

Glimpses of Meranaw Local Knowledge in Health and Healing

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Abstract

The Meranaw, known as the people of the lake, had established their communities around Lake Lanao, considered an ancient lake situated in the city of Marawi and the province of Lanao del Sur. Considered as a conservative ethnic group, the Meranaw had developed over time indigenous knowledge and practices which in combination with outside influences constitute the unique Meranaw culture. Among the important components of the Meranaw culture are their beliefs and practices on health, diseases, and curative resorts which are essential especially in these parts of the country where the health system is in poor state.

The study was conducted in the city of Marawi and four municipalities of Lanao del Sur: Saguilaran, Balindong, Tamparan, and Ganassi. Survey method was used among 500 respondents and Key Informant (KI) interview among four Meranaw traditional healers. This article aims to determine the notions of Meranaws on health, the practices they believed to be good for one's health, perceived causes of disease, their curative resorts, and their indigenous healing methods. Findings are analysed using the Explanation Model (EM) a framework which views culture as providing explanation, in this case, to Meranaw health beliefs and curative methods.

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Findings shows Meranaws have a syncretic belief system on health, causes of disease, curative resorts, and healing methods. Theirs is a combination of pre-Islamic, Islamic, and 'modern' health belief system and practices. Even among traditional healers (pamomolong), there is a combination of pre-Islamic and Islamic beliefs and practices on healing methods. The dynamic and adaptive Meranaw culture provides for a local knowledge relevant to the health needs and healthy system conditions in the research localities.

Keywords: Meranaw local/traditional knowledge, healing methods

INTRODUCTION

The Meranaw of Lake Lanao

The Meranaw (also known as Maranao, Meranao) are the people of the Lake Lanao located in the city of Marawi and the province of Lanao del Sur. The Meranaw ethnic group is among the 13 Muslim groups in Mindanao which put great importance on the observance of their tradition, beliefs, and religion and they live strictly in accordance with their religion, tradition and belief which they have continued and preserved up to the present (Madale, 1997).

As components of the Meranaw culture, indigenous knowledge and practices on health and healing are very essential in these places where the health system is in poor condition. As part of the then Autonomous Region of Muslim Mindanao (ARMM), Marawi City and Lanao del Sur are among the identified regions in the country with the lowest government health workers and the least number of health facilities and beds (DOH 2008; Romualdez 2009). Despite the health reforms in the Philippines, ARMM which include Marawi City and Lanao del Sur still lag behind in health system as the number of health facilities and services are greatly disproportionate to the number of population. Such pitiable conditions raise questions as to the medical remedies of the people in these areas, how health and diseases are being dealt with, and what health belief system and curative practices are provided for in the local culture?

Against this back drop, this study highlights the local knowledge of Meranaw in Marawi City and four municipalities in Lanao del Sur pertaining to health and healing. Specific objectives in this paper are to find out the Meranaw definitions of health, practices considered good for one's health, their beliefs on the causes of diseases, and their curative resorts are.

Theoretical Framework

Indigenous knowledge (IK) is the dynamic and complex body of know-how, practices, and skills developed and sustained by peoples and communities with shared histories and experiences (Baker, 2017). It is community-based, culture-specific, and location-specific. In a similar vein, UNESCO defines local and indigenous knowledge as the understandings, skills and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and indigenous peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life.

Using culture as a context in understanding health beliefs and practices, this study adapts a modified version of the Explanation Model of illness. In the Explanation Model for Illness (EM), Abad (2012) suggests that the use of the model of illness provides a framework on the understanding of a patient on the cause of his/her illness, and this may include the meanings and values he/she associates with the condition. Culture is defined as the "totality of socially transmitted pattern of thoughts, values, meanings, and beliefs" (Parnell, 2005). Tan (2008) explains that "culture is inscribed in our bodies and in our minds". As such, the relationship of culture and health is important to understand as it impacts an individual's worldview and decision-making process (Purnell, 2005).

As applied in this study, Meranaw culture provides explanation as to definitions of health and diseases, healthy practices, perceived causes of diseases, curative resorts, and healing methods. Meranaw culture is viewed as dynamic and adaptive, hence a confluence of old and new elements. By health beliefs it includes subjective definitions of health, causes of disease, and perceived healthy practices. This paper further argues that health beliefs affect and/or determine the health seeking behaviors and/or curative resorts of the Meranaw. Curative resorts are classified as traditional medication, modern/medical medication, and a combination of both.

REVIEW OF RELATED LITERATURE

Meranaw health problems and causes

A study on Maranao health problems and causes of diseases by Isidro and Saber (in Kamlian, 1996), identified two important health problems of the Maranaos notably, hygiene and environmental sanitation. Another study by Sarangani and Taberdo (2002) added that the forces of nature, black magic, supernatural beings and god's curse were identified as the main

causes of illness. However, harmful bacteria were also cited as a natural cause of illness.

Traditional/Indigenous healing methods

The use of plants and animals in healing has been documented in several studies. To mention a few, Disoma (1990) reported that to cure diseases and illness, herbs and other elements extracted from animals were used by the *pamomolong* (medicine man). Sometimes, the concoction was accompanied with religious or magical spell called *tawar*. The same study also described some rituals after childbirth for the new born baby and the mother. Certain plants were used as concoction to be drunk by pregnant women for fast delivery. Some rituals are to be performed during and after delivery for the mother and the new born baby.

Medicinal plants used among the Muslim Maranao were studied by Olowa and Demayo (2015). In their study, a total of 122 plant species, grouped within 113 genera and 53 families were recorded. Out of the 51 medicinal uses, the five most common were (1) cough and colds (2) fever and urinary tract infections (3) diarrhea (4) hypertension and cuts or wounds (5) muscle pain. Usually the herbs (their leaves) are boiled with water decoction and taken internally (drink).

Indigenous maternal health care among Meranao women was also studied in the municipality of Madamba, Lanao del Sur which describes how pregnant women are taken care of by the *pamomolong* during pregnancy, birth delivery and shortly after giving birth. Barandia (2014) documents certain indigenous practices of massaging the pregnant women with snake oil to ease the delivery.

Meranaw choices of health care

A study conducted by Mananquil (2011) focused on the difficulties encountered by Maranao families and their choice of health care. It was found out that rural and urban Maranaos dealt with the same difficulties in caring for an ill family member. However, urban participants were found to be more capable of spending for the treatment and medication of their family member as well as having better knowledge about the condition of the illness. Rural participants were more inclined to choose traditional medicine for primary health care since they had limited access to the modern health care services.

Linking health-seeking behavior by age, Mutin (1981) concluded that Maranaos belonging to the higher age groups (50 years and above) preferred

practicing traditional methods more than those belonging to the lower age groups, specifically those who have experienced higher education and those with higher economic status. Other than that, several factors affected the Maranaos' choice of health care system. Recent study conducted by Omar and Matling (2013) concluded that Maranaos who are suffering from fever, cough and pain preferred to use the traditional way of treating these ailments rather than the scientific or modern way of treatment.

METHODOLOGY

The research location includes Marawi City and Lanao del Sur municipalities of Tamparan, Ganassi, Balindong, and Saguilaran. These research areas are part of the then Autonomous Region in Muslim Mindanao (ARMM) and were selected since majority of the residents were Muslim Meranaw. The study was conducted from January to December 2016 which was part of a bigger study.

Research ethics were followed to ensure protection of the research participants. Methods of data collection include quantitative (survey questionnaire to 500 selected community stakeholders) and qualitative (four Key Informant interview of traditional healers). The respondents were chosen through convenience sampling.

Respondents of this study are all Meranaw Muslims whose ages range from 20 years to more than 70 years old. The modal age was between 41-45 years old showing the maturity level of the respondents. There were more women respondents than men who were married and were into housekeeping, business or trade, fishing and farming.

Quantitative data were analyzed through descriptive statistics while qualitative data were analyzed through thematic analysis.

FINDINGS AND DISCUSSION

Meranaw Notions on Health and Disease

The respondents' foremost idea on health is that body which is in good condition (*mapiya e kapipilawasan*), one that has no disease or sickness (*daa sakit iyan*). In contrast, the respondents' notions of disease are the mere opposites of what they considered healthy. Illness/disease is defined as the body in bad/unhealthy condition (*di mapiya e kapipilawas*), the body is sickly (*se saki*), the presence of sickness/disease. The Meranaw concept of health is closely related to their perception of diseases based on their own health

beliefs and assumptions (Mutin 1981). The findings in this study on the notions of health are similar to the study of health concepts conducted among adults by Bauman (1961) which revolved mostly around the traditional medical concepts. The notions of health as having a body in good condition and having no illness are considered the traditional health concepts where health was defined in terms of lack of disease (Boruvitch and Mednick, 2002). This traditional view of health assumed there is a dichotomy between health and illness which according to Hinkle (1961) may not necessarily be the case. To be healthy does not necessarily need to be in an absolute disease-free state, but they probably have less disease than unhealthy people. Thus, the absence of disease, symptoms may not be strong enough delimiters of a healthy state. According to Balog (1978), finding an appropriate and encompassing definition of illness may be as difficult as a task as it is to define health.

Practices which are believed to be good to one's health

Islamic beliefs, which are integral to Meranaw culture, influence the Meranaw in what practices they believed as good for one's health. The top category of healthy practices is religious in nature (34.8%) such as eating halal food (17.2%), fasting during Ramadan (13.8%), and performing rituals (3.8%). Halal literally means permissible and in translation it is usually used as lawful based on Islamic Sharia. By official definition, halal foods are those that are free from any component that Muslims are prohibited from consuming according to Islamic law: processed, produced, manufactured, stored using utensils, equipment, and machinery that has been cleansed according to Islamic law, free from contamination while prepared or processed with anything considered filthy (*najis*) (Islamic Council of Perth Western Australia, 2017). Fasting during the month of Ramadan is also good for health. During Ramadan, Muslims fast during daytime hours. As soon as the sun goes down, they are allowed to eat and drink again. Besides the spiritual rewards, Ramadan also has some health such as weight loss, low blood sugar, and lower cholesterol (Dray, 2015). Performing rituals are also considered good for one's health. For religious rituals, these may include praying and fasting. For customary rituals, these may include food offering to the *tonong* (spirits) and healing rituals. The belief in *tonong*, although un-Islamic is a traditional belief among Meranaw.

Next to and apart from religious practices are certain lifestyle practices deemed good for health practices among the respondents. These include regular exercises (15.7%), personal hygiene and sanitation (14.3%),

having a balanced and nutritious diet (13.2%), getting 6-8 hours of sleep (12.4%), and having regular medical checkups (9.6%).

Beliefs on causes of disease/sickness

A combination of external/environmental, personal/lifestyle, and cultural beliefs comprised the belief system of the Meranaw respondents as to the causes of diseases. The survey results show that personal factors are among the prime causes of diseases. Of the 500 respondents, multiple responses were reported which constitute personal/lifestyle factors which include: not taking care of self (31.1%) unhealthy lifestyle (22.8 %) drinking less water (21.9%) sanitation / improper waste disposal (24.0%) others (unhealthy food, weak immune system (0.2%). Attributing sickness to personal factors imply that being healthy or getting sick is within the control of the respondents.

Another multiple responses from the 500 respondents constitute external/environmental factors such as germs/virus (33.7%) pollution (27.0%) lacks proper drainage (19.5%) lacks potable water (19.3%) and bad weather (0.5%).

Supernatural factors garnered 497 multiple responses which include the belief that diseases are a punishment of *Allah* (10.1%) and that disease are caused by *tonong* (9.2%). As Muslims, the respondents believe that Allah wills everything that happens in this world and that includes sickness. To the respondents, sickness is a form of punishment from Allah for any wrongdoing. On the other hand, the traditional beliefs of the Meranaw are the belief in *tonongs* spirits which dwell in Lake Lanao and its environs. *Tonong* can inflict sickness or misfortunes if human beings disturbed or displeased them. The belief in *tonong* (spirits) although considered un-Islamic and pre-Islamic, is among the survey and KI results in this study. Isidro and Saber (1968) also found out those forces of nature, black magic, supernatural beings and god's curse were the main causes of illness.

Water-related factors such as lack of potable water (8.3%), not drinking 8 glasses of water a day (8.8%) constitute the third causes of disease. The respondents complained that while they are surrounded with a body of water, which is the Lake, there is no piped water provided by the local waterworks system. Even in the city of Marawi, piped water is not supplied in the whole city. Due to the problem of potable and safe water, diarrhea – a water-borne disease, is identified as among the common sickness and cause of death in the family among the respondents.

The ideas of taking care and not taking proper care of one's self tantamount to good health and being sick, accordingly. Although such

findings are a poor second to the topmost notions of health and illness, these include broader/wider range of items which include the types of food intake, the kinds of practices, and the sort of lifestyles. There is a clear shift on the focus of health and illness from the body to the self. Thus, health and illness are no longer confined to the absence and presence of disease or sickness. These notions are aligned to the World Health Organization's more holistic concept of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1947:1-2).

Table 1. Beliefs on the Causes of Disease/Sickness*

Multiple Responses Causes of Illness	Marawi		Saguitaran		Ganassi		Tamparan		Balindong		Total	
	n	%	n	%	n	%	n	%	n	%	N	%
1. External/ Environmental Factors												
a. germs/virus	85	33.6	86	33.0	75	36.1	84	35.0	74	31.2	404	33.7
b. pollution	61	24.1	68	26.1	78	37.5	52	21.7	74	31.2	324	27.0
c. lacks proper drainage	53	20.9	53	20.3	32	15.4	38	15.8	58	24.5	234	19.5
d. lacks potable water	53	20.9	54	20.7	36	17.3	39	16.3	49	20.7	231	19.3
e. bad weather	1	0.4					1	0.4	4	1.7	6	0.5
total	253	100	261	100	208	100	240	100	237	100	1199	100
2. Personal Factors/Practices												
a. not taking care of self	81	31.2	72	28.3	57	30.2	69	31.1	69	35.6	348	31.1
b. drinking less water	63	24.2	63	24.6	30	15.9	43	19.4	46	23.7	245	21.9
c. unhealthy lifestyle	56	21.5	62	24.4	53	28.0	59	26.6	25	12.9	255	22.8
d. sanitation/ improper waste disposal	58	22.3	57	22.4	49	25.9	51	23.0	54	27.8	269	24.0
e. others (unhealthy food, weak immune-system)	2	0.8									2	0.2
total	260	100	254	100	189	100	222	100	194	100	1119	100
3. Spiritual beliefs												
a. God's punishment	56	54.9	56	50.9	35	46.1	40	48.2	63	50.0	250	50.3
a. <i>Tanogs</i> cause diseases	46	45.1	54	49.1	41	53.9	43	51.8	63	50.0	247	49.7
Total	102	100	110	100	76	100	83	100	126	100	497	100

* Multiple responses

Pollution of water resources such as untreated wastewater discharges affects human health through the spread of disease-causing bacteria and viruses. Some known examples of diseases that may be spread through wastewater discharge are gastro-enteritis, diarrhea, typhoid, cholera, dysentery, hepatitis, and, recently, Severe Acute Respiratory Syndrome (SARS) (Baconguis, 2007). Sanitation factors such as improper waste disposal and poor drainage system appeared as the 4th causes of diseases. One of the domestic uses of Lake Lanao is being a dumping area for garbage. This improper waste management is a factor causing sickness to the Meranaw communities around the lake as the Lake is also a major source of their drinking water (Viloria et al., 2017). In the studies of Bracamonte et al (2017) and Viloria, et al (2017), diarrhea, a water-borne disease, is reported as among the common diseases of the Meranaw in Marawi and some municipalities of Lanao del Sur.

The belief in germs, virus, and bacteria as causing the disease appears the topmost reason among the survey findings. This belief is related to water related and sanitation factors. That is, drinking unsafe water may carry with it germs and bacteria causing diseases. This is also true to germs, virus bacteria which may stem from drinking unsafe water and unclean surroundings because of improper ways of throwing garbage. The same harmful bacteria as a natural cause of illness were also cited in the study among the Maranao by Sarangani and Taberdo (2002).

Environment condition such as pollution (10.3%) and bad weather (1%) are also believed by the respondents as factors which could lead to sickness or disease.

Meranaw Curative resorts

Mix of traditional and modern medication

Nearly half (48%) of the survey respondents reported a combination of traditional and modern medication as their curative resorts they are sick or when family members are sick as seen in Table 2. A combination of traditional and modern medication means using a combination of any of the following: pharmaceutical drugs, consulting a medical practitioner, using herbs and other elements known for curing in the community, and resorting to a Meranaw healer generally known as *pamomolong*. These findings are similar with the study of Bracamonte and Alamon (2017) which reported that nearly half (49%) consulted medical practitioners, 32% resorted to self-medication through pharmacy, 11% used both medical and traditional, and 9% consulted traditional practitioners. These findings are also related to an

earlier study which describes the Meranaw health care beliefs and practices are compiled with a mixture of folk and modern elements (Mutin,1981).

Applying the framework of the study, it follows that their health seeking behaviors are greatly influenced by their health beliefs. Recall that there are environmental, personal and spiritual aspects to which Meranaw attribute diseases. Hence a mixture of causes of disease also means a combination of curative resorts which are indigenous and external influences.

Modern medication

Resorting to modern medication ranks second in the survey findings in the five research areas. This curative resort is mostly noted in the city of Marawi which is understandable because there are more medical personnel, services and facilities in the city than in the municipalities.

Traditional medication

There are certain factors which may explain the respondents' curative resort to traditional medication. The lack of health institutions, facilities, and practitioners is among the important findings in the study of Bracamonte and Alamon (2017). Such finding contributes to the explanation why Meranaw still resort to traditional/indigenous healers. The Department of Health (DOH) in ARMM has reportedly refocused its efforts on improving the delivery of basic health. Previous budgetary allocations for health service delivery were inadequate (80 percent of the DOH health budget went to personnel services and only 18 percent to operations) 26 and therefore could not effectively improve health services in the ARMM region. In 2007, a bigger allocation for operations, including health service delivery, was approved and is expected to translate to improved health services (De La Paz & Colson, 2008). Nonetheless, based on the findings of this study, the five research areas, which are part of the ARMM, still lack health facilities and medical workers.

Table 2. Meranaw Curative Resorts in 5 Research Areas*

Modes of Curative Resorts	Marawi City		Saguiran		Ganassi		Tamparan		Belindong		Total	
	n	%	n	%	n	%	n	%	n	%	N	%
A combination of Medical doctors/ modern medication and traditional healers/ traditional medication	36	29.8	55	53.9	37	33.6	66	62.3	60	63.8	254	47.7
Medical doctors/ modern medication only	41	33.9	30	29.4	37	33.6	28	26.4	14	14.9	150	28.1
Traditional healers/ traditional medication only	44	36.4	17	16.7	36	32.7	12	11.3	20	21.3	129	24.2
Total	121	100.0	102	100.0	110	100.0	106	100.0	94	100.0	533	100.0

*Multiple responses

Traditional Meranaw healers and their healing practices

In an interview with some of the respondents, they disclosed that there are very few Meranaw folk healers or medicine men or women who knew of indigenous healing in performing rituals or offering to the spirits who caused illness. Such are deemed un-Islamic beliefs and practices which are being discouraged by the *imams* and *ustaj*. The dwindling number of traditional healers is also confirmed in the study of Bracamonte and Alamon (2017) which indicate that 70% of their respondents gave an estimate of only 1-2 traditional healers such as *hilot*, *albolaryo/ magtatawal/ pamumulong*, *panggaway* in their localities.

The traditional healers in the Meranaw community are referred to as *pamomolong*, *panggaway*, *pananawar*. The traditional methods of medication used by traditional healers are through the use of herbs, chanting, prayers, and rituals. In this study, there are four traditional healers who served as Key Informant (KI) interview: one male and one female from Saguiran and another male and female from Marawi. The four KI informants represent the common traditional medicine men and women generally known as *pamomolong*.

According to an informant from Tamparan:

Meranaw pamomolong are traditional doctors in general. Just like doctor of medicine, they also have some sort of specialization like heart specialists, kidney specialists, etc., Thus there are pamomolong who likewise are experts in hilot (manghihilot/pangugulit) and in birthing (panggaway/panday) and other pamomolong such as panderpaan and pananawar who deals with sickness caused by spirits and black magic.

Ways of learning healing methods and of diagnosing diseases

From the four KI informants, two of them acquired their healing methods from their mothers. Their mothers were traditional healers who taught them traditional methods of healing before they passed away. One male traditional healer learned healing from his father when he was still alive. Another KI male informant had a different way of acquiring knowledge on healing. He went to Saudi Arabia for his Islamic study and there he learned what quranic verses are used for healing purposes especially sicknesses which are believed to be caused by evil spirits. It appears most of the *pamomolong* had a healing tradition in the family.

All of them determine the kind of disease by asking the patient or the patient's family member as to what kind of ailment or pain or symptom the patient is suffering. The healers then observed the patients and touched the part of the patient's body which has sickness or disease. One KI informant, aside from observation, has a different way of knowing the disease of a person which is through dreams.

Types of 'Payment' or Token

All the four Key Informant (KI) Interviewees reported they do not demand nor ask payments from their patients. The three traditional healers said it is their patient or patient's family who usually give cash which ranges from 100 to 500 pesos. It's only the *manghihilot* who claimed she does not accept money only chicken or tobacco as tokens. This practice is embedded in the belief that 'money spoils the medicine' (Krah, 2019). This alludes to an approach to healing characterized by a kind of reciprocity that reflects principles of gift of exchange.

Healing methods of a Pamomolong:

In this study, the *pamomolong* specializes in *pananawar*. The informant is a 63 male Meranaw from Marawi. His expertise is healing certain sicknesses such as hypertension, kidney disease, and that which is caused by a bad spirit (*tonong*). These sicknesses are treated through a combination of herbal and/or chanting of Quranic verses (*tawar*). There are other healing methods used by *pamomolong*. According to Madale (1997) the *panderpaan* is a spirit medium which used rituals for *putembangen* and twin spirit (*inikadowa*) to heal the sick. The *panderpaan* calls on the spirits believed to afflict or possess the sick in order to know what the spirit wants so that the sick gets healed.

Healing methods of a Panggaway/Panday:

Sittie is a 52 years old *panggaway*. She is known as a traditional healer in her barangay as a *panggaway*, more known as *panday* or a Meranaw traditional birth attendant. She takes care of pregnant women before, during and shortly after delivery.

Although she did not specify the plants, in a related study on maternal and childcare among Meranao women in Madamba, Lanao del Sur, certain plants called *gunds* in the locality are used among the *panday* as a concoction for pregnant women (Barandia, 2014). In another study on Meranaw maternal care, a pregnant woman must avoid enchanted places such as under the *nonok* (balete) tree, which is believed to be the abode of spirits. When the delivery is difficult, the *panggaway* gets some leaves, roots or bark of trees or plants to extract juice from it for the woman to drink. The *panggaway*, with a man helper, who pushes the belly of the woman may utter "*kasil!*" (eel) several times, in the belief that the baby will deliver faster, like an eel, getting out from its cave (Disoma, 1990:55-56).

It was also found out that to cure the illness, herbs and other elements extracted from animals were used by the *pamomolong* (medicine man) to treat diseases. Sometimes, the concoction was accompanied with religious or magical spell chanting called *tawar* (Sarangani and Taberdo, 2002).

In this study, the KI Mona's accounts further describe common rituals performed by *pamomolong* in healing. According to Mona, offering chicken to the *tonong* in the Lake is commonly done for the sick. Another ritual commonly performed is the offering of food with *kulintang* music along the Lake.

Mona believes there are good and bad *tonong*. The good *tonong* help the people, even in healing the sick. There are *pamomolong* who are being assisted by *tonong*. The bad *tonong* get/drown people in the Lake and they also caused sickness and disasters. Thus the ritual of offering food to the *tonong* to appease them is usually done. However, this practice, according to Mona has gradually stopped over the years when Meranaw, especially their more educated relatives advised them not to make offering to the *tonong*. Nevertheless when they get sick, the traditional healers would tell them that is why they are sick because they have forgotten to take care of the *tonong*. It is like the sickness is the *tonongs'* revenge to human beings for having been forgotten and neglected.

Healing methods of a Manghihilot: Pangungulit

Casan is a 63 year old male Meranaw *manghihilot* or *pangungulit* from Saguiaran who provides therapeutic massage to persons with bone fractures or dislocation (*piang*). He uses coconut oil in massaging his patients. However, the coconut oil is prepared by him because he still has to perform certain rituals.

The use of plants and herbs as traditional healing methods among Meranaw *pamomolong* is also among the research results in the study of Olowa and Demayo (2015) conducted among the Maranao in the city of Iligan. Olowa and Demayo (2015) reported a total of 122 plant species, grouped within 113 genre and 53 families were recorded. Out of the 51 medicinal uses, the five most common among them were (1) cough and colds (2) fever & urinary tract infections (3) diarrhea (4) hypertension and cuts or wounds (5) muscle pain, over fatigue (*bughat*). Usually the herbs (their leaves) are boiled with water decoction and taken internally (drink).

The worship of nature spirits or religious deities associated with nature like *tonongs*, *jinnas*, spirits in trees (*nonoks*) are part of the early Meranaw culture. The twin spirits Inikadowa which had been reflected in the epic, Darangen, has come in conflict with the coming of Islam. Today, these practices are no longer observed because it is discouraged by the Ulama and is considered un-Islamic (Madale, 1999). Yet there are still Meranaw, albeit few as it seems, who claimed they are Muslims yet they still cling to the old belief of nature spirits thus, resulting to syncretism.

CONCLUSION AND RECOMMENDATIONS

Meranaw notions on health, illness, and causes of sickness affect their practices leading to good health and their curative resorts. The causes of disease are attributed to spirits, human beings, and environment. There is a combination of Islamic and pre-Islamic beliefs on what causes sickness as well as their corresponding curative resorts. There is a combination of indigenous and scientific curative resorts and that these indigenous healing practices are a combination of Islamic and pre-Islamic (traditional) methods. There are a dwindling number of respondents who are knowledgeable of indigenous practices on healing diseases specifically those which are caused by evil spirits, black magic or witchcraft. Overall, the findings are indicative of a dynamic and adaptive local culture and knowledge in health and healing among Meranaw. Their indigenous and local knowledge is reflective of old and new elements, of traditional and modern/scientific, which comprised a unique Meranaw culture.

These are the recommendations for future studies such as to conduct similar studies in other Meranaw communities in the provinces of Lanao del Sur and Lanao del Norte and indigenous peoples in other parts of Mindanao. It is also recommended that Meranaw local knowledge on health and healing, syncretic as it seems, be further studied and disseminated. Herbs and other natural elements known for their healing properties in Meranaw communities should be studied and integrated in the health programs of the government. More health institutions, facilities and practitioners should be established and assigned in the city of Marawi and in the province Lanao del Sur. Traditional healers, not only midwives should be trained by DOH for medical efficacy. Health and sanitation training programs be conducted regularly by government and non-government organizations in Lanao del Sur and Marawi City. Safe drinking water is made available to Marawi and municipalities of Lanao del Sur. Ordinance on proper waste management be implemented to safeguard Lake Lanao and its resources.

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