

## **Siruhano: A Narrative on the Patterns, Dynamics, and Issues on the Traditional Health System at Tapaz, Capiz Philippines**

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### **Abstract**

This study explored Siruhano and aimed to understand the underlying patterns, dynamics, and issues of traditional healthcare system in Tapaz, Capiz Philippines, to describe the themes based on the narratives of the siruhano, to recognize the different traditional health systems, and to identify these various traditional health systems that are being used in the modern age . Using the qualitative research design, two (2) informants from barangay Camburanan and Daan Banwa Tapaz, Capiz, were purposively chosen based on the three-generation test by Manuel (1955). Fieldwork, observations, informal and key informant interviews, and documentary and photographic analysis were used. Verbatim data transcripts were analyzed using the general inductive approach (Thomas, 2006) and in vivo coding technique. The patterns of the traditional health system vary from the origin and forte of the siruhano. In terms of dynamics, siruhano was known to believers until this era, when presence of licensed medical practitioners and health workers was available in the locality. The prevailing issues on the siruhano as they perform their traditional health care services to the folks in the locality were: legitimacy, discrimination, poverty, and life threats.

Out of 5 participants, the majority were males (80.00%), above 60 years old (80.00%), married (60.00%), unable to study or finish college education (60.00%), unemployed (80.00%), and Catholic (80.00%). Practitioners have strong conviction in their field of practice because of their belief that they were chosen and had given gifts of prowess that defines their ability. They also show a strong commitment to their work and utilize healing practices with their utmost skills. The challenges that most traditional healers experience are the discrimination of the people from their own community and interrogation of the validity of their medical practices. Participants' responses reveal that the traditional health system does not uplift the economic status of healer/s and that most of them do not rely on the payment of their clients. Traditional healers experienced life threats that triggered fear and anxiety. Their responses also prevail that the practitioners don't have any provision from the government for them to be recognized as part of the national heritage that promotes cultural inclusion, which is very important to the next generation.

The common traditional healing method of the "Pat-ans" in the community are "*manugtawas; manugluy - a; manugbotbot; manugluop; manugban – aw; manugpabata; manughilot; manughimulso; manugtayhop; and manugpalayas sang malain nga espirito*". It was found in this study that all of these methods are still being used in this modern age.

**Keywords:** Patterns, dynamics, issues, traditional health system, local folk

## Introduction

Traditional health system takes a holistic view of the individual, including environmental factors that affect a person's physical, mental, emotional, and spiritual well-being. It was first documented in the 16th century at the start of Spanish colonization, so it's hard to tell how early it began.

In Tapaz, Capiz, Philippines, the Siruhano maintained culture, religion, and medicine communicated with spirits that were thought to be associated with natural phenomena. *Siruhano* is a local term for "shaman," known as the first healer within the community. As a general practitioner and the primary dispenser of healthcare in the hierarchy of traditional folk doctors. Mostly elders of the barangays are knowledgeable in the use of medicinal herbs. Their skills are commonly handed down from one generation to another in a family line, involving apprenticeship. (Gomez, 2013).

According to Apostol (2018), the Filipino traditional health system was composed of various specialties: midwifery, pulse diagnosis, bonesetting, herbology, suction cupping, skin scraping, herbal steam and smoke, energy medicine, and other forms of metaphysical healing. Each area and group of people had its own set of healers who passed down their Knowledge to children at an early age. The common folk diagnosis is that patients become sick due to supernatural illness-causers such as a duwende (dwarf), a nuno, a lamang-lupa a creature from the earth or underground or under the soil, a tikbalang, or a kapre.

*Siruhano* usually includes forms of prayers, such as bulong whispering prayers or orasyon (oration or prayer recitation), while treating patients. They may also practice rituals to drive away evil spirits, such as the performance of the kanyaw (cutting and bleeding chickens, then draining their blood on particular perimeters of the house) or the slaughter of pigs to search for the right type of liver that would reveal the cause of an illness. Sacrificial offerings are also sometimes used during treatments. Some *siruhanos* choose to treat patients only on certain days of the week, such as Tuesdays and Fridays, or on the feast days of the Sto. Niño and the Black Nazarene, with the belief that healing powers are greater during those days (JAMA Network, 2013).

Like the general folk doctors, *Siruhanos* obtain their pattern through ancestry, apprenticeship/observational practice, or epiphany and are generally performed by the elders of the community, regardless of gender. Their practice has a combination of elements from Christianity and sorcery, which appear to be opposites since one involves faith healing while the other requires black magic, and witchcraft (Nolasco, (2013). The combinations are a reflection of the legacies left by the conversion to catholicism from Spanish colonization since the local people had direct contact with the Portuguese explorer Ferdinand Magellan and ongoing local practices before colonization. The siruhano cover natural and supernatural illnesses using a wide range of methods. Two common methods used are herbal medicine, and orasyon, healing prayers deriving from a bible equivalency called the librito (Fiscalina, 2013). They treat major and minor ailments. These ailments include but are not limited to: headache, fever, cold, toothache, dengue fever, wounds, Infection, cancer, intellectual impairment, and other illnesses thought to be caused by supernatural creatures (Fierro, 2013). Aside from biological treatments, patients may also come to *Siruhano* to form or break any form of relationship, from marriage to friendship (Lozano, 2016). Treatments are dependent on the type of sickness and on the *siruhanos* themselves.

Most folk healers in the Philippines believe that their medicinal and healing skills come from a supernatural being or are given to them by God. Their practice and methods of curing ailments involve superstitions, recitation of prayers, and religious rituals accompanied by the mediation of the Holy Spirit, herbology, hydrotherapy, massage therapy, and divination. Although often found active in rural communities, traditional Filipino healers can also be found in small urban and suburban neighborhoods. During Spanish times in the Philippines, the Spaniards refer to folk doctors or traditional as mediquillos or herbal scientists, herbolarios, and sometimes as superstitious quacks. They were even called by the Spaniards simply as matanda or the elder (Palis, 2006).

The dynamics of the traditional health system vary on the *Siruhanos* powers and forces (ability to do something well and their expertise to cure their patronizers) such as *hilot*, *mangluluop*, *manugluy-a*, *mangtatawas*, *mediko*, and faith healers.

The *Siruhano* as expert in *hilot* can be either *manughilot* or the *manugpabata*. As *manughilot*, massager, folk massage therapist, and folk chiropractor, *siruhano* uses massaging techniques to treat sprains, fractures, and other similar conditions that affect the skeletal system and the muscular system, including ligaments. The practice treats illnesses in a variety of ways based on its own universal Law and natural Law (physical manipulation, herbal remedies, and dietary/lifestyle advice). *Manughilot* is either chosen by maestros or master *siruhanos*, or through apprenticeship (Fajardo, 2013). Gender is not a limiting factor since they can be any gender. When chosen, their trainings include a pilgrimage to a sacred mountain to perform the oracions, or words enabling communication with the spirit world or the *panawagan* (Bibiano, 2013). Similar to the *siruhano's* practice, the *hilot* is a fusion of spiritual and medicinal practices with a physical manipulation and the focus of healing the whole body being the main distinctions between the two practices. Illnesses were referred to as *pilay* and were defined by imbalances in the body which are explained by their *enkanto*, or unseen entities, elements, and manifestations in the body. This practice shares similarities with India's Ayurveda and Traditional Chinese Medicine. The *magpapaanak*, the other "hilot", is the folk "midwife" who does prenatal visits and check-ups to pregnant mothers. Normally a woman, she delivers babies during childbirth and often performs the ritual called the *suob* (a form of "aroma therapy" performed while placed under a cloak) (JAMA Network, 2013).

*Magluluop* is another *Siruhano's* power to make diagnosis based on the resulting appearance of a burned concoction composed of freshwater shell or saltwater shell (*kalanghuga*), salt, a piece of palm leaves that were blessed by Catholic priests during Palm Sunday, and charcoal resulting from coconut shells, coconut midribs. The burning of these materials is done while placed inside a tin plate accompanied by prayers and invocations and the making of the sign of the cross three times over the body of the patient. Depending on the appearance and shape of the burned materials, *mangluluop* refers and sends the ill person to either the *albularyo*, the *mediko*, or the *manghihilot* for further treatment. After the ritual and after telling the patient to which folk doctor to go next, the freshwater or saltwater shell is powdered by the *mangluluop* and prayerfully applies the powder following the steps of how to make sign of the cross on the patient's forehead, palms, and plantar arches of the feet. The remainder of the concoction is then thrown under the stairs at the entrance of the home to prevent evil spirits from re-invading the house (Mateo, 2013).

The *mangtatawas* literally user of *tawas* is the *Siruhano's* power determining the cause and nature of illnesses through the use of potassium alum, locally known in the Philippines as *tawas* as one of the primary ingredients. The other materials used in the diagnostic procedure are candles, eggs, mirrors, plain paper, and paper used for rolling cigarettes (Orendain, 2013).

The *manugluy-a* is the *Siruhano's* special power that combines folk medicine and supernatural techniques used to drive away evil spirits, *engkanto* or *tamawo*. It uses *luy-a* or ginger as tool to treat *tuyaw* that triggers patients from the intervention of *malain it ginhawa* or evil forces.

Lastly, the *siruhano*, as faith healers, are persons who were previously saved from illnesses or death and had encountered epiphanies or mystical experiences who became convinced that they were destined to help sick people after receiving healing powers bestowed upon them by the Holy Spirit or other supernatural beings. Some of them started as an *albularyo*, a *mediko*, or a *hilot*. Some faith healers are psychic healers (faith healers who heal patients remotely), whisperers of prayers (whispers prayers over the affected part of the body of the patient), prayer blowers (blows prayers on affected areas of the patient's body), anointers that rub saliva over the affected area of the patient, healers who hovers crucifixes and icons on the body of the patient, and psychic surgeons (folk surgeons who perform "surgery" on a patient without the use of surgical tools).

Along with other cultural traditions, the traditional health system began to fade in the 17th century and continued with the introduction of hospitals and Western medicine after the Americans arrived. It is the aspiration of the researcher to narrate the patterns, dynamics, and issues of the traditional health system with the purpose that this study will add to the body of Knowledge concerning the limited literature and shed light to showcase the rich culture of Tapaz, Capiz Philippines.

### **Statement of the Problem**

The study generally aims to document and analyze the Siruhano: A Narrative on the Patterns, Dynamics, and Issues of the Traditional Healthcare System at Tapaz, Capiz Philippines. Specifically, the study aims to answer the following questions:

1. What are the underlying patterns, dynamics, and issues on the traditional health system at Tapaz, Capiz Philippines?
2. What are the themes based on the narratives of the siruhanos?
3. What are the different traditional health system at Tapaz, Capiz Philippines?
4. What are the traditional health systems that are still being used in the modern age?

### **Methodology**

This study utilized qualitative research methodology to understand the patterns, dynamics, and issues in the traditional health system of Tapaznons and describing the themes behind the narratives of the siruhanos. Qualitative research stresses the socially constructed nature of reality. This design is naturalistic, emergent, and purposeful focuses on real-world situations as they unfold naturally. There is acceptance of adapting inquiry as understanding deepens. Cases for study, such as individuals or communities are selected because they are information-rich and illuminative (Denzin & Lincoln, 2011, Berg, 2012 as cited in the study of Bicular 2022). Specifically, this study uses qualitative narrative research design, which is collecting and telling a story or stories (in detail). Researchers write narratives about the experiences of individuals, describe a life experience, and discuss the meaning of the experience with the individual. A narrative research design is focused on studying an individual person. The researcher becomes the interpreter of the individual's stories, as opposed to the community.

### **Participants**

Purposive sampling was used to identify the Ten (10) key informants through the three-generation test (Manuel, 1955 as cited in Bicular, 2020). However, the researcher has saturated the community with those who have Knowledge about the traditional health system. Unfortunately, only 5 ar well-known (pat-an) siruhanos came out (Barot, and Antit) and were determined in coordination with barangay health workers in the lowland barangays of Tapaz, Capiz Philippines. The siruhano or merko known as traditional herbal healers in the local community, were identified as participants of this study.

**Locale of Study**

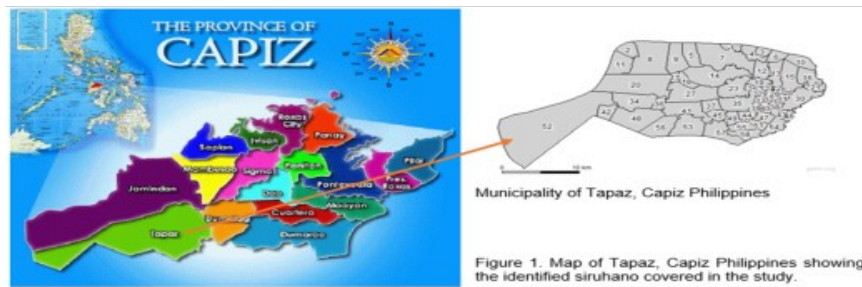


Figure 1. Map of Tapaz, Capiz Philippines showing the identified siruhano covered in the study.

**Data Collection**

Fieldwork, observations, informal and key informant interviews, and documentary and photographic analysis were used to gather data. These methods substantiate and triangulate the data elicited from the informants. For ethical considerations, necessary permits and disclosure information was secured from the informants prior to the conduct of the study.

**Data Analysis**

Data gathered through informal and key informant interviews were transcribed in verbatim. To make sense of the data transcripts, general inductive approach (Thomas, 2006) was used (see Figure 2). Emerging concepts were then arranged thematically. In vivo coding (Saldana, 2009) was used since folk terms are participant-generated words from members of a particular culture, subculture, or microculture. Folk terms extracted indicate the existence of the group’s cultural categories (McCurdy, Spradley, & Shandy, 2005). The codes refer to a word or short phrase from the actual language found in the qualitative data record, “the terms used by [participants] themselves” (Strauss, 1988). This qualitative study utilized thematic analysis to interpret its findings. It focused on the important questions, topics, time periods, and events of the experiences of each individual. Through the process of horizontalization, all statements that were relevant to the participant’s experience were listed, and each comment was considered to hold equal value. The findings were then interpreted and categorized accordingly into codes, which were all held verbatim. This was done by going through all interview transcriptions and labeling words, phrases, and sections of text that were related to the research questions of interest. Then, the codes were grouped into themes that aided the authors in answering each research question. enabling the authors to formulate the essence of the experiences of the participants, both individually and as a whole. All of these were manually done without the use of any qualitative software tool.

**Results and Discussion**

Out of 5 participants, the majority were males (80.00%), above 60 years old (80.00%), married (60.00%), unable to study or finish college education (60.00%), unemployed (80.00%), and Catholic (80.00%) (Table 1).

Table 1: Sociodemographic Profile of the Participants

Participant	Age	Sex	Civil Status	Education	Religion
A	75	Female	Married	Elementary Level	Roman Catholic
B	63	Male	Married	College Graduate	Roman Catholic
C	80	Male	Married	Elementary Level	Roman Catholic
D	61	Female	Married	Elementary Level	Roman Catholic
E	62	Male	Married	Elementary Level	Roman Catholic

**Conceptual Analysis**

Basic themes from the codes were developed and organized into five categories that eventually led to the theme. The statements gave way to seventeen codes that were grouped into 5 categories that were further arranged into four organizing themes, paving the way to the central idea of the study, which is the Patterns, Dynamics, and Issues in traditional Health System in Tapaz, Capiz (Figure 1, Table 2).

Table 2. Thematic Analysis of the Study

Statement	Coding	Category	Theme
1. Inherited the healing power from the parents.	Source of information	Pattern	Source of Knowledge
2. Healing power comes from amulets and charms.	Source of healing power	Pattern	Source of Knowledge
3. Started healing at an early age.	Years of practice	Pattern	Source of Knowledge
4. Healings are all centered to God	Spiritual impetus	Pattern	Source of Knowledge
5. Well-verse and or knowledgeable in the use of local medicinal plant.	Aptitude in herbal medicine	Pattern	Source of Knowledge
6. Good and effective healing diagnosis and techniques	Healing approaches	Dynamics	Traditional healer's behavior
7. Faith in traditional healing	Strong conviction	Dynamics	Traditional healer's behavior
8. Chosen by spirits/supernatural beings as an agent to heal individuals.	Medium to heal	Dynamics	Traditional healer's behavior
9. Willingness to serve clients	Commitment to serve	Dynamics	Traditional healer's behavior
10. Utilization of healing practices	Strength to heal	Dynamics	Traditional healer's behavior
11. Discrimination of the people from the community	Discrimination	Issues	Prevailing concerns
12. Experienced being questioned and or interrogated by medical authorities	Legitimacy	Issues	Prevailing concerns
13. Traditional healing does not uplift the economic status of healer/s	Poverty	Issues	Prevailing concerns
14. Experienced aggravations that trigger fear and anxiety	Life threats	Issues	Prevailing concerns
15. Lack of provision from the government to be recognized as part of the national heritage that promotes cultural inclusion	Government support	Issues	Prevailing concerns
16. Healing methods and techniques used by traditional healers in their field of expertise (Manugtawas, Manuglu-a,manugbotbot: manugluop; manugban-aw; manugpabata; manughilot; manughimulso; manugtayhop; and manugpalayas sang malain nga espiritu)	Commonly Applied Healing Approaches	Traditional Health System	Traditional Healing practices
17. Healing methods that are widely used and available today	Healing Methods in Modern Age	Traditional Health	Traditional Healing

Table 2. Thematic Analysis of the Study

The first primary organizing theme, sources of Knowledge, was linked into one of the categories of the traditional health system, which is the pattern or the sources of the “Siruhano’s Kina-adman” or ability namely: 1)source of information 2) source of healing power, 3) years of practice 4) spiritual impetus and 5) aptitude in herbal medicine. For the secondary organizing theme, namely “traditional healer’s behavior” was associated with 1) Healing approaches, 2) Strong Conviction 3)Medium in healing 4) Commitment to serve, and 5) Strength to heal. For the third organizing theme, prevailing concerns were connected to namely: 1)Discrimination 2) Legitimacy 3) Poverty 4)Life Support and

5) Government support. For the Third organizing theme, “traditional healing practices,” was associated with 1) commonly applied healing approaches, 2) healing methods in modern age.

For the first primary theme, different ideas arose from the participants' answers regarding the sources of their Knowledge 1) “inherited the healing powers from parents,” 2) “healing powers comes from amulets and charms,” 3) “started healing at early age” 4) “Healings are all centered to God” 5) “well-versed and or knowledgeable in the use of local medicinal plant”.

The second theme is traditional healers' behavior. The responses of the participants show that 1) good and effective healing techniques 2) faith in traditional healing 3) chosen by spirits/supernatural beings as an agent to heal individuals, 3) willing to serve clients and utilization of healing practices. For the third theme, which is prevailing concerns, the participants answered that 1) discrimination of the people from the community 2) experience being questioned and or interrogated by medical authorities 3) traditional healing does not uplift the economic status of healer/s 4) experienced aggravations that trigger fear and anxiety 5) Lack of provision from the government to be recognized as part of the national heritage that promotes cultural inclusion. In the fourth theme which is traditional healing practices, it tells that 1) healing methods and techniques used by traditional healers in their field of expertise such as: Manugtawas; Manugluy - a; manugbotbot; manugluop; manugban – aw; manugpabata; manughilot; manughimulso; manugtayahop; and manugpalayas sang malain nga espiritu, 2) Healing methods that are widely used and available today.

### Discussions

This study aimed to understand the underlying patterns, dynamics, and issues in the traditional health system, to describe the themes based on the narratives of the siruhano, to recognize the different traditional health systems, and to identify these various traditional health systems that are being used in the modern age at Tapaz, Capiz Philippines. Based on the authors' Knowledge, this is the first qualitative study pertaining to the narratives on the Patterns, Dynamics, and Issues of the Traditional Health System at Tapaz, Capiz Philippines, known as the home of Panay Bukidnon, which was one of the last indigenous group of people in the province. Local studies revealed that practitioners of folk medicine in the Philippines are mostly married Catholic males with low economic status and low educational attainment, which is similar to the findings of the current study. Similar foreign studies have also found that practitioners of traditional and complementary medicine are often males and married, whose ages range within the average interval of 60 and whose education level is elementary level. These sociodemographic profiles were all evident in the findings of the present study. Another study also found out that most of these healers inherited their supernatural powers of healing from their parents, while some of them use lucky charms and amulets, and other folk remedies when hearing the word “mutya” and “pakpak”. It was also depicted in the study that most of the “Pat-an” have started their healing journey at a young age and their healing is centered on God. The majority of them are well-versed in local traditional medicine plants which was their main prescription during their treatment. The majority of the participants have good and effective diagnosing attitudes toward their clients.

Practitioners have strong conviction in their field of practice because of their belief that they were chosen and had given gifts of prowess that defines their ability. They also show strong commitment towards their work and utilizes healing practices with their utmost skills. The challenges that most traditional healers experienced are the discrimination of the people from their own community and interrogation of the validity of their medical practices. Participants' responses reveals that traditional health system does not uplift the economic status of healer/s that most of them do not rely on the payment of their clients. It can also be noted from the study that traditional healers experienced life threats that triggers fear and anxiety. Their responses also prevail that the practitioners don't have any provision from the government for them to be recognized as part of the national heritage that promotes cultural inclusion which is very important to to the next generation.

The common traditional healing method of the “Pat-ans” in the community are “*manugtawas; manugluy - a; manugbotbot; manugluop; manugban – aw; manugpabata; manughilot; manughimulso; manugtayhop; and manugpalayas sang malain nga espirito*”. It was found in this study that all of these methods are still being used in this modern age.

### Conclusion

Documenting the traditional healthcare system of Tapaz, Capiz Philippines through its “Siruhanos” provides a picture of the rich cultural beliefs on folk illness, folk etiology, diagnosis, and therapeutics. However, the culture is mixed with various other cultures that can be understood in the context of Philippine history. It can be argued that some Siruhanos are still preserving our culture even in the modern age by digesting the way how they discover and practice traditional healing. They become instrumental in ensuring that their fellow receives the health care a person needs regardless of gender and social status. In this context, this study traced the existence of traditional healers. It was found out that siruhanos are considered the “general practitioner” knowledgeable in most of the folkloric modalities, usually versed in the use of medicinal herbs and spiritual/supernatural interventions. Their procedures and rituals were observed with similarities in performing orasyon, hilot, and himolso; likewise, with their common healing paraphernalia such as “*ralanhan, tubig nga may orasyon,mutya* and other supernatural materials”. Although there are noted differences and similarities in the description of their practices and procedures, these key informants' healing practices are all centered on God with a pure intention to cure one's illnesses and to be of help to other people.

Siruhano cites the expensive consultation fees and medicine from the health professional that hinders the patients from consulting to them. It is undeniable that the social structure resulting from the conflict between people with different interests and resources has created an uneven distribution of power and resources in society, thus affecting these poor people. Moreover, people continue to create meaning from their health conditions, despite the prevailing explanation from the Western medical system. These meanings, through social interaction, develop interpretations of various illnesses that are acceptable to society. Therefore, people think that medical staff cannot cure a certain disease, so they must consult a Siruhano.

It can also be understood that Siruhanos, despite the discrimination of the norms and questions on the legitimacy of their health practices, continues to persist in order for them to serve their own community. They are unprotected by the Law because there is no provision in the constitution that could help them preserve their practices for the younger generation.

### Recommendations

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

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