment rationales so that real healing will take place. It is through the experience that it being passed on to a chosen member of the family.

By its very nature, folklore is living history (Boswell & Reaver, 1962), and only when these culture bearers' lives are set down in the permanence of ink and paper can their stories live on to reach the coming generations. Finally, culture bearers such as these mananambals in other parts of the country should be given more societal and academic attention

because they serve important functions in Philippine culture.

Conclusions

The mananambal or binisaya have remained relevant in the advent of conventional medicine that has become ever more accessible to a large portion of the community or their locality. There are seven (7) exemplary major themes that surfaced in the stories of local herbalists. (1) Existence are driven by extraordinary mission; (2) Play essential roles in the community; (3) Extreme Involvement of healing; (4) Extensive use of herbal resources with explicit measures and timing; (5) Exclusivity of prayer (orasyon), ritual and sacrifices; (6) Mark of living in simplicity; and (7) Service that is worth emulating. With added interpretation to the meaning of the lives of the local herbalist of Bukidnon, the seven themes formed "EPITOME" model. The word epitome defined by Cambridge Dictionary is the typical or highest example of stated quality, as shown by a particular person or thing.

Results show emphasis on the practice of traditional medicine by the mananambals are somehow linked with faith healing, culture and folklore. Although folklore cannot substitute history and literature, it can add valuable knowledge about people and health that modern medicine is not likely to obtain in other ways. Traditional healers' extensive knowledge of the medicinal usage of plants and their skills in the preparation and administration are remarkable, because of their practices on faith and healing method, brought wellness to the people in the countryside.

RECOMMENDATIONS

Community herbalist are the mainstay of herbalism, the nurturer and protectors of health. Their role complements the work of other holistic care providers. A community herbalist can be invaluable in educating people about good health practices and in helping them recover from common family ailments as the first in line to give people answers about how the plants can assist in their basic care.

The value of the lived experiences of the local herbalist may be used to guide in the formulation of evidence-based advocacy on the use of traditional herbal medicines in support to the efforts of Philippine Institute of Traditional and Alternative Health Care (PITAHC). Further, the totality of the study revealed great consideration on the context of how we care for ourselves reveals the need for gentler ways that recognize all aspects of mind, body and spirit.

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