

Panagtalado ti Ilocos: A Phenomenological Study of Ilocano Faith-Healing Practices and Cultural Beliefs

Emalin Vea M. Arcangel & Dian Antonette N. Reantillo

Mariano Marcos State University-Graduate School, Laoag City, Ilocos Norte, Philippines

DOI: <https://doi.org/10.47772/IJRISS.2026.100800665>

Received: 24 August 2026; Accepted: 29 August 2026; Published: 15 September 2026

ABSTRACT

Panagtalado is an Ilocano faith-healing tradition that combines spiritual calling, prayer, ritual practice, and knowledge of natural remedies. Despite its continued presence in parts of Ilocos Norte, limited research has documented practitioners' experiences. This study explored lived experiences, healing practices, cultural beliefs, and perceived community significance of *Panagtalado*. A phenomenological qualitative design was employed. Five (5) participants were purposively selected from the City of Batac and San Nicolas, Ilocos Norte, and interviewed using a semi-structured interview guide. The thematic analysis of the interview transcripts illuminated three themes: (1) *Panagtalado* as a spiritual calling and a service-oriented vocation, (2) prayer-centered and culturally embedded healing practices, and (3) the community significance of *panagtalado* in Ilocano culture. Participants described their roles as a calling received through dreams, family lineage, illness, or spiritual revelation. Their practices varied but commonly involved prayer, faith in God, medicinal plants, and other culturally meaningful materials. *Panagtalado* was also described as a source of culturally familiar support for individuals seeking spiritual guidance, traditional explanations of illness, and community-based care. The findings further suggest that *Panagtalado* exists within a context of medical pluralism, where traditional healing practices and biomedical healthcare may coexist as individuals and families seek care based on their beliefs, experiences, accessibility, and perceived needs. The study documents the cultural meanings attached to the practice but does not establish the clinical effectiveness of its remedies. Culturally appropriate documentation, community-based guidelines for safe and responsible practice, and further research involving a wider range of participants and exploring both practitioners' and patients' perspectives are recommended.

Keywords: *Panagtalado*; faith healing; Ilocano culture; traditional medicine; indigenous knowledge; phenomenology

INTRODUCTION

Traditional, complementary, and integrative medicine remains widely used through different health systems. The World Health Organization reported that traditional medicine is practiced in approximately 170 countries worldwide. It emphasized that its inclusion in health systems must be guided by scientific evidence, safety, regulation, and respect for cultural diversity (World Health Organization [WHO], 2025). This position is important because traditional practices are embedded in local explanations of the body, illness, relationships, cultural beliefs, spirituality, and connections with the environment.

The fact that biomedical care and culturally based healing go hand in hand is generally referred to as medical pluralism. People and families will often shift from one type of care to another depending on factors such as accessibility, trust, cost, perceived cause of the illness, and prior experiences with treatment (Baer, 2022). In such situations, traditional healers will offer not only remedies but also explanations within the culture, prayer, emotional reassurance, and community support. Further research has shown that religious coping can help with meaning-making, coping self-efficacy, and psychological health. However, spiritual belief by itself does not demonstrate the clinical effectiveness of a treatment (Dolcos et al., 2021).

In the Philippines, faith-healing practices remain thriving, evident by the work of *albularyo*, *manghihilot*, and other community-based practitioners. Rondilla et al. (2021) documented that health-seeking individuals may

turn to traditional medicine due to cultural familiarity, family influence, affordability, and perceived effectiveness. Villanueva (2021) likewise showed that indigenous healing knowledge among the *Ga'dang* is shaped by intergenerational transmission, cultural identity, and changing perceptions among community members. Within Ilocano culture, spiritual beliefs may also be expressed through rituals such as *atang*, which reflects continuing relationships among faith, family, ancestors, and local interpretations of misfortune or illness (Corpuz, 2020).

One localized and underdocumented Ilocano tradition is *Panagtalado*. In this study, the term refers to a faith-healing practice described by practitioners as involving prayer, spiritual revelation or *paltiing*, culturally recognized illness categories, natural remedies, and service to people seeking help. While previous studies have examined Filipino traditional healing practices, the literature has limited exploration of *Panagtalado* as an Ilocano healing tradition through the lived experiences of its practitioners. Without careful documentation, the meanings, language, ethical values, and experiential knowledge associated with the practice may be reduced, misrepresented, or lost.

Accordingly, this study explored how *Panagtalado* practitioners understand their calling, perform healing, and explain the practice's significance in Ilocano communities. It addressed the following questions:

1. What are the lived experiences of *Panagtalado* practitioners in Ilocano communities?
2. What healing practices and cultural beliefs are associated with *Panagtalado*?
3. What is the significance of *Panagtalado* among its practitioners and within Ilocano culture?

METHODOLOGY

Research Design

This study used a **qualitative phenomenological research design** to explore the lived experiences of *Panagtalado* practitioners and their understanding of their calling, healing practices, spiritual beliefs, and role in the community. Specifically, the study adopted an **interpretive phenomenological orientation** to understand how practitioners construct meaning from their lived experiences and interpret the spiritual, cultural, and personal significance of *Panagtalado*. A phenomenological approach is appropriate for examining how individuals experience and make meaning of a particular phenomenon (Neubauer et al., 2019). In this study, the approach allowed the researchers to emphasize the practitioners' direct experiences and personal meanings. The study did not seek to determine the clinical effectiveness of the healing practices but focused on documenting and understanding the practitioners' experiences and perspectives.

SCOPE AND LIMITATIONS OF THE STUDY

This study focused on five (5) purposively selected *Panagtalado* practitioners from selected communities in the City of Batac and San Nicolas, Ilocos Norte. The participants were chosen based on their direct experience and substantial knowledge of the practice. They consisted of three females and two males, aged 48 to 74 years, with 15 to 46 years of experience in *Panagtalado*. The sample size of five (5) participants was considered appropriate for this phenomenological inquiry because the study aimed to obtain detailed and meaningful descriptions of a specific lived experience rather than achieve statistical representation. Phenomenological research emphasizes depth, richness, and the quality of participants' accounts in understanding a shared phenomenon (Neubauer et al., 2019). Furthermore, qualitative sample adequacy is determined not only by the number of participants but also by the richness of the information obtained and the extent to which the data adequately address the research questions (Hennink & Kaiser, 2022). Therefore, the participants were considered information-rich sources of knowledge regarding *Panagtalado* and its cultural meanings.

However, the findings are limited to the insights and viewpoints of the selected practitioners. The findings are limited to practitioners' self-reported experiences and do not include patients, family members, community members, or healthcare professionals. Consequently, the findings describe how practitioners understand and explain *Panagtalado* rather than provide evidence of its medical effectiveness. Even with these limitations, the study delivers an initial scholarly record of an underdocumented Ilocano tradition.

Data Gathering and Analysis

Before data collection, the researchers obtained informed consent, and participants were informed about the study's purpose, confidentiality measures, and the voluntary nature of participation. Data were gathered through **semi-structured interviews** using an interview guide aligned with the research objectives. The guide focused on three major areas: (1) the lived experiences of *Panagtalado* practitioners, (2) the healing practices and cultural beliefs associated with *Panagtalado*; and (3) the significance of *Panagtalado* in Ilocano culture.

Each interview lasted approximately **45 to 60 minutes** and was conducted in Ilocano. The study used a semi-structured interview approach because it provides flexibility while maintaining consistency, allowing participants to share their experiences and helping researchers explore key areas related to the study objectives (Creswell & Poth, 2018). Follow-up questions were asked to clarify responses and gain more profound insights into the participants' lived experiences. The recorded interviews were transcribed verbatim and subsequently translated into English for analysis while retaining culturally significant terms to preserve their original meanings. The collected narratives were analyzed using reflexive thematic analysis following Braun and Clarke's (2019) framework. Throughout the analysis, the researchers compared codes and emerging themes across participant accounts to determine whether additional interviews generated new meanings or patterns related to the research questions. This recursive process supported the assessment of data adequacy and ensured that the identified themes represented the shared and varied experiences of *Panagtalado* practitioners.

Furthermore, this research adhered to ethical considerations, ensuring informed consent, obtaining and retaining written permissions in accordance with university guidelines, and maintaining participant confidentiality in accordance with established research ethics guidelines.

RESULTS AND DISCUSSION

The analysis generated three interrelated themes: (1) *Panagtalado* as a spiritual calling and a service-oriented vocation, (2) prayer-centered and culturally embedded healing practices, and (3) community significance of *Panagtalado* in Ilocano culture. The themes describe practitioners' beliefs and reported experiences.

Panagtalado as a Spiritual Calling and a Service-Oriented Vocation

To understand how *Panagtalado* practitioners construct their healer identity, it is important to first examine their demographic background, years of experience, and reported pathways into the practice. Table 1 presents practitioners' profiles and the experiences they identified as significant in accepting their role as *Panagtalado* practitioners.

Table 1. Demographic Profile and Practitioners' Reported Pathways into *Panagtalado* Practice

Practitioner	Age	Sex	Years of Experience	Pathway into <i>Panagtalado</i>	Reported experiences interpreted as Spiritual Calling
1	74 years old	Female	15	Inherited from her mother and initially resisted accepting the role.	Repeated dreams involving an elderly woman, acceptance of the calling, and receiving knowledge of medicinal plants through dreams.
2	63 years old	Female	46	Experienced prolonged illness and repeated spiritual prompting.	A recurring spiritual voice and personal experiences were interpreted as signs that she needed to accept the healing role.
3	55 years old	Female	25	Perceived the gift since high school.	Spiritual revelation and perceived ability to understand people's conditions through spiritual guidance.
4	51	Male	15	Near-death	<i>Paltiing</i> (spiritual revelation) during

	years old			experience, prayer sessions, and spiritual revelation.	prayer sessions directed him in assisting people seeking healing.
5	48 years old	Male	15	Family lineage and learning through dreams.	Parents and uncles were described as faith healers, and knowledge was understood as transmitted through dreams.

The table shows that *Panagtalado* practitioners came from different personal backgrounds and entered the practice through varied pathways. Practitioners describe *Panagtalado* as a gift, inheritance, or spiritual calling, often referred to as *paltiing* (spiritual revelation). In the context of *Panagtalado*, *paltiing* refers to practitioners' reported experiences of receiving spiritual awareness, which they interpret as a sign of their responsibility to engage in healing. These experiences were described through dreams, visions, perceived spiritual messages, personal revelations, illness experiences, or other events that practitioners associated with their calling. Through these experiences, practitioners developed an understanding that their role was connected to a spiritual responsibility to serve others. Similar patterns have been observed among traditional healers, where healing roles are often understood as a calling shaped by spiritual experiences, ancestral connections, and community recognition (van der Zeijst et al., 2021; Ahsan et al., 2025). Thus, *paltiing* serves as a cultural and spiritual framework through which *Panagtalado* practitioners interpret their healer identity.

Beyond spiritual revelations, practitioners identified personal experiences of illness as significant events that shaped their understanding and acceptance of their role as healers. Rather than being viewed solely as difficult experiences, these events were interpreted as opportunities for spiritual reflection and meaning-making. Varela (2023) explained that spiritual coping during illness may involve adaptive responses such as strengthening faith, recognizing God's control, accepting life circumstances, and developing a closer connection with God. Consistent with this perspective, the narratives of *Panagtalado* practitioners revealed how personal struggles, spiritual encounters, and perceived guidance contributed to their acceptance of the healing role and strengthened their commitment to serve others.

These accounts suggest that healer identity among *Panagtalado* practitioners was shaped through experiences they personally interpreted as meaningful signs of their calling. Similar patterns have been reported in recent Philippine studies in which traditional-healing knowledge was understood as inherited, spiritually bestowed, or learned through family and community experience (Rondilla et al., 2021; Villanueva, 2021). Ahsan et al. (2025) likewise observed that spiritual authority and ancestral transmission remain central to the legitimacy of traditional practitioners.

The calling was also understood as an obligation to serve. Practitioners repeatedly separated healing from commercial gain, stating that they did not demand payment and that any offering was voluntary. Service, compassion, and accountability to God formed the ethical basis of their practice.

Practitioner 1 emphasized that she accepted the gift for service rather than financial gain:

"Ti Apo nga mannakabalin, ta nu awan isuna haan nak a makaagas. Isu nga nu adda agpaagas, agasak latta ta inawat ko daytoy haan nga gapu ti kwarta, tapnu makatulongak." (It is God Almighty. Without Him, I would not be able to heal anyone. Whenever people come to me seeking healing, I do everything I can because I accepted this gift not for money but to help others.)

This service-oriented understanding gave practitioners a strong sense of purpose, but it also created a burden. Practitioners reported ridicule, doubt, fear of failing seriously ill patients, and criticism that healing had become merely a source of income.

Considering disbelief along with ridicule, practitioner 3 noted:

“Adu a. Adu a klase, adu agitay madi mamati, adda agitay katkatawaan daka ngem let it be ta haan met kailangan met nga ag-explain kasi calling mo ngarud haan nga amin nga tao mamati kinka.” (There are many challenges. Many people do not believe, and some even make fun of me. However, I simply let them be because I do not feel the need to explain myself. This is my calling, and I understand that not everyone will believe in me.)

The statement demonstrates that practitioners managed social doubt by grounding their identity in a perceived calling rather than in public approval. Religious coping may support resilience and meaning-making in demanding situations (Dolcos et al., 2021).

Prayer-Centered and Culturally Embedded Healing Practices

Panagtalado did not follow a single standardized procedure. The practitioners reported different healing methods, combining prayer, spirit-oriented rituals, *hilot* (massage), medicinal plants, and symbolic materials. Despite these variations, prayer and faith in God were the most consistent elements. The practitioners were positioned as instruments, while God was described as the ultimate healer.

Table 2. Practitioner’s Primary Reported Healing Methods

Practitioner	Primary Reported Healing Method	Materials / Technique
1	Prayer-guided interpretive ritual.	<i>Lualo</i> (prayer), removing the husk of the glutinous rice and placing water in a bowl; use medicinal plants in some cases.
2	Spiritual revelation-guided assessment with palm and pulse reading.	Perceived guiding voice, palm examination, pulse reading, prayer; photographs or clothing for distant cases.
3	Prayer-based healing with herbal remedies.	Questioning about symptoms, prayer, medicinal leaves like <i>dangla</i> (lagundi plant), and <i>gulgul</i> (cleansing ritual).
4	Blessed-stone and oil healing with spirit-oriented rituals.	Blessed stones and oil; prayer and <i>atang</i> (offerings) in some spirit-related cases.
5	Prayer-based <i>hilot</i> (massage) and healing guided by spiritual impressions.	Prayer, coconut oil, massage; sudden perceived visual or bodily impressions guide pressure or movement.

Table 2 presents the primary healing methods used by the practitioners. The variation in practices suggests that *Panagtalado* is a culturally transmitted practice determined by the practitioner’s experiences, spiritual beliefs, and interpretation of the conditions presented by the individual seeking healing. Despite differences in methods and materials used, prayer remained the central element that gave meaning and direction to the healing process. Symbolic materials, natural remedies, and interpretive practices were used alongside prayer and spiritual guidance. Thus, *Panagtalado* may be understood as a culturally embedded healing practice in which spiritual, symbolic meanings and healing approaches are interconnected.

Practitioner 1 described the use of prayer and symbolic materials:

“Ikararagak (lualo) a nukwa tapnu bendisyonan metlang ti Apo. Adda lualo na nukwa didiay... agukis nak ti irik nga diket sa ikuwak ti danum ti ayan ti malukong. Nu ayannu ti turungen diay diket, isu met ti ibagak nga nakaalaan tay tao.” (I begin by praying or performing a prayer so that God will bless the healing. There is a specific prayer that I recite. Afterward, I remove the husk of the glutinous rice and place water in a bowl. Wherever the glutinous rice moves in the water indicates where the person’s illness or affliction originates.)

While practitioner 2 described how *paltiing* (spiritual revelation), pulse reading, and symbolic objects guided the process:

“Paltiing, uray agtugtugaw ka adda mang-mangneg mo nga kastuy ti aramidem... Nu met adayo diay ipataladom kitak met tay picture na or tay bado na ti ipabless na. Ti panagtaladok ket kitak ti pulso diay agpaagas... Santu adda ti kararag nga mapasamak ata ni Apo ti mangagas kadagituy nga saksakit.” “The process begins through *paltiing* or spiritual revelation. Even while I am simply sitting, I hear a voice telling me what I should do. If the person is far away, I look at the person’s photograph, or a piece of clothing may be sent for blessing. During *Panagtalado*, I examine the patient’s pulse. Afterward, I offer prayers, believing that it is God who heals these illnesses.”

These accounts illustrate how *lualo* (prayer), *paltiing* (spiritual revelation), and symbolic practices are central to the understanding of illness and healing in *Panagtalado*. Practitioner 1 described how prayer is first offered to seek God’s blessing, followed by the use of glutinous rice and water as symbolic materials for interpreting the possible source of a person’s affliction. Meanwhile, Practitioner 2 explained that spiritual guidance through *paltiing*, pulse reading, and symbolic objects such as photographs or clothing helps guide the healing process, while emphasizing that “Apo” (God) is the ultimate source of healing. As with other Filipino traditional healing practices, prayer and symbolic rituals provide meaningful explanations for suffering and offer spiritual support to individuals seeking healing (Rondilla et al., 2021; Varela, 2023). Thus, *Panagtalado* represents a faith-centered healing tradition where practitioners view themselves as instruments, while true healing is believed to come through God’s guidance and power (Sharma et al., 2020).

During an interview, practitioner 3 stated:

“Agtugaw nga umuna santu damagen nu anat marikriknana. Kasla metlang doctor, damagem metlang... Nu nadiagnose, ibagam nga kastuy ti agas mo kastuy ti aramidem... Gagangay nga konektado iti nature iti Panagtalado ta adda agitay natural nga herbal medicines nga pang-agas.” (First, I ask the person to sit down. Then I ask what they are experiencing. It is similar to what a doctor does by asking about the patient’s condition. After identifying the problem, I explain what treatment or remedy they should follow. In general, *Panagtalado* is closely connected with nature because many of its treatments rely on natural herbal medicines.)

Other practitioners began by asking about symptoms and recent experiences before recommending a remedy. Their accounts included culturally recognized conditions such as *an-annong* (spiritually attributed illness), *kulam* (sorcery), and other spirit-related afflictions. These categories represent local explanations of illness that provide meaning to experiences of suffering and guide the type of response considered appropriate within their cultural context. The presence of these explanations reflects the concept of medical pluralism, in which different systems of perceiving and handling illness may coexist within a community. Rather than functioning as a replacement for biomedical healthcare, traditional healing practices may coexist with biomedical interpretations, as individuals and families may seek different forms of care depending on their beliefs, experiences, accessibility, and perceived needs (Baer, 2022). In the context of *Panagtalado*, culturally recognized conditions supply a framework for practitioners to interpret certain illnesses and determine suitable spiritual or traditional responses. At the same time, biomedical explanations may examine these experiences through physiological or clinical perspectives. This coexistence highlights that health-seeking behavior is influenced not just by medical knowledge but also by cultural beliefs, spirituality, and community traditions (Elliott & Taylor, 2021). Therefore, *Panagtalado* may be understood as part of a broader pluralistic medical environment in which traditional and biomedical systems interact, complement, and sometimes overlap in dealing with human experiences of illness and suffering.

Practitioner 4 also stated:

“Saludsudek nga umuna nu anat napasamak kidetay tao, sakunto taladoan. Babaen ti panagusar ko kadagituy nga bato ti aramid ti tao wenno di matataoan, tay sakit na. Nu Espiritu, sikat kurkurirwen tay madi matataoan nukwa. Tay maturug ka ti bigat nu paturugen naka katkatawaen wenno luklukwen na ka latta. Kasla tay ansisiit kuma. Adda tay nagpuur minalem ket asideg diay bunton dagiti nangisit nga ansisiit ket naladaman da. Ket itan nagkalbo tay nagpuur, isu madi. Ti agas na didiay ket kailangan nga agpalualo da ken agatang idiay bunton dagiti ansisiit.” (First, I ask the patient what happened to them before I begin the healing. Through the stones I use, I determine whether the illness is caused by ordinary human factors or by supernatural beings. If the cause is believed to be a spirit, I perform rituals intended to drive away the harmful supernatural presence. For example, some people say that although they sleep at night, they are constantly disturbed, laughed at, or bothered by unseen beings. Others report being affected after burning near a mound believed to be inhabited by tiny black spirits. One such person even lost all of their hair afterward. The treatment in such cases involves offering prayers (*lualo*) and presenting an offering (*atang*) at the mound where the spirits are believed to dwell.)

The account of Practitioner 4 highlights the role of *lualo* (prayer) and *atang* (offering) in addressing illnesses interpreted through spiritual explanations. For practitioners, *lualo* serves as a means of seeking divine assistance, and guidance, while *atang* represents a culturally meaningful act of communication and respect toward unseen beings or spiritual entities (Corpuz, 2020). These practices reflect Ilocano beliefs regarding relationships between humans, spirituality, and the environment. The use of medicinal plants and blessed objects is consistent with descriptions of Filipino and Southeast Asian healing traditions that combine natural remedies with spiritual interpretations (Ahsan et al., 2025; Rondilla et al., 2021; Villanueva, 2021). These practices demonstrate that *Panagtalado* represents a combination of spiritual beliefs, cultural knowledge, and community-based responses to illness.

Practitioner 5 also noted:

“First thing first is kausapin mo sila na magtiwala sila sa Panginoon and just pray. At hindi sa akin. Di baleng makalimutan nila ako, huwag lang nilang kalimutang magdasal.” (The very first thing I tell people is to trust in the Lord and to pray. I tell them not to place their faith in me. It does not matter if they forget about me, as long as they never forget to pray.)

Prayer, therefore, served as the central principle of *Panagtalado*, connecting the various healing methods reported by practitioners. It provided spiritual meaning to culturally based interpretations, rituals, and remedies while reinforcing practitioners' humility and belief that healing ultimately comes from God. For individuals seeking help, prayer also appeared to offer hope, emotional reassurance, and a sense of connection in times of suffering. These functions of prayer are consistent with research on spirituality and health, which highlights how religious beliefs and practices may serve as sources of support during illness experiences (Varela, 2023).

Community Significance of *Panagtalado* in Ilocano Culture

Practitioners viewed *Panagtalado* as a community resource, particularly for people who considered hospital care expensive, inaccessible, or unable to explain their condition. They described helping individuals who had already consulted health professionals as well as those whose problems were interpreted through spiritual or culturally specific categories. These accounts reveal the social role of the practitioner as a nearby and culturally familiar source of attention, explanation, prayer, and support.

Practitioner 3 shared:

“Makatulong ka, aglalo agita tattao nga awan pagpaagas da. Dagita tattao nga haan makita ti doctor ti nasakit da. Napigsa idiaen adding nga tulong ti community'm.” (It helps because it enables you to assist people, especially those who have no access to medical treatment or whose illnesses cannot be identified by doctors. It is a valuable source of support within the community.)

Community trust was largely built through word-of-mouth recommendations, return visits, expressions of gratitude, and voluntary offerings. These behaviors demonstrate acceptance and perceived value, but they do not independently verify that a specific intervention caused a reported recovery. Recent Philippine research similarly shows that the use of folk medicine is influenced by family recommendations, accessibility, cultural familiarity, and prior experiences of care (Rondilla et al., 2021).

The findings also suggest a practical form of medical pluralism. One practitioner described a sick child who went for a medical evaluation before proceeding with traditional healing. Acknowledging that doctors and *Panagtalado* practitioners were perceived to address different kinds of illnesses. This pattern suggests a complementary health-seeking pathway rather than a simple opposition between “traditional” and “modern” medicine. Baer (2022) conceptualizes medical pluralism as the coexistence of multiple medical subsystems, while Rondilla et al. (2021) demonstrate that health-seeking in the Philippines can move across folk and biomedical options.

This coexistence also has policy implications. Republic Act No. 8423, the Traditional and Alternative Medicine Act of 1997, created the Philippine Institute of Traditional and Alternative Health Care, which focuses on scientific research, standards, ethical practice, and the promotion of modalities that are safe, effective, cost-effective, and consistent with government standards. Its relevance to *Panagtalado* lies in the need for careful documentation, research, standards, and safety. WHO’s Global Traditional Medicine Strategy 2025-2034 likewise emphasizes strengthening evidence, safety, regulation, and appropriate inclusion into health systems (WHO, 2025).

For *Panagtalado*, a culturally respectful policy response should therefore prioritize clear referral boundaries. *Panagtalado* practitioners and communities should recognize serious symptoms and emergencies requiring prompt biomedical assessment; identify and evaluate the safety of herbal remedies; and ensure that cultural practices do not delay necessary medical care. Recent discussions on the integration of traditional medicine emphasize that culturally rooted healing practices should be incorporated through appropriate regulation, evidence-informed approaches, and collaboration with formal healthcare systems to ensure safe and effective care (Wang et al., 2025; Thamizhoviya, 2025). This approach allows spiritual and traditional healing practices to be respected as part of cultural identity while maintaining safeguards that protect public health.

Preservation of culture was another continuing concern. Practitioners expressed concern that *Panagtalado* could weaken as beliefs, religions, and lifestyles change. The desire to preserve *Panagtalado* was therefore not limited to the continuation of techniques; it also concerned the preservation of Ilocano language, stories, faith, ethical service, and local interpretations of health and misfortune. Villanueva (2021) similarly describes weakened intergenerational support for indigenous healing, while Corpuz (2020) shows how Ilocano ritual practices can carry enduring cultural and religious meaning. Therefore, future efforts to document and preserve *Panagtalado* should respect community consent, protect culturally sensitive knowledge, and consider health and safety concerns. This approach recognizes *Panagtalado* as an important part of Ilocano cultural heritage while respecting the well-being and choices of individuals who seek healing.

CONCLUSIONS

The study shows that *Panagtalado* is a meaningful cultural practice shaped by spirituality, prayer, traditional knowledge, community service, and Ilocano identity. Based on the experiences of five practitioners, *Panagtalado* was understood as a spiritual calling and a responsibility. Although practitioners followed different healing methods and used various materials, they shared a common belief that God is the ultimate source of healing and that they serve as instruments in helping others.

The findings also show that *Panagtalado* exists alongside other forms of healthcare, including biomedical care. Some individuals may seek traditional healing because it provides culturally familiar explanations, spiritual support, and emotional reassurance. However, this study does not determine whether *Panagtalado* practices are medically effective or clinically proven. Instead, it documents how practitioners understand their experiences, beliefs, and roles within their communities. Therefore, preserving *Panagtalado* should be balanced against health and safety considerations.

As one of the first focused studies to document *Panagtalado* through practitioners' voices, this research contributes to the preservation of Ilocano cultural knowledge, local terms, spiritual beliefs, and community traditions. The findings provide a stepping stone for future studies that may further explore the perspectives of patients, families, healthcare professionals, and other practitioners to broaden understanding of this cultural practice.

RECOMMENDATIONS

Future studies may deepen understanding of *Panagtalado* by including more practitioners from diverse Ilocano communities and by considering the experiences of patients, family members, community members, and healthcare professionals. Further research may also explore how people decide between seeking *Panagtalado* and biomedical healthcare, how referrals between these forms of care happen, and how cultural beliefs about illness influence health-seeking decisions. Ethnographic studies may also be conducted to observe healing practices directly and better understand how they are performed within their cultural setting.

Future research on medicinal plants and other materials used in *Panagtalado* should focus on proper identification, safety assessment, appropriate use, and possible health effects before making medical claims. For cultural preservation, community-based documentation may be developed to record Ilocano terms, stories, values, and ways of passing knowledge to future generations while respecting participants' consent and protecting sensitive cultural information. Community awareness programs may also promote timely consultation with healthcare professionals, especially for emergencies and serious health conditions. These efforts can help preserve *Panagtalado* as an important part of Ilocano cultural heritage while also supporting the safety of individuals who seek healing.

REFERENCES

1. Ahsan, Z. R., Samnuzulsari, T., & Niko, N. (2025). Ancestral heritage in traditional medicine among coastal communities in Indonesia: Spiritual practices and modern integration. *Ilomata International Journal of Social Science*, 6(3), 846–867. <https://doi.org/10.61194/ijss.v6i3.1670>
2. Baer, H. A. (2022). Medical pluralism. In M. Singer, P. I. Erickson, & C. E. Abadía-Barrero (Eds.), *A companion to medical anthropology*. Wiley. <https://doi.org/10.1002/9781119718963.ch19>
3. Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
4. Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. 4th Edition, SAGE Publications, Inc., Thousand Oaks.
5. Corpuz, J. C. G. (2020). Death and food offering: The Ilocano “Atang” ritual from a contextual theology. *Recoletos Multidisciplinary Research Journal*, 8(1), 113–126. <https://doi.org/10.32871/rmrj2008.01.08>
6. Dolcos, F., Hohl, K., Hu, Y., & Dolcos, S. (2021). Religiosity and resilience: Cognitive reappraisal and coping self-efficacy mediate the link between religious coping and well-being. *Journal of Religion and Health*, 60. <https://doi.org/10.1007/s10943-020-01160-y>
7. Elliott, L., & Taylor, J. (2021). Medical pluralism, sorcery belief and health seeking in Vanuatu: A quantitative and descriptive study. *Health Promotion International*, 36(3), 722–730. <https://doi.org/10.1093/heapro/daaa079>
8. Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 292, 114523. <https://doi.org/10.1016/j.socscimed.2021.114523>
9. Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8, 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
10. Republic Act No. 8423. (1997). Traditional and Alternative Medicine Act of 1997. Official Gazette of the Republic of the Philippines.
11. Rondilla, N. A., Rocha, I. C. N., Roque, S. J., Lu, R. M., Apolinar, N. L. B., Solaiman-Balt, A. A., & Javier, C. V. (2021). Folk medicine in the Philippines: A phenomenological study of health-seeking individuals. *International Journal of Medical Students*, 9(1), 25–32.

<https://doi.org/10.5195/ijms.2021.849>

12. Sharma, D. B. et al. (2020). Role of Faith healers: A barrier or a support system to medical care- a cross-sectional study. *J Family Med Prim Care*. 4298–4304. doi: [10.4103/jfmprc.jfmprc_868_20](https://doi.org/10.4103/jfmprc.jfmprc_868_20)
13. Thamizhoviya, G. (2025). Global integration of traditional and modern medicine: Policy developments, regulatory frameworks, and clinical integration models. *Future Integrative Medicine*, 4(3), 180–190. <https://doi.org/10.14218/FIM.2025.00033>
14. van der Zeijst M., et al. (2021). Ancestral calling, traditional health practitioner training and mental illness: An ethnographic study from rural KwaZulu-Natal, South Africa. *Transcult Psychiatry*. 471–485. doi: [10.1177/1363461520909615](https://doi.org/10.1177/1363461520909615).
15. Varela, R. (2023). Faith healing based on narratives of healing experiences: A psycho-spiritual interpretation. Volume 19, Issue 6, Pages 792–796. <https://doi.org/10.1016/j.explore.2023.03.011>
16. Villanueva, J. (2021). Indigenous healing practices, policies and perceptions of young and elderly Ga'dang people in Nueva Vizcaya, Philippines. *Journal of Natural Remedies*. <https://doi.org/10.18311/jnr/2021/25167>
17. Wong, Y. M. A., & Ahn, S. (2025). Policy implications of WHO's Global Traditional Medicine Strategy 2025–2034. *Bulletin of the World Health Organization*, 103(11), 715–721. <https://doi.org/10.2471/BLT.25.293414>
18. World Health Organization. (2025). Global traditional medicine strategy 2025–2034. Retrieved from <https://www.who.int/publications/i/item/9789240113176>