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Illness Causation and Folk Healing in Romblomanon Ethnomedicine among the Asi, Ini, and Onhan Peoples of Romblon, Philippines

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Abstract

This study documented folk beliefs concerning health and illness among the Romblomanon people belonging to the Asi, Ini, and Onhan ethnolinguistic groups in the province of Romblon, Philippines. Ethnographic and historical methods were employed, with traditional healers identified through a dragnet approach serving as key informants. Data gathering proceeded through fieldwork, manuscript preparation, validation, and final documentation. The study documented fourteen folk illnesses together with their symptoms, illness causation, diagnosis, and therapeutics. Folk illnesses were commonly attributed to supernatural beings, elemental entities, ancestral spirits, environmental exposure, bodily imbalance, food poisoning, *hangin*, and socially mediated encounters. Diagnostic practices included pulse-taking (*himulso*), ritual observation, fumigation, prayer, symbolic interpretation through *tawas*, and spiritual discernment. Therapeutics involved herbal medicines, massage, *oracion*, pig-Latin incantations, fumigation, ritual healing, and sacrificial offerings. Seven *siklo ng buhay* (cycle of life) works of the *hilot* (massage curer), three preventive rituals or health measures, *lawag* (remote healing), *sanag* (moral monies), and pathways of healer formation were likewise documented. The findings demonstrate that Romblomanon ethnomedicine remains a culturally embedded and resilient indigenous healthcare system that continues to shape local understandings of illness, wellness, and healing.

INTRODUCTION

Traditional medicine and indigenous healing systems remain important components of healthcare in many communities worldwide, particularly in contexts where cultural beliefs, spiritual practices, and local knowledge continue to shape understandings of illness and wellness. In the Philippines, folk healing traditions persist alongside biomedical healthcare, reflecting culturally embedded systems of diagnosis, therapeutics, and illness causation. These indigenous practices provide valuable insights into how communities interpret disease, negotiate suffering, and sustain culturally meaningful approaches to healing.

Within medical anthropology and ethnomedicine, illness is often understood through explanatory frameworks that may be classified as naturalistic or personalistic. Personalistic explanations attribute illness to intentional actions by human agents (e.g., sorcerers or witches), nonhuman entities (e.g., spirits, ancestors, or elemental beings), or supernatural forces that actively disrupt bodily and spiritual well-being. Such frameworks are particularly significant in indigenous healthcare systems, where ritual specialists and traditional healers function as mediators between the visible and invisible worlds.

Romblon, an island province composed of three major ethnolinguistic groups—the Asi, Ini, and Onhan—possesses a rich and dynamic corpus of oral traditions shaped by geography, migration, and historical interaction. The province's fragmented island geography and long-standing cultural exchanges have contributed to the development of distinctive folk beliefs and practices concerning health and illness

(Madeja, 1993). Lopez (2006) similarly emphasized that regional folk traditions reveal the distinctive qualities of local cultures and serve as important expressions of collective identity and historical continuity.

Despite the continuing practice of folk healing in Romblon, there remains limited scholarly documentation of Romblomanon beliefs regarding illness causation, diagnosis, therapeutics, preventive rituals, and healer formation. Existing scholarship on Philippine traditional medicine has largely focused on other regions, leaving Romblon's indigenous healthcare traditions comparatively understudied and insufficiently archived. This gap is particularly important given the continuing role of traditional healers in local healthcare systems and the gradual disappearance of orally transmitted cultural knowledge.

This study addresses this gap by documenting and analyzing illness causation and folk healing in Romblomanon ethnomedicine among the Asi, Ini, and Onhan ethnolinguistic groups. Particular emphasis is placed on the personalistic principle underlying indigenous understandings of health and illness, the role of traditional healers as mediators, folk illnesses and therapeutics, life-cycle healing practices, preventive rituals, systems of reciprocity such as *sanag*, and the transmission of healing knowledge. By documenting these practices, the study contributes to scholarship on Philippine ethnomedicine and supports the preservation of Romblomanon indigenous knowledge as an important form of cultural heritage.

The present study was conducted to document and analyze illness causation and folk healing among the Romblomanon people belonging to the Asi, Ini, and Onhan ethnolinguistic groups in the province of Romblon. Specifically, the study aimed to document contemporary folk beliefs concerning health and illness, including folk illnesses, perceived aetiology, diagnosis, therapeutics, treatment modalities, and ethnomedicinal practices employed by traditional healers such as the *Shaman*, *Herbolario*, *Hilot* (massage curer), and *Spiritista*. The study further sought to examine the personalistic principle underlying indigenous understandings of illness causation and healing, including how human, nonhuman, and supernatural agents are believed to influence sickness and recovery. Likewise, the investigation documented *siklo ng buhay* (cycle of life) healing practices, preventive rituals and health measures, culturally embedded practices such as *lawag* (remote healing) and *sanag* (moral monies), and the pathways through which healing knowledge and abilities are acquired and transmitted. Through this investigation, the study sought to contribute to the documentation, preservation, and scholarly understanding of Romblomanon ethnomedicine as an important expression of indigenous healthcare practice, cultural identity, and intangible cultural heritage.

MATERIAL AND METHOD

This study employed historical and ethnographic research methods to document and analyze folk beliefs concerning health and illness among the Romblomanon people. Ethnography enabled the researcher to participate as an observer and directly document indigenous healing beliefs and practices in their natural setting, while the historical method provided contextual understanding of the community's past experiences and cultural continuity

influencing present healing traditions (Joaquin-Paz, 2005).

The study was conducted among the Asi, Ini, and Onhan ethnolinguistic groups in the province of Romblon, Philippines. A dragnet approach was employed to identify informants and carriers of traditional healing knowledge. The research population comprised fifteen (15) Key Informant Folk (KIF) healers, including traditional practitioners recognized within their communities. Identification of additional informants ceased upon data saturation.

Table 1. Profile of Key Informant Folk (KIF) Healers

KIF Code	Age	Municipality	Ethnolinguistic Group*
KIF1	49	San Agustin	Ini
KIF2	62	Looc	Onhan
KIF3	63	San Agustin	Ini
KIF4	58	San Agustin	Ini
KIF5	100	Odiongan	Asi
KIF6	68	San Agustin	Ini
KIF7	78	Ferrol	Onhan
KIF8	70	Not disclosed	Not determined
KIF9	49	Ferrol	Onhan
KIF10	48	Ferrol	Onhan
KIF11	81	Not disclosed	Not determined
KIF12	83	Not disclosed	Not determined
KIF13	92	Ferrol	Onhan
KIF14	41	Ferrol	Onhan
KIF15	Not disclosed	Not disclosed	Not determined

*Ethnolinguistic affiliation was inferred based on the dominant linguistic-cultural grouping of the municipality and may not necessarily reflect exclusive identity.

Data were gathered through participant observation, guided interviews, focus group discussions (FGD), document analysis, and material culture study. Field documentation included field journals, field notes, informant records, photographs, audiovisual recordings, and data cards used to organize observations and interview materials. Observation, interviews, and technological documentation facilitated the collection and verification of indigenous healing practices, folk illnesses, rituals, and ethnomedicinal knowledge.

The study proceeded through four stages: Stage 1 involved fieldwork and data gathering; Stage 2 consisted of manuscript preparation and transcription of recorded interviews; Stage 3 involved field validation of collected data with selected informants; and Stage 4 focused on the final organization and documentation of research outputs.

Data analysis employed thematic analysis to identify recurring patterns concerning folk illnesses, perceived aetiology, diagnosis, therapeutics, preventive rituals, *siklo ng buhay* (cycle of life) healing practices, healer formation, and other dimensions of Romblomanon ethnomedicine.

Ethical considerations were observed throughout the conduct of the study. Written informed consent was obtained from key informants prior to participation, while permission to conduct the research was formally secured through a letter of request addressed to the local government authorities. Confidentiality and cultural sensitivity were maintained, particularly in relation to sacred healing knowledge and restricted ritual practices. Certain ritual details, including incantations and Latin (pig-Latin) prayers, were withheld or represented through illustrations when disclosure was prohibited by healers or declined by patients.

RESULTS AND DISCUSSION

The study documented Romblomanon folk beliefs concerning health and illness among the Asi, Ini, and Onhan ethnolinguistic groups, with particular attention to folk illnesses, perceived aetiology, diagnosis, therapeutics, preventive rituals, life-cycle healing practices, reciprocity in healing, and the transmission of healing knowledge. Findings reveal that Romblomanon ethnomedicine is characterized by a predominantly personalistic understanding of illness in which healing practices are embedded within social, moral, environmental, and spiritual relationships. Traditional healers continue to occupy an important role in local healthcare systems by mediating between the visible and invisible worlds through ritual, herbal medicine, massage, prayers, and culturally grounded therapeutic interventions.

Folk Illnesses, Perceived Aetiology, Diagnosis, and Therapeutics

The Romblomanon people possess a diverse body of folk knowledge concerning illness, diagnosis, and healing. Folk illnesses are understood through culturally embedded explanations that integrate bodily, social, environmental, and supernatural causes. While some ailments are associated with physical imbalance, food intake, fatigue, and environmental exposure, many are interpreted through a personalistic framework in which illness is intentionally or unintentionally caused by human, nonhuman, or supernatural agents. Such explanatory systems shape the therapeutic responses of traditional healers and influence the healthcare decisions of patients and their families.

The study documented fourteen folk illnesses and conditions together with their perceived aetiology, symptoms, diagnostic practices, and therapeutics. Table 1 presents a summary of the major folk illnesses documented among the Romblomanon people.

Table 2. Folk illnesses, perceived aetiology, diagnosis, and therapeutics among the Romblomanon people

Folk Illness	Common Symptoms/Manifestations	Perceived Aetiology	Diagnosis	Therapeutics
Sagamla sa Apoy	Severe illness, unspecified affliction	*Lamang-lupa* (earthbound creatures) becoming fond of a person	Pulse-taking (*himulso*)	Ritual fire dance, pig sacrifice (*alay*), prayers, ginger, spear ritual, therapeutic chanting
Sindà	Localized back pain, migraine, red/swollen eyes	Fairies (*Diwata*), evil entities, road spirits	Ritual invocation	Prayer/oration, ritual circling of the house, knife wrapped in red cloth with ginger
Santigwa	Spirit-induced illness	*Ogin*, black elf, supernatural intrusion	*Tawas* (alum) diagnosis, fumigation (*tuób*)	Prayer/oration, incense, charcoal, topical alum application
Sapi / Natabuan	Spirit possession	Weak *dungan* (spiritual twin), *agta*, white lady, *Tikbalang*, elves	Oil-anointed bond paper, *tawas*, spiritual visualization	*Orasyong panghuli*, *orasyong pamako*, prayer, feather/matchstick ritual
Limot	General illness	Supernatural affliction	Ritual observation	Egg ritual, rice, fire ritual, chanting, ginger
Kilkig	Headache, nausea, vomiting, diarrhea, weak joints, fever, insomnia	Food contamination, heavily spiced food	Pulse-taking (*himulso*)	Decoction of burnt sugar, calamansi, beer, herbal medicine
Onong-onongan	Illness associated with *natabuan* or *nabati*	Encounters with elementals or unseen beings	Symptom recognition	Broken pot ritual, corn grits, crab shells, burial/hanging ritual
Usog	Stomach pain, discomfort after greeting	Greeting-induced illness	Observation, pulse-taking	Ginger application, oil massage, prayer
Pasmá	Hand tremors, body pain, sweaty palms, numbness	Imbalance between heat and cold	Symptom recognition	Herbal decoction using *Amomum dealbatum*, *Alpinia elegans*, banana suckers

Barang	Bloating, abdominal pain, nausea	Sorcery by a *mambabarang*	Candle ritual, pulse-taking	Ginger, oil, black candle ritual, protective *panangga*
Bughat / Binat	Postpartum weakness, psychosis, *hangin-hangin*	Physical stress, absorbed *hangin*	Symptom recognition	Herbal bath using *Mentha cordifolia*, *Citrus hystrix*, *Blumea balsamifera*, *Nypa fruticans*
Namuyo / Nabati	Persistent crying, vomiting, fever in children	Greeting-induced illness by humans	Ginger diagnosis (*pintó*)	Ginger massage, rice ritual, prayer
Pilay / Lamig-related conditions	Sprains, dislocations, exhaustion, muscular discomfort	Fatigue, bodily imbalance, *lamig*	Physical assessment by *hilot*	Therapeutic massage using coconut oil infused with medicinal bark and herbs
Haplas-related skin conditions	Itching, skin discomfort	Bodily imbalance or spiritual disturbance	Symptom recognition	Coconut oil, prayer, ritual stroking

The documented illnesses reveal that Romblomanon ethnomedicine is governed by an explanatory system integrating both naturalistic and personalistic understandings of illness. Certain conditions, such as *kilkig*, *pilay*, *pasmá*, and postpartum disturbances, are associated with bodily imbalance, food intake, fatigue, or environmental exposure. For instance, *kilkig* is commonly attributed to food contamination or excessive consumption of heavily spiced food and is treated through herbal decoctions and dietary remedies. Likewise, *pilay* and *lamig*-related ailments are understood as consequences of muscular strain, exhaustion, or imbalance between bodily heat and cold and are commonly managed through massage by the *hilot* using coconut oil infused with medicinal bark and herbs.

In contrast, many Romblomanon folk illnesses are interpreted through a personalistic framework in which sickness originates from intentional or unintentional interactions with unseen beings, spiritual entities, or malicious human agents. Illnesses such as *sagamla sa apoy*, *santigwa*, *sapi* or *natabuan*, *barang*, and *namuyo* are believed to result from supernatural intrusion, spirit attachment, sorcery, weakened spiritual protection, or socially mediated bodily influence. Such illnesses are commonly treated through ritualized interventions involving prayers, offerings, herbal substances, fumigation, symbolic objects, and ceremonial performance.

Among the most culturally significant illnesses documented is *sagamla sa apoy*, a condition believed to arise when *lamang-lupa* (earthbound creatures) become fond of or attached to an individual (*nakursunadahan*). The healing process is highly ritualized and reflects the healer's role

as mediator between humans and the unseen world. During treatment, the healer performs ceremonial movements around a ritual fire while prayers and chants are recited. A pig may be sacrificed as an offering (*alay*) to appease offended spirits, while ginger and ritual objects such as a spear are incorporated into the ceremony. The ritual seeks not only physical healing but also reconciliation between the afflicted person and the unseen entities believed responsible for the illness. This process demonstrates that wellness is understood as the restoration of disrupted spiritual and social relationships rather than merely the alleviation of bodily symptoms.

Another important example is *santigwa*, a spiritually induced illness associated with *ogin* or black elves. Diagnosis commonly involves *tawas* (alum), charcoal, incense, and fumigation (*tuób*), through which the healer interprets signs believed to reveal the source of affliction. Healing is performed through prayers or *oracion*, ritual cleansing, and topical application of therapeutic substances. The symbolic interpretation involved in *tawas* diagnosis illustrates how Romblomanon healers extend diagnosis beyond physical symptoms toward invisible or spiritual causation.

Spirit possession illnesses such as *sapi* or *natabuan* likewise reveal the complexity of Romblomanon healing systems. These conditions are believed to occur when an individual's *dungan* (spiritual twin) weakens or when elemental beings such as *agta*, wandering spirits, or *Tikbalang* attach themselves to a vulnerable person. Ritual diagnosis may involve oil-anointed bond paper and *tawas*, through which healers attempt to identify the spirit believed to possess the patient. Therapeutics frequently include *orasyong panghuli* and *orasyong pamako*, prayers intended to drive away harmful forces and restore spiritual protection. Symbolic objects, feathers, and ritual gestures may also be employed during healing sessions.

Another illness strongly grounded in personalistic causation is *barang*, commonly understood as sorcery inflicted by a *mambabarang*. Healers diagnose the condition through pulse-taking, observation, and candle rituals intended to reveal hidden affliction. Therapeutic interventions include the use of ginger, coconut oil, black candles, and *panangga* or protective objects believed to shield patients from recurring attacks. Such healing practices reflect local beliefs that illness may be intentionally caused by malicious individuals and therefore requires spiritual protection in addition to bodily treatment.

Among children, *namuyo* or *nabati* is particularly significant because illness is believed to arise from ordinary social interactions such as greetings by individuals possessing strong bodily energy. Persistent crying, vomiting, and fever are interpreted as symptoms of greeting-induced illness (*bati* or *muyo*). Ginger is commonly rubbed onto the child's wrist while diagnostic rituals (*pintó*) are conducted to identify the source of affliction. The ginger is later placed together with rice in a bag and retained for several days before being returned to the healer, who performs prayers in forests or marshes as part of the therapeutic process.

The findings further reveal that diagnosis among Romblomanon healers extends beyond ordinary physical examination. Pulse-taking (*himulso*) remains one of the most common diagnostic methods and is widely used to determine whether an illness is ordinary or spiritually induced. Other forms of diagnosis include *tawas* interpretation, fumigation, oil-based

divination, ritual observation, and symbolic reading of bodily signs. Diagnosis therefore functions not merely to identify symptoms but to uncover the perceived moral, spiritual, social, or supernatural origins of illness.

Therapeutics likewise demonstrate a pluralistic healing tradition integrating herbal medicine, ritual intervention, prayers or *oracion*, massage, fumigation, symbolic objects, sacrificial offerings, and protective rituals. While herbal medicines and massage therapies are frequently used for bodily ailments, ritual healing becomes especially prominent in conditions associated with supernatural causation. Such practices reveal an indigenous healthcare system in which healing involves restoring bodily, spiritual, social, and environmental equilibrium.

Taken collectively, the findings demonstrate that Romblomanon folk illnesses are not interpreted solely as biological dysfunctions but as disruptions involving bodily, moral, environmental, social, and spiritual relationships. The persistence of these explanatory models among the Asi, Ini, and Onhan ethnolinguistic groups underscores the continuing relevance of indigenous knowledge in shaping health behavior and healing choices. Despite the increasing accessibility of biomedical healthcare, traditional healing practices remain culturally meaningful and continue to function as trusted forms of care, particularly for illnesses believed to transcend ordinary physical causation.

The *Siklo ng Buhay* Works of the *Hilot*

Healing practices among the Romblomanon people extend beyond the treatment of illness and encompass major stages of the human life cycle. The *hilot* (massage curer) performs important therapeutic, preventive, and restorative roles beginning from conception and pregnancy through childbirth, infancy, childhood, and adulthood. These interventions, collectively understood as the *siklo ng buhay* (cycle of life) works of the *hilot*, reflect an indigenous understanding of healthcare in which bodily wellness, reproductive health, physical balance, and spiritual protection are continuously maintained across life stages.

The study documented seven major forms of *hilot*-based interventions, namely *hilot upang mabuntis*, *plastada*, *hinguli* or *batak*, *bughat*, *digos para sa bata*, *hilot* for children and adults, and *namuyo* or *nabati*. These practices illustrate the broad therapeutic scope of the *hilot* and demonstrate that Romblomanon healthcare extends beyond curative intervention toward preventive and life-course healing.

Among couples experiencing difficulty conceiving, *hilot upang mabuntis* is performed to facilitate pregnancy. The healer massages the wife to prepare the body for conception and improve reproductive readiness. Following the therapeutic massage, the healer or midwife counsels the couple regarding the timing of sexual intercourse, advising that the first lovemaking ideally occur in the early morning (*temprano*) and again after supper between 8:00 and 9:00 PM, accompanied by prayer asking for divine assistance. Friday is considered the preferred day for the intervention because the succeeding weekend allows the couple to rest physically. Couples may consummate immediately after the *hilot* or whenever they feel physically prepared. The practice reflects an integrated understanding of reproductive health in which bodily intervention, timing, spirituality, and relaxation are perceived to influence conception.

Pregnancy-related care is further provided through *plastada*, a therapeutic massage commonly administered beginning in the fifth month of pregnancy when the unborn child is perceived to be in an abnormal position (*suli* or breech presentation). Through careful abdominal massage, the *hilot* attempts to reposition the fetus into a head-down posture believed to facilitate safer childbirth. The intervention is considered gentle and non-painful for both mother and child, and massage may continue regularly until the final month of pregnancy to ensure proper fetal positioning.

An alternative *plastada* technique employs a blanket-based cradle method. The healer wraps the pregnant woman's waist (*baliw-ang*) and abdomen with a blanket to create a temporary cradle and gently rocks the body back and forth for an extended period, sometimes lasting nearly two hours, to assist in correcting fetal position. During pregnancy, precautionary restrictions are likewise observed. For example, expectant mothers are advised not to wear bags around the neck but instead to carry them by hand to avoid negatively affecting the child's position in the womb.

Another important reproductive and postpartum intervention is *hinguli* or *batak*, a form of *hilot* intended to reposition the uterus and restore bodily balance. Usually performed approximately five days after childbirth, the healer massages the mother using oil to reposition the uterus and facilitate recovery. Following treatment, the mother is advised to rest for at least an hour. During pregnancy, *hinguli* may likewise be performed when mothers experience abdominal pain, discomfort, or frequent urination, particularly during the fifth month, or when the unborn child remains in a breech position during later stages of pregnancy.

The postpartum period is regarded as particularly vulnerable to bodily and spiritual imbalance. *Bughat* or *binat*, locally understood as a postpartum condition involving weakness, *hangin-hangin*, or psychosis, is believed to result from physical and emotional exhaustion and the absorption of *hangin* (air) into the recovering body. Therapeutics commonly involve bathing in lukewarm herbal decoctions prepared from *Mentha cordifolia* (helba buena), kabayang, *Citrus hystrix* (kabugaw), *Blumea balsamifera* (sambong), and cooked *Nypa fruticans* (nipa meat). The remedy is intended to restore bodily equilibrium and prevent relapse during postpartum recovery.

Healing interventions likewise extend to infancy through *digos para sa bata*, a ritual cleansing bath administered approximately five days after birth. Infants are bathed using herbal preparations similar to those used for postpartum recovery, consisting of helba buena, kabayang, kabugaw leaves, sambong, nipa meat, and *Cymbopogon citratus* (tangyador or lemongrass). Distinct herbal combinations may be used depending on the child's sex: *tangyad* is commonly associated with male children, whereas nipa is preferred for female children. Such practices reveal culturally embedded understandings of bodily care, symbolic protection, and gendered wellness during infancy.

The *hilot* likewise performs therapeutic massage for children and adults experiencing ailments such as *pilay* (sprains, strains, swollen limbs, fractures, dislocations, or bent bones), fever, cough, bodily exhaustion, and muscular discomfort. Coconut oil infused with medicinal bark and herbs is massaged into affected areas to reduce pain and restore bodily balance. Among adults, therapeutic massage is frequently employed to alleviate fatigue, muscular strain, and *lamig* or *pasmá*,

conditions believed to arise from bodily imbalance between heat and cold. Through massage and herbal oil application, the *hilot* seeks to restore equilibrium and improve circulation.

Children are considered especially vulnerable to *namuyo* or *nabati*, conditions associated with greeting-induced illness (*bati* or *muyo*) by individuals who possess strong bodily energy but no harmful intention. Unlike *natabuan*, which is attributed to elemental beings, *namuyo* is believed to be caused by human interaction. Persistent crying is considered the most common symptom, although vomiting and fever may also occur.

Healing for *namuyo* commonly involves ginger and prayer. Ginger is rubbed onto the child's wrist while the healer performs *pintó*, a diagnostic ritual intended to identify the source of illness. Once the perceived cause is determined, the ginger is placed together with rice inside a plastic bag and entrusted to the patient for three days before being returned to the healer. Additional rice and ginger may be added as necessary. Healing prayers are often performed in forests or marshlands, reflecting the belief that effective healing depends not only on technical skill but also on the healer's moral integrity and relationship with the divine.

Taken collectively, the *siklo ng buhay* works of the *hilot* demonstrate that Romblomanon ethnomedicine functions as a culturally embedded healthcare system accompanying individuals through major biological and social transitions. From fertility assistance and prenatal care to postpartum recovery, infancy, childhood illnesses, and adult bodily maintenance, the *hilot* occupies a central role in maintaining health and restoring bodily and spiritual equilibrium. These practices reveal that healing among the Romblomanon is not compartmentalized into purely biomedical categories but is understood through an integrated framework involving the body, environment, social relations, morality, and unseen spiritual forces.

The findings further suggest that the *hilot* serves as more than a therapeutic practitioner. The healer functions simultaneously as a diagnostician, counselor, ritual specialist, herbalist, and mediator between the natural and supernatural worlds. Treatments such as *plastada*, *hinguli*, postpartum *bughat* prevention, *digos*, and *namuyo* interventions reflect a medical worldview in which illness may arise from bodily imbalance, social interaction, environmental exposure, or spiritual disruption. Consequently, diagnosis and therapeutics are often accompanied by behavioral prescriptions, prayers, herbal preparations, and ritual interventions.

Moreover, the documented life-cycle practices affirm the persistence of indigenous knowledge systems among the Asi, Ini, and Onhan ethnolinguistic groups despite the growing dominance of biomedical healthcare. The continuity of these healing traditions underscores the enduring trust placed in the *hilot* as a custodian of communal health and cultural knowledge. As such, the *siklo ng buhay* works of the *hilot* illuminate how Romblomanon ethnomedicine remains a living tradition that embodies local understandings of wellness, suffering, recovery, and human vulnerability across the life course.

Preventive Rituals and Health Measures

Preventive healthcare among the Romblomanon people reflects a worldview in

which illness is not only cured but also prevented through ritual observance, spiritual protection, and collective participation. Consistent with the observations of Shoko (2007), preventive medicine in many indigenous communities is oriented toward safeguarding individuals and households against harmful forces, sorcery, or spiritual imbalance. Preventive rituals function as symbolic barriers intended to eliminate the causes of illness and preserve bodily and communal well-being. Among the Romblomanon people, preventive healthcare similarly emphasizes ritual continuity, ancestral reverence, and household protection as essential elements of wellness.

The study documented three major preventive rituals and health measures, namely *mahikaw*, *halad sa kalag*, and *dagá*. These practices illustrate how health maintenance extends beyond physical intervention toward ritualized relationships with family members, ancestors, and unseen entities.

The *mahikaw* ritual is commonly performed for newly married couples to prevent illness among family members and ensure the future prosperity and well-being of the household. During the ritual, chicken and rice are prepared for communal consumption, followed by shared prayer among household members. Adequate food must be prepared for everyone in the family. When the prepared chicken is consumed, the ritual must be repeated annually. However, if the chicken is instead buried, repetition of the ritual becomes unnecessary. This distinction highlights how ritual efficacy is tied to the form of offering and demonstrates the role of food, prayer, and symbolic action in preventive health practices.

Another important preventive ritual is *halad sa kalag*, an offering made to ancestral spirits or deceased family members in hopes of preventing illness among surviving relatives. Ritual offerings commonly include newly harvested rice, whole cooked chicken, sticky rice (*suman*), water, *tuba* (coconut wine), candles, and cigarettes accompanied by prayer. When multiple ancestral spirits are being honored, individual plates are prepared for each. Following prayer, the spirits are invited to partake in the offering, after which surviving family members—particularly grandchildren and household members—consume the remaining food. The ritual reflects enduring kinship ties between the living and the dead and the belief that ancestors continue to influence family welfare and health.

The *dagá* ritual functions primarily as household protection against illness and harmful influences. It may be performed while a house is under construction or after completion, especially when household members experience sickness. Ritual materials—including white chicken (*sadsad na puti*), money, and a *tayhupan* (flat basket used for winnowing grain)—are buried near the house's supporting columns to ensure health and protection. In some cases, incense fumigation is likewise performed to spiritually cleanse the dwelling. Following the ritual, no one is permitted to enter the house for three days. Violation of this restriction requires the repetition of the entire ceremony, underscoring the perceived importance of ritual observance and bodily protection.

Taken together, these preventive rituals reveal that Romblomanon ethnomedicine extends beyond the treatment of illness and emphasizes proactive maintenance of wellness through ritual observance, social participation, ancestral reverence, and spiritual safeguarding. Health is understood not merely as the absence of

disease but as the preservation of harmonious relationships among individuals, families, ancestors, the environment, and unseen forces. These findings further demonstrate that indigenous healthcare among the Romblomanon people functions simultaneously as a medical, social, moral, and spiritual system of protection.

Lawag or Remote Healing

Another distinctive therapeutic practice documented among the Romblomanon people is *lawag* or *palupad-hangin*, a form of remote healing performed when the patient is physically distant from the healer. Unlike ordinary healing sessions requiring the patient's presence, *lawag* demonstrates the belief that healing may transcend physical distance through prayer, ritual intention, and spiritual mediation. This practice reflects an indigenous understanding in which illness, diagnosis, and therapeutics are not restricted by geographical separation but may occur through symbolic and spiritual connection. Because many illnesses documented in this study are believed to involve unseen or spiritual causation, *lawag* may be applied to a wide range of folk illnesses when direct contact between healer and patient is impossible.

The healer performs *lawag* using *oracion*, a Latin or pig-Latin prayer believed to activate healing. In ordinary diagnosis, the healer typically determines illness through pulse-taking (*himulso*). However, because the patient is absent during *lawag*, the healer instead examines the pulse of a relative, which serves as a substitute diagnostic medium for identifying the patient's illness. Informants explained that unlike ordinary pulse-taking using the wrist, the healer palpates the middle finger during this ritual to facilitate diagnosis. Following prognosis, the healer performs the appropriate treatment and symbolically transmits the medicine or healing force "through the air."

Informants further explained that the arrival of healing may be temporally estimated. For example, when a patient is in Manila, the *lawag* or *palupad-hangin* may require approximately half a day to reach the patient. Healing is believed to manifest when the patient suddenly experiences a rush of cold wind, after which relief or recovery follows. The procedure may be repeated whenever necessary while the healer continues to monitor the patient's condition.

The practice of *lawag* illustrates the expansive therapeutic reach of Romblomanon ethnomedicine and reveals a culturally embedded understanding of distance, prayer, bodily recovery, and spiritual mediation. As a form of remote healing, *lawag* demonstrates that Romblomanon healthcare traditions extend beyond immediate bodily contact and are grounded in relationships among healer, patient, kinship networks, and unseen healing forces.

Sanag as Moral Economy in Romblomanon Healing Practice

In Romblomanon folk healing practice, patients are expected to offer *sanag* before or after treatment as a form of reciprocal exchange with the healer. *Sanag* may consist of money, rice, or any available resource depending on the patient's financial capacity. For individuals experiencing economic hardship, even a minimal offering—such as one peso or a handful of rice—is considered acceptable. Although the amount is not fixed, the act of giving itself is culturally significant. Informants emphasized that healing may remain incomplete if *sanag* is not offered, as the exchange is believed to contribute to bodily recovery and the

restoration of wellness. In this sense, *sanag* is understood not merely as compensation for services rendered but as an integral component of the healing process itself.

The practice of offering *sanag* reflects a culturally embedded system of reciprocity operating within Romblomanon ethnomedicine. According to Zachiaraiza et al. (2016, p. 59), individuals frequently seek traditional healers rather than formally trained medical professionals because payment remains flexible and dependent on voluntary contribution rather than predetermined fees. Similarly, Cerio (2020) observed that folk healers generally accept donations instead of fixed payment, with the amount justified by the patient's financial circumstances. Such flexibility suggests that indigenous healing systems function within a moral framework emphasizing accessibility, compassion, communal obligation, and care over purely commercial exchange.

Krah (2019), as cited in Cerio (2020), described such tokens of gratitude as "moral monies," referring to a special category of monetary counter-gifts that bridge the sociocultural, moral, and historical foundations of healing traditions with contemporary economic realities (p. 215). Within the Romblomanon context, *sanag* similarly operates as a culturally meaningful moral exchange through which patients acknowledge the healer's intervention and symbolically participate in their own recovery.

Anthropologically, the practice of *sanag* may further be understood through theories of reciprocity and gift exchange. Contemporary discussions of gift systems emphasize that exchanges are not merely economic transactions but social acts that generate obligation, solidarity, and enduring interpersonal relationships. Drawing on the foundational insights of Marcel Mauss, Yan (2023) explained that gift exchange operates through interconnected obligations to give, receive, and reciprocate, thereby reinforcing trust and sustaining social relationships. Within Romblomanon healing practice, *sanag* functions as a culturally embedded counter-gift that strengthens the healer–patient relationship and sustains the moral economy of indigenous medicine. Rather than serving as fixed payment for therapeutic services, *sanag* symbolizes reciprocity, gratitude, participation, and moral responsibility within the healing encounter.

Taken collectively, the practice of *sanag* demonstrates that Romblomanon ethnomedicine is not solely concerned with curing illness but also with maintaining social balance and reciprocal obligations within the community. Healing is understood as both a medical and relational process in which recovery depends not only on therapeutic intervention but also on the patient's participation in culturally prescribed systems of exchange. As such, *sanag* illustrates how healthcare among the Romblomanon people remains deeply embedded within local moral, social, and cultural worlds.

Kinship, Apprenticeship, and Supernatural Transmission of Healing Power

The attainment of healing abilities among Romblomanon folk healers occurs through multiple pathways, reflecting the complex interaction among kinship, apprenticeship, experiential learning, and supernatural intervention. Informants revealed that healing knowledge is not acquired through a singular mode of transmission but may instead be inherited through family lineage, learned through prolonged association with experienced healers, or acquired through extraordinary

spiritual encounters. These diverse pathways shape both the legitimacy and authority of healers within the community and reinforce the continuity of indigenous healing traditions across generations.

KIF3 recounted that her healing abilities were transmitted by her mother during the latter's deathbed. According to the informant, her mother implored her to accept the healing gift before passing away. Although initially reluctant, KIF3 eventually yielded upon recognizing her mother's sincerity and the urgency of preserving the healing tradition. She recalled pleading, "*Inay, saylohan na sa akon ang imo kina-agman*" ("Mother, please transfer your gift of healing to me"), after which the healing knowledge was believed to have been supernaturally transferred to her. Before dying, the mother instructed her never to surrender to elemental beings and emphasized the moral obligations accompanying the gift. In this instance, healing knowledge was not regarded as technical skill learned through observation or repetition but as a metaphysical inheritance transmitted through kinship and spiritual succession.

This mode of healer formation aligns with Cerio's (2020) observation that folk healing commonly originates through knowledge transfer within family networks (p. 215). However, the Romblomanon case demonstrates that such transmission may transcend ordinary instruction and instead be understood as supernatural transfer. Cerio (2020) similarly noted that many folk healers inherit or learn healing practices from parents or relatives who themselves function as healers, reflecting the influence of strong kinship structures in preserving family traditions and ritual knowledge. This process is described as a kin-based model or vertical knowledge transmission (Cerio, 2020, pp. 215–216).

In contrast, KIF4 described an apprenticeship-based pathway to healer formation. The informant learned therapeutic practices from a healer friend who resided with their family for several months and regularly brought him to healing sessions. Through prolonged observation, participation, and repeated exposure to ritual practices, the informant gradually acquired the knowledge and competencies necessary for healing. This form of transmission resonates with the findings of Wood, Kendal, and Flynn (2012), as cited in Cerio (2020), who argued that individuals selectively acquire cultural knowledge from trusted or respected models. Mesoudi et al. (2013), likewise cited in Cerio (2020), described this process as context-dependent model bias, wherein learners intentionally choose whom to imitate based on perceived competence, credibility, and social legitimacy (p. 216).

A particularly unusual and highly supernatural pathway to healer formation was narrated by KIF1, who claimed to have studied in a healing school situated at the foot of Mt. Guiting-Guiting. Although the informant declined to disclose the school's name, she recounted that a giant snake served as the instructor and taught healing practices over a continuous two-month period. According to the account, various ethnomedicinal tools—including the black candle, *panangga* (a protective shield against *barang* and malevolent entities), medicinal coconut oil infused with therapeutic bark and herbs, and other secret ingredients—originated from this mysterious institution. Such narratives illustrate how healing legitimacy among the Romblomanon may likewise emerge from extraordinary spiritual encounters and supernatural instruction,

thereby reinforcing the personalistic dimensions of ethnomedical knowledge.

Taken collectively, these findings suggest that healing ability among Romblomanon folk healers is understood as socially, morally, and spiritually mediated knowledge acquired through multiple pathways. Whether transmitted through kinship, apprenticeship, or extraordinary spiritual encounter, the legitimacy of healing depends not solely on technical competence but also on moral integrity, spiritual preparedness, and communal recognition. These pathways illustrate how indigenous healing traditions continue to be preserved, adapted, and legitimized within Romblomanon ethnomedicine despite changing social and medical contexts.

Toward an Understanding of Romblomanon Ethnomedicine

Taken collectively, the findings reveal that Romblomanon folk beliefs concerning health and illness constitute a coherent, enduring, and culturally embedded ethnomedical system shaped by personalistic, relational, moral, and spiritual understandings of wellness. Illness is not interpreted solely as bodily dysfunction but as a condition arising from disrupted relationships involving human actors, environmental forces, ancestral spirits, elemental beings, morality, and spiritual imbalance. Such a worldview reflects a predominantly personalistic explanatory model in which disease may originate from intentional or unintentional actions of visible and invisible agents, thereby requiring therapeutic interventions extending beyond purely biomedical treatment.

Within this framework, traditional healers function as indispensable mediators between the human and supernatural worlds. The *Shaman*, *Spiritista*, *Herbolario*, and *Hilot* assume overlapping roles as diagnosticians, ritual specialists, herbalists, counselors, and custodians of indigenous knowledge. Their healing practices reveal a pluralistic medical system combining pulse-taking (*himulso*), herbal medicine, therapeutic massage, fumigation, prayers or *oracion*, ritual performance, sacrifice, symbolic protection, and spiritual mediation. Healing, therefore, is understood not merely as symptom alleviation but as the restoration of bodily, emotional, social, environmental, and spiritual harmony.

The findings further demonstrate that Romblomanon ethnomedicine extends across the human life course through the *siklo ng buhay* works of the *hilot*, preventive rituals, remote healing practices such as *lawag*, and culturally embedded systems of reciprocity such as *sanag* or moral monies. These practices reveal that wellness is maintained not only through therapeutic intervention but also through prevention, ancestral reverence, reciprocity, moral obligation, social participation, and ritual continuity. Likewise, the diverse pathways through which healing abilities are acquired—through kinship, apprenticeship, and supernatural transmission—highlight the resilience of indigenous knowledge systems and the continued legitimacy of folk healers within local communities.

Despite the growing presence of biomedical healthcare, the persistence of these practices among the Asi, Ini, and Onhan ethnolinguistic groups underscores the continuing relevance of Romblomanon ethnomedicine in shaping health behavior, illness interpretation, and healing choices. More importantly, the findings illuminate how indigenous medical knowledge survives as a living tradition that adapts to changing social realities while preserving its cultural

foundations. In this regard, Romblomanon folk beliefs concerning health and illness remain an important repository of indigenous knowledge, a mechanism for cultural continuity, and an essential component of Romblomanon identity.

Ethical Considerations

Prior to data collection, a formal letter of request to conduct the study was secured from the Office of the Municipal Mayor. Written informed consent was obtained from all Key Informant Folk (KIF) healers prior to participation. Informants were informed of the objectives of the study, the voluntary nature of participation, the intended use of audio-visual documentation, and their right to decline participation or withhold disclosure of ritual elements considered sacred, confidential, or culturally sensitive.

In cases where healers prohibited the disclosure of incantations, *oracion*, pig-Latin prayers, ritual verses, and other sacred healing elements, such information was withheld or represented through illustrations and general descriptions to maintain cultural respect and ethical sensitivity. The study likewise recognized the need to protect indigenous knowledge systems from inappropriate disclosure while respecting community beliefs and ritual boundaries.

To protect informant privacy and maintain ethical safeguards, participants were anonymized using Key Informant Folk (KIF) codes (KIF1–KIF15) in the published version of the study. Exact residential locations and personally identifying details were withheld unless explicit permission for disclosure was granted by the participants. All gathered materials, including field notes, interviews, and audiovisual documentation, were handled with confidentiality and utilized solely for scholarly, cultural, and archival purposes.

CONCLUSION AND RECOMMENDATIONS

This study documented and analyzed the folk beliefs concerning health and illness among the Romblomanon people and demonstrated that Romblomanon ethnomedicine constitutes a coherent, enduring, and culturally embedded indigenous healthcare system shaped by spiritual, social, moral, environmental, and bodily understandings of wellness. The findings reveal that illness among the Romblomanon is predominantly interpreted through a personalistic explanatory framework in which disease may arise from supernatural beings, elemental entities, ancestral spirits, bodily imbalance, environmental exposure, weakened spiritual conditions, or disrupted social and moral relationships. Within this framework, health and illness are not understood solely in biomedical terms but are interpreted as conditions involving the interconnected relationships among the body, community, environment, and unseen forces.

The study documented fourteen (14) folk illnesses and conditions together with their perceived aetiology, symptoms, diagnostic methods, and therapeutics. Illnesses are commonly associated with supernatural entities and forces such as *duwende*, *ogin*, *lamang-lupa* (earthbound creatures), *agta*, *Tikbalang*, weakened *dungan* (spiritual twin), *hangin*, and socially mediated conditions such as *usog*, *nabati*, and *namuyo*. Diagnostic practices include *himulso* (pulse-taking), symbolic interpretation through *tawas* (alum), fumigation (*tuób*), ritual observation, prayer, and spiritual discernment. Therapeutics consist of herbal medicines, massage,

oracion or pig-Latin prayers, sacrificial offerings, ritual performance, fumigation, protective objects, and ethnomedicinal preparations intended to restore bodily, spiritual, and social equilibrium.

The findings further establish that Romblomanon healthcare practices extend beyond curative treatment and encompass preventive medicine, life-course healing, ritual protection, reciprocity, and moral obligation. The *siklo ng buhay* works of the *hilot* demonstrate that healing accompanies major stages of life, including conception, pregnancy, childbirth, infancy, childhood, and adulthood through interventions such as *hilot upang mabuntis*, *plastada*, *hinguli* or *batak*, *bughat*, *digos para sa bata*, therapeutic *hilot*, and *namuyo* treatments. Preventive rituals such as *mahikaw*, *halad sa kalag*, and *dagá* further reveal how wellness is maintained through ancestral reverence, ritual safeguarding, household protection, and communal participation. Likewise, *lawag* or *palupad-hangin* illustrates the belief that healing may transcend physical distance through prayer, symbolic mediation, and spiritual connection.

The study likewise demonstrates that Romblomanon healing practices are sustained through culturally embedded systems of reciprocity and knowledge transmission. The practice of *sanag* or moral monies reflects a healer–patient relationship grounded not in fixed payment but in reciprocity, gratitude, and communal obligation, reinforcing the moral economy of indigenous healing. Healing abilities are likewise attained through diverse pathways, including kinship-based inheritance, apprenticeship, and supernatural transmission. These pathways underscore the resilience of indigenous knowledge systems and affirm the continuing legitimacy of folk healers within Romblomanon communities. The absence of rigid distinctions among the *Shaman*, *Herbolario*, *Hilot*, and *Spiritista* further suggests that Romblomanon healers embody overlapping therapeutic, ritual, and mediating roles, reflecting the integrative character of local ethnomedicine.

Despite the increasing accessibility of biomedical healthcare, folk healers continue to play a meaningful role in local healthcare systems, particularly in communities where indigenous explanatory models of illness remain culturally relevant and trusted. More importantly, this study contributes to the growing scholarship on Philippine traditional medicine by providing one of the first comprehensive ethnographic documentations of Romblomanon folk healing practices, thereby addressing a major gap in accessible literature concerning Romblon's indigenous medical traditions. The findings further demonstrate that Romblomanon ethnomedicine remains a living tradition that adapts to changing conditions while preserving its cultural foundations and continuing significance in community life.

The present study also recognizes several limitations that warrant further scholarly attention. The identification and authentication of ethnomedicinal plants require interdisciplinary collaboration involving botanists, ethnopharmacologists, linguists, and medical practitioners to establish scientific names, preparation methods, dosage, therapeutic properties, routes of administration, and possible pharmacological effects. Comparative studies among the Asi, Ini, and Onhan ethnolinguistic groups may likewise be undertaken to identify similarities, variations, and localized adaptations of healing beliefs and practices across Romblon.

In light of these findings, the study recommends the urgent documentation,

preservation, and archiving of Romblomanon folk healing traditions as important forms of intangible cultural heritage. Ethnobotanical knowledge among folk healers should be systematically recorded and classified to safeguard indigenous medicinal practices and prevent cultural loss. Educational institutions, cultural agencies, and local government units may likewise develop supplementary learning resource materials (SLRs), cultural heritage initiatives, and community-based programs that promote awareness of Romblomanon healing traditions and regional identity. Finally, culturally responsive policy and development interventions recognizing the continuing role of folk healers in local healthcare systems may be explored while maintaining ethical safeguards and respect for indigenous beliefs, practices, and sacred knowledge. Ultimately, the continued recognition and scholarly study of Romblomanon ethnomedicine may contribute to a more culturally grounded understanding of healthcare, healing, and wellness in the Philippines.

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