

Indigenous Healing as Silenced in Health Discourses and its Privileges Along the Cultural Assertions of Indigenous Peoples in Northern Luzon, Philippines

Christine Grace B Sidchogan-Lazaro*

Department of Development Communication, College of Information Sciences, Benguet State University, Benguet, Philippines.
*Corresponding Author's Email: cg.lazaro@bsu.edu.ph

Abstract

In health discourses, Indigenous Healing is marginalized by the State itself, specifically coming from the Biomedicine health workers who would always uphold Biomedicine and stay silent towards indigenous healing. Silencing is also found in the information drives of health agencies, which positions indigenous healing as unfounded. The lack of concrete policies supporting indigenous healing further puts Biomedicine in a power-holding position and putting other health systems as merely "alternatives". Despite this vulnerability of Indigenous Peoples (IPs) to systematically-driven, hegemonic agendas, indigenous is thriving in the cultural assertions of IPs as they sustainably validate their values and cultural integrity. Their self-determination is manifested in their capacity to choose indigenous healing as the first option when met with health concerns. To ensure that indigenous healing science is innovated on and sustained, these are institutionalized in larger cultural practices. Indigenous healing is likewise privileged in environmental conservation practices of IPs. The environment is the space of healing if conserved. In the spirit of multiculturalism where various cultures are accommodated, it becomes essential to assert that humans and their cultures do not exist in isolation. Diversity should be embraced, differences should be accepted and understood. Discursive spaces espousing pluriversal epistemologies or multiple knowledges encapsulated in the concepts and practices of IPs, should be upheld and sustained.

Keywords: Cultural Assertions, Indigenous Healing, Indigenous Peoples, Silencing of IPs.

Introduction

Subjugation and silencing of minority groups by a dominant group is not a new phenomenon. This remains true to indigenous peoples (IPs), whose rights to self-determination has been institutionalized, but continue to be vulnerable to systematically driven, hegemonic agendas.

In indigenous cultural communities (ICCs), delegitimization is apparent in situations where modern medicine is dominant; and indigenous healing is communicatively absent. The impact of colonialism continues to have healing, folk medicine) is commonly rooted on concepts such as helping because of love, relationship-building or communing with others, collectiveness, spirituality and supernatural, connectedness profound effect on how IPs practice and sustain their time-tested Indigenous, Knowledge, Skills and Practices (IKSPs). Specific to the study would be the muting of indigenous healing where Biomedicine is espoused as the only valid healing system (1, 2).

Indigenous healing (or traditional to nature or

ecosystem, spirituality and cultural connectedness (3-9).

As a living phenomenon, indigenous healing puts culture as the centrality of well-being. Health is pursued in holistic manner, guided by the IP's indigenous knowledge, skills and practices. Indigenous healing also positions that culture is the center of health, a connection to country, land or nature and a health system that is necessary for its indigenous people. It is a shift from the individualistic to collective, intergenerational and health from the environment (10-14).

In the Philippines, indigenous healing is perceived to be effective in alleviating health concerns holistically. It is attributed to satisfaction from prior experience, distrust in the current healthcare system, family tradition and intention to supplement existing medical treatment (15). Traditional healing is likewise recognized because of its accessibility irrespective of social stratification. Traditional healers become instrumental in ensuring that their fellow receive

This is an Open Access article distributed under the terms of the Creative Commons Attribution CC BY license (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted reuse, distribution and reproduction in any medium, provided the original work is properly cited.

(Received 08th January 2026; Accepted 26th March 2026; Published 16th April 2026)

the health care a person needs regardless of gender and social status (16).

The role of IPs in the achievement of Sustainable Development Goals (SDGs), specifically the SDG 3: Health and Wellbeing, is also imperative and is seen to be significant in this study. With the aim to integrate 'indigenous parameters,' in the SDGs, the United Nations (UN) engaged with different IP groups across the world in 2017. The dialogue concluded that 'IPs face a myriad of obstacles when accessing public health systems and even in upholding their own health systems.'

In Northern Luzon, several indigenous groups are recognized to have their unique IKSPs contextualized to their environments. Thus, the study looked at how the Igorot and Ilokano indigenous peoples propagate their own IKSPs during the pandemic and how indigenous healing is positioned in their decisions and actions. The study covered the experiences of indigenous groups found in the Cordillera Administrative Region (CAR) and Region I.

The Igorot people are the indigenous group in the highlands of Northern Luzon, specifically the CAR. Literatures would commonly describe the Igorot as "people from the mountains" and are known to be the people who resisted colonization. Their resistance to colonizers enabled them to continue practicing their IKSPs and are able to continue some of their essential ways up to the present (17, 18).

La Union province, which was established as a separate province in 1854, is clustered under Region I. It is inhabited by several IP groups such as the Bago, Bontok, Kankanaey and the Iloko. The National Commission on Culture and the Arts described the people of Region I as culturally-inclined despite its colonial years. Iloko culture revolves around rituals, festivities and indigenous practices.

These two regions have their own set of cultures, where indigenous healing is rooted. However, the public discourses on health are dominated by Biomedicine thus silencing the IPs' indigenous knowledge on healing. Biomedicine as a system works in a framework where illnesses are diagnosed and treated based on symptoms. Also called as Western medicine or conventional medicine, it banners colonial concepts of medicine that are mostly not reciprocal to indigenous healing concepts.

Silencing what could have emerged from indigenous healing fundamentally disempowers indigenous healing as it constantly negotiates with policy and communicative absences. The disengagement leads to exclusion and greater disadvantage for indigenous knowledge in healing to be recognized.

The spaces for participation are not neutral, but are themselves shaped by power relations, which both surround and enter them (19).

By looking at the spaces, translated as public discourses on health in this study, the article describes how indigenous knowledge on healing is displaced in a sphere where modern medicine is privileged. To balance the picture, the article describes how indigenous cultural communities are negotiating indigenous healing to be recognized as valid healing system, through the cultural assertions of IPs.

Methodology

The study examined how indigenous healing is displaced in a communication sphere where Eurocentric cure is dominant. This examination utilized the Muted Group Theory (MGT) to surface conclusions regarding the placement and/or displacement of indigenous healing vis a vis its dominant counterpart. To make the critical analysis specific, the research method used was the Critical Discourse Analysis (CDA). CDA as a school or paradigm is characterized by several principles: for example, all approaches are problem-oriented and thus necessarily interdisciplinary and eclectic (20).

Adapting this method enabled a closer look at the dominant, muted and accommodated beliefs and practices that surfaced as experienced by indigenous peoples, families and health workers. The study was done in two regions in Northern Luzon, Philippines, specifically the Cordillera Administrative Region (CAR) and Region I, covering five provinces.

The study employed analytic research design to render rich, thick description. Data surfaced from a systematic, iterative data gathering processes. Consent prior to participating in the study was sought from the individual participants. Their names were anonymized to protect data privacy. Except for those who consented, photos of participants are not included in the manuscript.

There were eight healers and twenty-six Indigenous Peoples who consented to participate in the study. Further, there were six Biomedicine health workers who participated as well. They are also IPs and are practicing Biomedicine in indigenous cultural communities. The respondents have a total of forty.

Guide questions were used to gather data from the participants. Questions were crafted around their concepts and practices around indigenous healing. To ensure accuracy, the questions were translated to the participants' languages.

The interviews were done face-to-face and in the specific locations of the participants. Observation of sites where medicinal plants are thriving were done in specific areas. Local counterparts accompanied the researcher.

To interpret the data from transcripts and fieldwork, the coding concepts were employed. The responses were categorized to organize data. Particularly, the inductive process of categories and categorization was employed. After interviews, observation and FGDs, the data were transcribed and digitalized to make data filtering and categorization more accurate and traceable.

Prior to their participation in the study, consent from the participants were acquired following the ethics in conducting research.

This paper is limited to the views of the participants who took part in the study and their experiences in their respective contexts. Further, the silencing of indigenous healing are captured based on selected communication materials released by the DOH and from the voices of health-workers in their respective contexts.

Results

Lack of Supporting Policies Espousing Indigenous Healing

Bannering a colonially-influenced health system is indicative of the State's aims and goals. In the study, it is apparent that Biomedicine is the only valid, legitimate health system. While there are efforts in recognizing indigenous healing as a health system, such remains lacking.

It was noted in an earlier report that most of the major changes in the country's health system started from 2005, gained momentum in 2007 and inception of the Philippine Facility Enhancement program in 2008. Yet, as health systems change through time, some components are taking up too

slow when it comes to temporal developments (21).

In the Philippine context, it was only in 2013 that 2013 that the Department of Health (DOH)-National Commission on Indigenous Peoples (NCIP)-Department of Interior and Local Government (DILG) Joint Memorandum Circular No. 2013-01 (Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples) was crafted. It was principled upon the Universal Health Care or Kalusugan Pangkalahatan; the Indigenous People's Rights Act (IPRA), the United Nations (UN) declaration on the Rights of IPs 2007; the Local Government Code; Primary Health Care act; and the Traditional and Alternative Medicine Act.

The Guidelines provided directions for: making basic health services available and culture sensitive; providing equitable distribution of needed health resources; ensuring non-discrimination of ICCs/IPs in the delivery of health services; managing geographical, financial and socio-cultural barriers so that IPs can access basic health services; and strengthening recognition, promotion and respect of safe and beneficial traditional health practices.

This institutionalization of IPs rights and concerns in the Biomedicine structure could be indicative of efforts to reach out to ICCs. However, as in any policy, its effects would be founded on how responsible offices would deliver the services.

In the Cordillera setting, noted that the implementation of the Guidelines is limited and weakly-integrated into health operations. The practices of power by actors in key administrative interfaces were greatly influenced by organizational context and weak leadership and these practices of power largely hindered the implementation of the policy. Further, the constraints to implementation at the organizational level were weak lines of accountability, competing priorities, management processes that were top-down and frequent changes in program leadership (22).

When health worker-participants were asked of their awareness about this Guideline, all admitted being unaware of it. This guideline, which is the only guideline that is hoped to serve as springboard for indigenous healing to be recognized, remains to be in such state despite its enactment thirteen years ago.

However, the lack of awareness by health workers who participated in this study could possibly mean that the Guideline only reached those who are in the administration level. As portrayed in the study, the front liners, who are the health workers, admitted lack or no knowledge about this.

While efforts are in place to recognize indigenous parameters as determinant of health, these may not be sufficient to create significant change. The “medical gaze” remains to be epistemologically dominant, thereby raking possible support for indigenous healing to flourish. The continuous marginalization of “traditional” and “alternatives” lead to minimal support on the necessities for it to take flight -- funding, political will and meaningful implementation measures (23).

As positioned by previous researchers, Biomedicine occupies the power-holding because it remains to be the normative, ‘science-based,’ approach to medicine. Even in medicine, medical anthropology (draws upon social, cultural and biological anthropology to better understand factors influencing human health) is hardly tackled as it deviates from conventional standards of modern medicine. Therefore, the science behind the experience and explanation of illness and disease, the social relations of therapy management, the biocultural health ecology and the cultural importance and utilization of pluralistic healthcare systems and even magic and sorcery, are given less spaces for discussion. (24, 25).

Indigenous Healing as Silenced in Health Discourses

The silencing is located in the voices of Biomedicine health workers; in discursive spaces such as information drives of the State to the public; and in lack of policy support.

Biomedicine as the only valid healing system in the voices of Health Workers is apparent. While there are efforts in recognizing indigenous healing and its potentials, there largely remains invalidation from various factors, such as the perspectives of Biomedicine workers. For them, indigenous healing lacks scientific studies on dosing, usage, side effects and contraindications.

While these health workers espouse biomedicine and anchor their views in that discipline, their stance on integrating indigenous healing is more nuanced. Although they do not explicitly discourage indigenous healing, they remain largely

silent about it. Despite their indigeneity, most participants implied that as representatives of the State’s biomedicine system, they would prioritize it.

This could be indicative of monoculture, where people would have to choose one dominant paradigm – and in the case of health workers, they are obliged to follow their profession as proof that they are ‘ethically and morally liable’ (26).

These responses would lead us to understanding that in situations where health workers are given options to promote indigenous healing because they believe it on the personal level, their professional obligation leads them to silencing it. Much of these would be attributed to the notion that indigenous healing is not founded on parameters and/or standards imposed by Biomedicine.

Further, there is a communicative absence of Indigenous Healing in information drives of Department of Health, especially during the pandemic. A potential space of invalidation of indigenous healing potentials is shown in DOH’s and WHO’s communication messages disseminated to the public. Despite UN’s effort to address the gaps felt by IPs in the implementation of programs towards the fulfillment of the SDGs, the indigenous identifier is seemingly not prioritized by other organizations working similarly on the achievement of the SDGs.

In health promotion programs of DOH during the pandemic, specific messages are disproving some culturally based healing methods as shown in Table 1. These messages were brought out during the pandemic, when people sought treatment from alternative medicine because the health system somehow weakened due to the heightened cases of COVID-19.

Steam bath has become more observable among families during the pandemic. According to the IP-participants, it relieved their symptoms such as clogged nose, feeling of discomfort and heaviness. However, DOH (as the social actor or source of message) clearly advises the public to not use the specific indigenous healing methods. The words warning emphasizes concepts of possible danger and problems that may be caused by these culturally based healing methods. The fact that this is published in DOH’s social media page portrays its intention for widest dissemination.

Another advisory on the use of garlic was released under the World Health Organization (WHO) Philippines social media page. The phrase “no evidence” clearly denotes that consuming garlic is not helpful in protecting oneself from the COVID-

19 virus. Ironically, DOH recognizes garlic as one of the herbal medicines, however it specified the benefits of garlic to hypertension and toothache only.

Table 1: Selected DOH Materials Pertaining to Indigenous Healing and How the Messages are Framed

DOH Materials Containing Messages on Indigenous Healing	Gains- framing Elements	Loss- framing Elements
	None	<p>Public is warned about steam inhalation.</p> <p>Steam inhalation is not a cure for COVID.</p> <p>There is no scientific study about steam inhalation.</p> <p>Steam inhalation encourages aerosolization that leads to other illnesses.</p>
	None	<p>Steam inhalation is not a cure for COVID.</p> <p>Steam can be harmful, with a risk of burn injury.</p> <p>There is no recommended treatment for COVID-19.</p>
	None	<p>Garlic does not have medicinal properties in treating COVID-19.</p>

While there are herbal medicines recognized by DOH, Philippine Institute for Traditional and Alternative Health Care (PITAHC) and University of the Philippines Manila-Institute of Herbal Medicine, the uncertainty of these in terms of scientific experimentations and studies led them to claiming that these are not recommended for the treatment of COVID-19. However, in the ICCs covered in the study, steam bath would be a common way of treating flu-like symptoms. Others even related that they did steam bath as maintenance in preventing the virus.

Most messages are framed on loss element. Such may intend to persuade people to think and believe that using indigenous healing methods is risky. By focusing on risks, for example, steam bath or consuming garlic could lead to consequences such as injury or not being healed because of its lack of scientific basis, is also communicative of indigenous healing invalidation (27).

These advisories do not necessarily denounce indigenous healing in all its forms, but perhaps because of the uncertainties in terms of scientific bases in the parameters of modern science, warning messages are sent out to the public. This framing renders to discouraging alternative treatments, such as indigenous healing by zooming in the dangers and risks associated with it.

Consequentially, other systems that are not congruent to the framework put forth by biomedicine are tagged as “alternatives,” which is also tantamount to being unfounded. This imposition leads to various barriers thereby restricting potentials of indigenous healing (28, 29).

Indigenous Healing as Privileged in the Cultural Assertions of Indigenous Peoples

IPs are unyielding when it comes to their sovereignty because this is connected to food security and sustainability, cultural identity and rights to ancestral domains. Therefore, their assertion of their own ways of healing; and knowledge are practices are sustained through generations despite the constant cancellation from the larger society. In the study, self-determination is pursued in various ways.

Indigenous Healing is the primary option. The sovereignty is manifested in their capacity to choose indigenous healing as the first option when met with health concerns. For most IPs across the

world, they believe in healing from the environment because they are the sons and daughters of the land. Participants related that this is their way of honoring their ancestors' IKSPs, which is tested by times and various invalidations (30).

A participant shared that when his hand got dislocated, he immediately went to the holistic massage healer, who was able to treat it right away and effectively. He was not charged a peso. He related that perhaps, if he sought Biomedicine treatment, expensive treatment options would have been presented to them.

Previous researchers also deduced that self-determination in indigenous healing is also apparent in the narratives of mothers, whose role in sustaining indigenous ways is very visible. They would apply herbal medicines when their children get sick. Several mothers maintain home gardens to ensure immediate access to herbal plants (31, 32).

As seen in Figure 1, a mother planted five-leaved chaste tree seedlings in front of their home to provide steady supply for both her family and the wider community. It is strategically planted near the pathway so that the community members can easily access it. This plant becomes more robust when its leaves are harvested regularly.

Another way of ensuring the sustainability of IKSPs is the integration into the cultural practices and day-to-day activities of IPs. For instance, in Mt. Province and Benguet, the cleansing ritual would require the presence of an indigenous healer who will lead the prayer and necessary activities that the ritual requires.

To ensure the continuity of indigenous healing, the ICCs covered in this study integrated healing methods and practices in their cultural practices. In Ifugao, one of their cultural practices is done for several purposes by offering sacrificial animals to appease the spirits and/or deities. One purpose is to heal the sick.

As part of the post-birthing cultural practices, a Sitio in Kibungan, Benguet observes post-partum massage. The masseur shared those new mothers would request her massage services for them feel stronger after giving birth and for their breastmilk supply to 'open up' and become abundant.

Prior studies also noted that self-determination is manifested as they pursue healing collectively. They aptly describe it as 'nobody gets sick alone.'

When met with challenges (health, food security, public safety, death of community members, etc.), they face these with concerted efforts. Such is also very apparent when they describe their IKSPs, where they would always refer to themselves collectively by using phrases such as “us,” “in our place”, “in our community” (33, 34).

Especially in terms of resources-sharing, indigenous healing is very much talked about

because of the communality of things in ICCs. For instance, many participants explained that herbal plants they propagated in their yards are openly shared to those in need. When a community member is in need, such as when one gets sick, the Kankanaey of Benguet practice the concept of reciprocity.



Figure 1: The Five-Leaved Chaste Tree Planted by a Family on Their Front Yard (As Encircled in the Picture) and Supplying the Whole Community’s Needs.

When asked if they feel worried when they get sick, most of them said that help from their family and neighbors would be enough to give them assurance that in different ways, they will be healed. Earlier, United Nations used the term “collective conscious” to refer to the IPs’ rights to being recognized as peoples practicing their own ways of life. Perhaps, the collectiveness in indigenous healing may be ascribed to this concept (35, 36).

Collectiveness is also emphasized by indigenous healers who participated in the study. When asked why they continue healing despite the invalidation from the outside, that usually permeates their healing abilities, all of them said that they simply want to help.

Healers interviewed have one common purpose of healing their fellowmen and that is to help. This weaves all the activities and advocacies they are doing to provide healing.

Figure 2 shows Captain Rodolfo Abat, a community leader (Barangay Captain/Chieftain) and a healer. He is also known as the “Pulse healer”. He said that it is his duty to help his fellowmen especially that he was gifted to do so. He said that “This is our way of life and it is my happiness to help others.”

All of them also said that it is their fulfillment and happiness to help people especially during the pandemic where more people came to seek help from them.

But with helping comes sacrifices. Figure 3 shows Oscar Cabading, a healer who uses horn to suck ‘cold element’ or ‘bad blood’ from his patients. In doing so, he needs to suck intensely to create upward pressure on the skin. With the constant suctioning, he lost several teeth. He claimed that he is fine with that as long as he can help his fellow beings.

Captain Abat likewise had his share of sacrifices just to deliver healing to people. In some instances, he and his wife (who would always travel with him) and are both senior citizens would travel for more than a day just to reach his patients. Sometimes, they had to hike to reach those who are in isolated areas. On one occasion, they encountered armed group while traversing a mountainous area. Fortunately, community members arrived to intervene and protect them. They proceeded to the patient’s home and helped in providing treatment to his fracture.



Figure 2: Captain Rodolfo Abat of San Gabriel, La Union Applying his Pulse Massage Technique to a Child who has been Experiencing Body Pains



Figure 3: Oscar Cabading Using Horn to Suction 'Cold Element' from his Neighbor who was Experiencing Back Pains

Indigenous Healing in the Environmental Conservation of Ips

The environment remains to be integral part of the cultural component of the IPs -- an explanation as to why herbal plants are still abundant and environment-based tools are used for indigenous healing treatments despite the influences of modernization. The protection of their biodiversity enables them to safeguard diverse species, protect their forests and ecosystems and manage their resources responsibly.

An herbalist in La Union shared that they are taking care of their community (environment) so that it will also take care of them (37).

The tools they use such as carabao horn as seen in Figure 3, coconut oil, betel nut, tobacco, betel leaf,

are from the environment. Even their ecological knowledge is owed to the environment (38).

Herbal plants are usually planted on the yards of homes, or in common areas where people pass by. For instance, a family planted oregano at their front yard to ensure that they have sustainable supply when met with health concerns. Anyone can openly gather what they need. The plant also helps in dispelling mosquitoes and flies.

An IP-participant shared that except for his bad fall from a mango tree, he rarely visited Biomedicine facilities. The tinospora tonic is his maintenance drink. When he feels ill, he would drink five-leaved chaste tree and blumea tea.

Another participant shared that since they were children, their mother would apply steam bath

with ginger to them, or use guava leaves to disinfect their wounds and betel leaves with coconut oil are applied on their back when they experience cough and colds. Their parents planted ginger, guava and betel nut in their front yard for continuous supplies of these herbal plants.

These herbal plants are given for free. However, to ensure that there is enough supply for everyone, people should only gather the quantity they need.

Local biodiversity is nurtured with the presence of several beneficial plants, either herbal or for food security. These plants are left to thrive not simply because these are beneficial to them, but is also premised to their community values, especially respect to the environment.

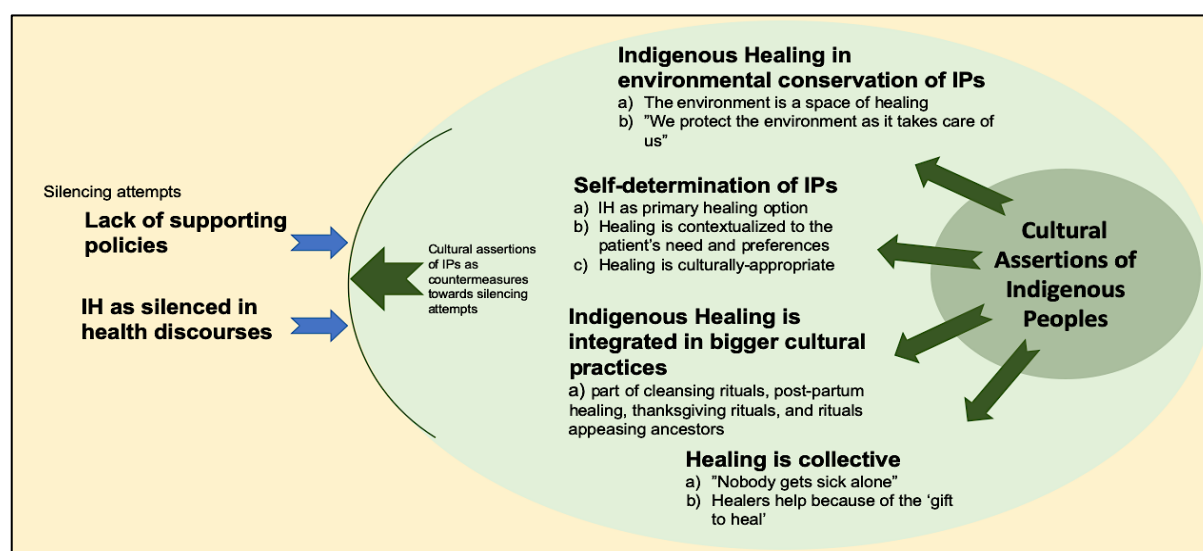


Figure 4: Cultural Assertions of Ips Serving as Countermeasures Towards Attempts in Silencing Indigenous Healing

To conclude the results as summarized in Figure 4, it becomes imperative to recognize that despite the attempts to silence indigenous healing, IPs use their cultural assertions to counter these and sustain indigenous ways of healing. Despite lingering marginalizations, the unyielding cultural assertions of IPs are able to sustain the concept and practice of indigenous healing.

Discussion

Silencing of IPs in the Biomedicine Mainstream

While the UHC is successful in integrating IP context in its framework, its implementation remains limited therefore curbing also its potentials. It was earlier noted by researchers that the government systems seem to ignore traditional health knowledge and healing ways upon which some IPs rely to achieve and maintain their health and wellbeing. Earlier studies also postulated that in cases where colonization imposes power and structures intended to control lives of people, efforts by the colonized to self-develop initiatives are marginalized. As an effect, indigenous healing

is undermined and confined to secrecy in most instances (39).

In recent years, IPs' voices are increasingly recognized, mostly due to the efforts of rallying IPs themselves, or IP researchers asserting on IP-inclusive methodologies in the academe and policy levels. However, as IPs remain to be misunderstood and/or misinterpreted, aspects of their knowledge, skills and practices will always be at risk of being silenced.

In the voices of health workers, the points of invalidity are focused on biomedicine standards, such as dosage, pharmacological properties, components and drug design, among others. Using these criteria to measure the validity leads to results that do not resonate the potentials of indigenous healing, because each would have unique attributes. Both espouse wellness and healing and yet the State puts Biomedicine in a power-holding position.

Such may also render to non-reciprocity to the inclusive element of SDG. 3: Good Health and Wellbeing, especially its latest version where the IPs' development concerns are highlighted. One

articulation of the UN would be the recognition of their rights to self-determination in terms of health by integrating 'indigenous identifier' in its parameters.

The silencing of indigenous healing in the lens of Biomedicine workers and in the communication strategies of the State further magnify the agenda to espouse Biomedicine as the only valid healing system. As attributed by previous studies, the "if-then" argument is familiar way of trying to convince people to follow a given course of action (40, 41).

In the communication materials cited earlier, the "if" element pertains to people using indigenous methods such as using herbal plants and "Tuob." The "then" element pertains to incurring accidents such as skin injury from "tuob" or by not being cured from herbal plants due to their lack of scientific studies. Studies noted that focusing on loss element increases risks perceptions therefore aggregating people's acceptance of the risks stated in communication messages. These aggressions continue to mar the practice of indigenous healing, positioning IPs in what termed as 'governmental and societal genocide' (42, 43).

Cultural Assertions Through Indigenous Healing

Studies in Benguet and even the United Nations acknowledged that there are different forms or marginalizations felt by IPs as they uphold their ancestral rights to self-determination. Despite these, there are counter-measures being done to continually pursue their sovereignty. In the study, self-determination is realized when their fundamental right to choose how they are to be healed is recognized. Because of this ability, they are able to determine contextualized- and culturally- appropriate healing system, which are reciprocal to their beliefs and norms (44, 45).

Self-determination is likewise actualized as they are given spaces to continually assert their cultural rights and identities as they pursue indigenous healing – that beyond cultural norms and economic considerations, they are accorded opportunities to determine their own ways of managing their health.

Previous researchers deduced that self-determination is observed among IPs because they have their own development frameworks, which are protective of their cultural, economic and political systems and values (46-49).

This self-determination accorded indigenous healing the attributes that are parallel to their needs, making it effective for them, thereby providing assurance of healing. For instance, indigenous healing is sustained because of proximity of indigenous healers and materials. Medicinal plants are proximately-accessible to them as these can be found in the yards of houses, or on forested areas of the community. The immediacy of healing dispels their worries whenever they are met with health concerns. The biodiversity of ICCs enables them to have immediate access to medicinal plants, which are found in their respective communities.

Further, the presence of indigenous healers provides speedy answer to their questions, or treatment for their health concerns. Some participants quipped that because the healers are just within their communities and are able to accommodate them most of the time, it gives them reassurance that healing is reachable and proximate. The immediacy of healing is realized therefore assurance of recovery is strengthened; and worries and fears are lessened. Studies espoused that in ICCs, fears are easily dispelled because there is a strong support system provided collectively. Earlier researches concluded that traditional medicine remains the primary source of health care among the IPs even in reproductive health. Such also becomes pillar for resiliency and adaptability (50, 51).

The sustained access of indigenous healing can be related to what was noted earlier by previous researchers that people will continue to create meanings from their health conditions based on their cultural lens and therefore would always see indigenous healers as the primary healers in their community. The use of indigenous healing has greater significance for local people because of their long-held beliefs in its effectiveness. It is also common for locals to consult first the existing healers in their communities because of the patient's economic status, perception or concept of illness and healing, belief on the ability of folk healers and negative impressions to Biomedicine (52).

A study earlier expounded the concept of fellowmen in the Filipino culture is the core value of indigenous Philippine psychology. It is a concept of shared or collective identity and emphasizes on

interpersonal relationships among people. It is emphasizing community over the individual.

In the study, the concept of communality which is reciprocal to the generic 'self in the other' or fellow concept is apparent along the process of indigenous healing (53).

The collective approach to combatting health concerns upholds IP frameworks that obligate every community member to have a stake on matters affecting them such as health. Using the holistic lens, the collectiveness enables consideration of multi-various factors in combatting health concerns. The collectiveness is also related to their ways of conserving the environment.

Studies postulated that the covenant between IPs and their environment is rooted to their beliefs to semi-divine beings that existed at the beginning of time. These beings protect the environment and ensure that justice is practiced on land. They are invoked for guidance, bountiful harvest, safety and prosperity. Covenant among IPs is also an agreement that involves deities and ancestors. In Benguet, Philippines's context, the relationship with environment is premised on their belief to the 'unseen' which could be ancestors or spirits living in the environment. Further, indigenous relationships with plants are an ancient and integral part of the cultural fabrics for IPs, emphasizing the significance of environment to their food security, livelihoods and even in agriculture, ecological knowledge systems, governance and social relations (54, 55).

Conserving the environment transcends the mutually-beneficial concept of development, where something is taken care of to gain something in return. It is an intergenerational obligation, premised on cultural values such as respect for their deities and ancestors. It is also a sustained cultural practice as long as ICCs would make it as part of their cultural norms. Within ecosystems are considered sacred because of the presence of spiritual entities protecting the environment and the people. These are associated to religion and nature conservation. It is common among Filipinos to surrender their problems to a higher being, which highlights the Filipino value of faith to higher beings that also leads to the facts that IPs in the country conceptualize illnesses differently from the medical model. Local biodiversity is actively sustained through

environmental conservation efforts such as cultivation of diverse herbal species and agricultural crops. Premised on the worldview of IPs, their efforts to protect the environment positions them as critical stewards of the environment.

Earlier studies also positioned that IPs would naturally take care of their environment, mostly for food security and livelihood pursuits and culture-related reasons. Their forests are seen as sacred because cultural attributes are rooted to it and there is synergy between biodiversity conservation and cultural diversity. It follows that natural resources are held collectively and managed according to customary practices (56, 57).

In the SDGs, particularly SDG 12 (Sustainable Consumption and Production), IPs' ways of managing their natural resources are actually heralded. The IFAD posited that the involvement of IPs is key in achieving the ambitions of SDGs. They hold valuable knowledge and traditions to major challenges such as those related to sustainable natural resource management, climate resilience and promoting food systems that provide healthy nutrition for all. Collectiveness of IPs is an indispensable factor for the IPs to continually contribute to the bigger concept of sustainable development (58, 59).

To further ensure the sustainability of indigenous healing, this is integrated to bigger cultural practices. This is earlier asserted in studies noting that rituals are performed to assert the IPs' customary laws and indigenous knowledge; and these emphasize their relationship with biophysical world, social world and supernatural world (60, 61).

Indigenous healing is also sustained in the knowledge sharing of IPs. A growing number of studies pointed out that IPs have profound understanding of their local flora that would include herbal plants that are used in healing. The knowledge complex knowledge systems enabled them to sustain their traditional ecological knowledges, putting emphasis on indigenous healing (62, 63).

Gaining traction as valuable solution to global healthcare challenges, indigenous healing is sustained because of its holistic approach to healing. While Biomedicine focuses on treating symptoms, indigenous healing on the other hand

emphasizes on healing from the environment – which is a parameter for sustainable development as it puts emphasis on ecological conservation and resilience (64-66).

Intercultural Health

In recent years, the United Nations included 'indigenous identifiers' in the SDGs, particularly the SDG 3 that mandates to recognize and support traditional health practices of IPs, which include their own ways of healing, or their healing systems – because these are part of their cultural identity as IPs.

The study was able to expound that for indigenous healing to be fully recognized as valid healing system, the assertion should come from the IPs primarily but should be reinforced by the State. With the overarching goal of SDGs to reducing inequalities felt by IPs, recognizing indigenous healing becomes significant in achieving the prioritization of IPs' concerns and rights.

This becomes more significant along the emerging concept of intercultural health, where both Biomedicine and indigenous healing are accorded spaces for mutuality. Also known as medical pluralism, the move for both systems of healing to coexist calls for recognition of all possible epistemological positions based on distinctive worldviews (67, 68).

While each would favor and advocate their own, when necessary and in varying situations, both are recognized as treatment options. The basic demonstration of equity in medical pluralism is to evaluate each system in line with its philosophies and using its own standards (69, 70).

Meanwhile, the willingness for partnership and eventually intercultural health may be hastened by the SDG 17: Strengthen the means of implementation and revitalize the Global partnership for Sustainable Development. A global strategy to foster partnership with IPs is noted by the UN to be essential in achieving the SDGs in a proactive manner thereby expanding its potentials that would encompass everyone, most especially the IPs. The UN recommended that the partnership should be participatory to ensure that the IP's knowledge, skills, needs and aspirations are translated into the achievement of SDGs. A growing body of literatures suggest that in improving indigenous outcomes and interrupting historical, colonial frameworks, radical paradigm shift amongst governments should transpire (71-75).

For genuine partnership to happen, such calls for truly understanding the unique attributes of IPs – that each have their own ways of defining their journey to development. Despite the challenges felt in varying degrees, IPs remain steadfast in ensuring biodiversity, food security, social cohesion and mitigation practices in their respective ICCs. Without this lens, partnership with IPs would render to minimum outcomes. It must be with the IPs, within their paradigms and frameworks.

Conclusion

The invalidation of indigenous healing is rooted on structural agenda that are primarily hinged on colonial constructs – where knowledge is systematic and objective and Biomedicine as the only emblem for modernization and development in general. If multiculturalism is premised upon acknowledgement of diversity and wider understanding; it is imperative that other forms of healing such as indigenous healing be supported through policies and their purposive implementation; and recognition as valid science because these are not just facets of the past, but is an evolving system of knowledge and practices that supported the survival of IPs through generations.

In the Philippines at least, entry points for engaging and institutionalizing indigenous healing calls for strengthening. The Memorandum Circular for Indigenous Peoples may be expanded to holistically include the aspects of indigenous healing from the lens of IPs themselves. Intercultural health can only exist in a context of a broader IP-sensitive health system. Parameters from indigenous healing as part of the IP's cultural identity, self-determination and cultural integrity may be considered in enhancing the existing policy. In doing so, the participation of Medical Doctors who are IPs themselves and IP organizations may be facilitated to ensure that indigenous lens is accommodated.

Efforts of concerned organizations, such as the Institute of Herbal Medicine and PITAHC, may serve as springboards in expanding the potentials of indigenous healing. Similarly, these organizations, which can provide support, may tap IP organizations to come up with project proposals that would ensure the sustainability of their indigenous ways of healing.

Results of the study may be considered as bases for socio-cultural indications, by concerned organizations such as the DOH as they integrate indigenous identifiers in response to the aims of SDGs. With the UN emphasizing the respect for IPs' frameworks towards achieving the SDGs, it is hoped that through the contextualized results of the study, the concerned organization in power holding position (such as DOH and WHO), may be accorded specific understanding on how indigenous healing may be integrated in the mainstream health system.

Disruptions rescinding the potentials of indigenous healing to be continually practiced and innovated upon may likewise be halted. All in all, attempts to discredit, invalidate and nullify indigenous healing as IPs' form of self-determination may be ended.

For future undertakings, the research may be expanded by considering other IPs' experiences and in different communication contexts.

Abbreviations

DOH: Department of Health, ICCs: Indigenous Cultural Communities, IH: Indigenous healing, IPs: Indigenous Peoples, NCIP: National Commission on Indigenous Peoples, SDGs: Sustainable Development Goals, UN: United Nations.

Acknowledgements

The researcher wishes to acknowledge Dr. Benjamina Paula G. Flor, Dr. Alexander G. Flor and Dr. Elena F. Pernia for their guidance and expertise in the development of this study, to Benguet State University and University of the Philippines-Open University for the opportunities enabling the conduct of the study; the Association of Asian Studies; and the Forest Foundation Philippines for the funding support provided to the study. The researcher also acknowledges the participation of indigenous cultural communities covered in the study.

Author Contributions

The work is entirely Christine Grace B Sidchogan-Lazaro's own and no other contributor meet authorship criteria.

Conflict of Interest

The author declares no conflicts of interest regarding this manuscript.

Data Availability

The data that support the findings of this study are openly available in Database of the journal. The author confirms that the data supporting the findings of this study are available within the article [and/or] its supplementary materials. The data that support the findings of this study are available from the corresponding author upon reasonable request. Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available. No new data, model were used in this research.

Declaration of Artificial Intelligence (AI) Assistance

No AI assistance was used in preparing this project. All content was generated independently by the author.

Ethics Approval

Written consents were sought from the individual participants prior to their participation in the study. Their names were anonymized to protect data privacy. Except for those who consented, photos of participants are not included in the manuscript.

Funding

The study was funded by the Benguet State University, the Association of Asian Studies and the Forest Foundation Philippines.

References

1. Elsheikh MN. Healing beyond biomedicine: Medical anthropology and the role of traditional healers in Sudan. *Sudan Journal of Medical Sciences*. 2025;20(3):404–8. doi:10.18502/sjms.v20i3.19274
2. McAllister TG, Walker LA, Smiles ND, *et al*. Decolonize Scientific Institutions, don't just diversify them. *Nature*. 2025;644(8076):331–4. doi: 10.1038/d41586-025-02516-8
3. Castleden J. "Because you love us as much as we love you": The role of community relationships in facilitating Indigenous engagement in healthcare. *Social Science & Medicine*. 2024;365:117532. <https://doi.org/10.1016/j.socscimed.2024.117532>
4. Logan L, McNairn J, Wiart S, *et al*. Creating space for Indigenous healing practices in patient care plans. *Canadian Medical Education Journal*. 2020;11(1):e5-15. doi: 10.36834/cmej.68647
5. Gordon HSJ, Datta R. Indigenous communities defining and utilising self-determination as an individual and collective capability. *Journal of Human Development and Capabilities*.

- 2021;23(2):1-24.
<https://doi.org/10.1080/19452829.2021.1966613>
6. Stimac Z. Indigenous peoples through the lens of UNESCO. *Religions*. 2022;13(10):957.
 doi:10.3390/rel13100957
 7. Crisol LG, Oledan EJ. The infusion of folk catholicism to Tambal Binisaya as an indigenous healing system in Iligan city. *Recoletos Multidisciplinary Research Journal*. 2022;10(1):101-14.
<https://doi.org/10.32871/rmrj2210.01.07>
 8. Bruchac M. Indigenous knowledge and traditional knowledge. *Encyclopedia of Global Archaeology*. 2015;1(1):3814.
 doi:10.1007/978-1-4419-0465-2_10
 9. Ward JT. Indigenous resilience and healing through dreams and spirituality. *Dreaming*. 2024;34(3):257-73.
<https://doi.org/10.1037/drm0000273>
 10. Marques B, Freeman C, Carter L. Adapting traditional healing values and beliefs into therapeutic cultural environments for health and well-being. *International Journal of Environmental Research and Public Health*. 2021;19(1):426.
 doi:10.3390/ijerph19010426
 11. Yamane CYEW, Helm S. Indigenous culture-as-health: A systematized literature review. *Journal of Prevention*. 2022;43(2):167-90.
 doi:10.1007/s10935-022-00666-3
 12. Thorpe A, Yashadhana A, Biles B, *et al*. Indigenous health and connection to country. *Oxford Research Encyclopedia of Global Public Health*. 2023.
<https://doi.org/10.1093/acrefore/9780190632366.013.436>
 13. Brubacher L, Peach L, Tara TChen, *et al*. Climate change, biodiversity loss and Indigenous Peoples' health and wellbeing: A systematic umbrella review. *PLOS Global Public Health*. 2024;4(3):e0002995-5.
 doi:10.1371/journal.pgph.0002995
 14. Redvers N, Lockhart F, Zoe JB, *et al*. Indigenous elders' voices on health-systems change informed by planetary health: A qualitative and relational systems mapping inquiry. *The Lancet Planetary Health*. 2024;8(12):e1106-1.
 doi:10.1016/S2542-5196(24)00277-8
 15. Rebuya NR, Lasarte ES, Amador MMA. Medical pluralism, traditional healing practices and the partido alburaryo: Challenge in inclusion. *Open Journal of Social Sciences*. 2020;8(6):72-9.
 doi:10.4236/jss.2020.86007
 16. Acharibasam JB, Hurlbert M, Datta R, *et al*. Meanings of indigenous land-based healing and the implications for water governance. 2024;20(5):78-86.
 doi:10.1016/j.explore.2024.04.002
 17. Scott WH. The Word Igorot. *Philippine Studies: Historical and Ethnographic Viewpoints*. 1962;10(2):2814.
<https://doi.org/10.13185/2244-1638.2814>
 18. Salvador-Amores A. Afterlives of Dean C. Worcester's colonial photographs: Visualizing Igorot Material Culture, from archives to anthropological fieldwork in Northern Luzon. *Visual Anthropology*. 2015;29(1):54-80.
 doi:10.1080/08949468.2016.1108832
 19. Das M, Becker J, Doyle EEH. Exploring communication practices that promote community participation and collective action for reducing disaster risks in New Zealand. *Disasters*. 2025;49(4):e12690.
 doi:10.1111/disa.12690
 20. Liu K, Guo F. A review on Critical Discourse Analysis. *Theory and Practice in Language Studies*. 2016;6(5):1076.
 doi:10.17507/tpls.0605.23
 21. Cordero DA. An evaluation of the Philippine healthcare system: Preparing for a robust public health in the future. *Journal of Preventive Medicine and Public Health*. 2022;55(3):310-1.
 doi:10.3961/jpmph.22.154
 22. Guinaran RC, Alupias EB, Gilson L. The practice of power by regional managers in the implementation of an indigenous peoples health policy in the Philippines. *International Journal of Health Policy and Management*. 2020;10(1):402-13.
 doi:10.34172/ijhpm.2020.246
 23. O'Callaghan AK. 'The medical gaze': Foucault, anthropology and contemporary psychiatry in Ireland. *Irish Journal of Medical Science (1971)*. 2021;191(4):1795-7.
 doi:10.1007/s11845-021-02725-w
 24. Phillips-Beck W, Eni R, Lavoie JG, *et al*. Confronting racism within the Canadian healthcare system: Systemic exclusion of first nations from quality and consistent care. *International Journal of Environmental Research and Public Health*. 2020;17(22):8343.
<https://doi.org/10.3390/ijerph17228343>
 25. Rondilla NA, Rocha ICN, Roque SJ, *et al*. Folk medicine in the Philippines: A phenomenological study of health-seeking individuals. *International Journal of Medical Students*. 2021;9(1):25-32.
<https://doi.org/10.5195/ijms.2021.849>
 26. McKivett A, Hudson JN, McDermott D, *et al*. Two-eyed seeing: A useful gaze in indigenous medical education research. *Medical Education*. 2020;54(3):217-24.
 doi:10.1111/medu.14026
 27. Gantiva C, Jiménez-Leal W, Urriago-Rayó J. Framing messages to deal with the COVID-19 crisis: The role of loss/gain frames and content. *Frontiers in Psychology*. 2021;12(1):1-14.
 doi:10.3389/fpsyg.2021.568212
 28. McKenzie J. Addressing historical trauma and healing in indigenous language cultivation and revitalization. *Annual Review of Applied Linguistics*. 2022;42:71-7.
 doi:10.1017/S0267190521000167
 29. Tapias TNR. Overcoming silencing practices: Indigenous women defending human rights from abuses committed in connection to mega-projects: A case in Colombia. *Business and Human Rights Journal*. 2022;7(1):29-44.
 doi:10.1017/bhj.2021.54
 30. Ela JA, Mudgway M, Harré N, *et al*. Planetary health, Indigenous Knowledge and healthcare: A scoping review. *medRxiv*. 2022;33(1):2022-11.
 doi:10.1101/2022.11.28.22282853
 31. Simporios LL. Silenced narratives: Assessing the human rights situations of indigenous peoples in the Philippines. *Journal of Interdisciplinary Perspectives*. 2024;2(5):3-16.
 doi:10.69569/jip.2024.0062

32. Villanueva JM. Indigenous healing practices, policies and perceptions of young and elderly ga'dang people in Nueva Vizcaya, Philippines. *Journal of Natural Remedies*. 2021;21(2):149–63. doi:10.18311/jnr/2021/25167
33. Tassell-Matamua N. Indigenous knowledges. what they are and why they matter. *Explore*. 2025;21(3):103-44. doi:10.1016/j.explore.2025.103144
34. Niko N. Kapandayan: Paradox of indigenous people wisdom. *Southeastern Philippines Journal of Research and Development*. 2025;30(2):207–9. doi: 10.53899/spjrd.v30i2.1445
35. Sione IF-M, Stanley TG, Enari D. Collective or individual—why not both? *The Journal of the Polynesian Society*. 2023;132(1):165–80. doi:10.15286/jps.132.1-2.165-180
36. Kudo S, Allasiw DI, Omi K, et al. Translocal Learning Approach: A new form of collective learning for Sustainability. *Resources, Environment and Sustainability*. 2020;2:100-009. doi:10.1016/j.resenv.2020.100009
37. Sidchogan-Fuchigami CG, Napudo FB. Upscaling organic agriculture system of La Trinidad, Benguet farmers. *Mountain Journal of Science and Interdisciplinary Research*. 2023;82(2):53–72. doi: 10.70884/mjsir.v82i2.332
38. Ahammad R, Sangha K, Evans J, et al. Revisiting the definition and recognition of indigenous peoples and local communities for biodiversity conservation. *Ecology and Evolution*. 2026;16(2): 1-14. doi:10.1002/ece3.72958
39. Maluleka JR, Nkwe M. Indigenous healing in South Africa: Looking for a tree of truth in the forest of illusions. *Global Knowledge, Memory and Communication*. 2022;72(8/9):779–96. doi: 10.1108/gkmc-12-2021-0202
40. Guo Z, Wu Q, Wang X, et al. Effects of message framing and risk perception on health communication for optimum cardiovascular disease primary prevention: A protocol for a multicenter randomized controlled study. *Frontiers in Public Health*. 2024;12(1):1-11. doi: 10.3389/fpubh.2024.1308745
41. Lewis N, Atad E. Effects of message framing and narrative format on promoting persuasive conversations with others about the flu vaccine. *Health Communication*. 2023;39(10):2110–22. doi: 10.1080/10410236.2023.2257427
42. Bosone L, Martinez F. When, how and why is loss-framing more effective than gain- and non-gain-framing in the promotion of detection behaviors? *International Review of Social Psychology*. 2017; 30(1):160-84. <https://doi.org/10.5334/irsp.15>
43. Battiston C. Book Review: *Global Indigenous Health: Reconciling the Past, Engaging the Present, Animating the Future*. *International Indigenous Policy Journal*. 2021;12(1):1-9. <https://doi.org/10.18584/iipj.2021.12.1.9341>
44. Banes GG, Baniqued K. The integration of Indigenous Knowledge Systems (IKS) in the tertiary level curriculum of Benguet State University La Trinidad Campus. *Mountain Journal of Science and Interdisciplinary Research*. 2021;81(1):19–36. doi: 10.70884/mjsir.v81i1.279
45. Batani RS, Gapasin MD, Sa-ao B, et al. Knowledge and practices of Sagpat women on indigenous healing and reproductive health. *Mountain Journal of Science and Interdisciplinary Research*. 2020; 62(1):32–52. doi: 10.70884/mjsir.v62i1.205
46. Samonte LL. Makibaa. *Mountain Journal of Science and Interdisciplinary Research*. 2018;78(1):6–21. doi: 10.18502/kss.v3i6.2422
47. Paing JN, Grace M, Anongos SF. Exploring the connections between traditional ecological knowledge, ecosystem services and agroecosystem-based livelihoods in the Cordillera Region, Northern Philippines. *Tropical Ecology*. 2025;66(1):507-22. doi: 10.1007/s42965-025-00393-w
48. Franco-Moraes J, Clement CR, de Oliveira JC, et al. A framework for identifying and integrating sociocultural and environmental elements of indigenous peoples' and local communities' landscape transformations. *Perspective Ecology Conservation*. 2021;19(2):143–52. <http://dx.doi.org/10.1016/j.pecon.2021.02.008>
49. Auger M, Howell T, Gomes T. Moving toward holistic wellness, empowerment and self-determination for Indigenous peoples in Canada: Can traditional indigenous health care practices increase ownership over health and health care decisions? *Canadian Journal of Public Health*. 2016;107(4-5):e393–8. doi: 10.17269/cjph.107.5366
50. Turner NJ, Cuerrier A, Joseph L. Well grounded: Indigenous peoples' knowledge, ethnobiology and sustainability. *People and Nature*. 2022;4(3):627–51. doi: 10.1002/pan3.10321
51. Buay BM, Aguilar CH, Banaticla-Hilario MC, et al. Ethnography of traditional healers and their indigenous medicinal plants in southern Philippines: Implications for conservation and sustainable use. *Genetic Resources*. 2025;6(12):57–72. doi: 10.46265/genresj.fqlf1923
52. Cerio C. Albularyo folk healing: Cultural beliefs on healthcare management in Partido District, Camarines Sur, Philippines. *Journal of Southeast Asian Studies*. 2020;25(1):210–36. <https://doi.org/10.22452/jati.vol25no1.11>
53. Kiwang AHB. Climate change experiences and the role of community values in climate change adaptation: Focus on women farmers of Sitio Legleg, Palina, Kibungan, Benguet. *Mountain Journal of Science and Interdisciplinary Research*. 2019; 79(1):53–61. doi: 10.70884/mjsir.v79i1.174
54. Solitario J. Revisiting Kapwa: Filipino Ethics, Subjectivity and Self-Formation. *Philippine Studies: Historical and Ethnographic Viewpoints*. 2022; 70(4):43-49. <https://doi.org/10.13185/2244-1638.1141>
55. Nuval P, Budikey A. Purging the tunnels: Decision-making process of Kabayan Indigenous Peoples community on hydro electric power project (HEPP). *Mountain Journal of Science and Interdisciplinary Research*. 2018;78(2):75–93. <http://dx.doi.org/10.70884/mjsir.v78i2.156>
56. Parween R, Marchant R. Traditional knowledge and practices, sacred spaces and protected areas, technological progress: Their success in conserving

- biodiversity. *Conservation Science and Practice*. 2022;4(5):31-38.
doi: 10.1111/csp2.12643
57. Gabriel AG, De Vera M, Antonio MAB. Roles of indigenous women in forest conservation: A comparative analysis of two indigenous communities in the Philippines. *Cogent Social Sciences*. 2020;6(1):1720564.
<https://doi.org/10.1080/23311886.2020.1720564>
58. Kingan MS, Pablo JP, Sebiano BP. Climate risk profiles for a climate-resilient agriculture on selected crops in the Cordillera Administrative Region. *Mountain Journal of Science and Interdisciplinary Research*. 2024;84(2):26-58.
<https://doi.org/10.70884/mjsir.v84i2.423>
59. Pablo JP, Fagyan AW, Bao-Idang CC, *et al*. Microclimate Characterization and Climate Risk Assessment of Agroforestry-Based Arabica Coffee Production. *New frontiers in regional science: Asian perspectives*. 2024;321-42.
doi: 10.1007/978-981-97-1188-8_12
60. Verschuuren B, Mallarach J, Bernbaum E, *et al*. Cultural and spiritual significance of nature. Guidance for protected and conserved area governance and management. *Best Practice Protected Area Guidelines Series No. 32*. Gland, Switzerland: International Union for Conservation of Nature and Natural Resources; 2021.
doi: 10.2305/IUCN.CH.2021.PAG.32.en
61. Ong HG, Kim Y-D. Herbal therapies and social-health policies: Indigenous Ati Negrito Women's dilemma and reproductive healthcare transitions in the Philippines. *Evidence-Based Complementary and Alternative Medicine*. 2015;1(2):1-13.
doi: 10.1155/2015/491209
62. Absolor JL, Batara O, Garcia M, *et al*. Cultural practices of the indigenous peoples (IPS) of San Emilio Ilocos Sur: Then and now; *International Journal of Research and Innovation in Social Science*. 2023;7(7):430-48.
doi: 10.47772/ijriss.2023.70732
63. Foyer J, Mauri MM, Filoche G, *et al*. The institutionalisation of bioculturalism through community protocols: The case of Guna Yala. *International Indigenous Policy Journal*. 2024;15(1): 1-25.
<https://doi.org/10.18584/iipj.2024.15.1.15872>
64. Prill-Brett J. Indigenous land rights and legal pluralism among Philippine highlanders. *Law & Society Review*. 1994;28(3):687-97.
doi: 10.2307/3054089
65. Tanalgo KC, Plang Y, Dela Cruz KC, *et al*. Diversity and ecological factors influencing medicinal plant use among ethnolinguistic groups in the Philippines. *Integrative Conservation*. 2025 Apr 17;4(2):231-45.
doi:10.1002/inc3.70011
66. Carroll D, Edwards DJ, Riley R, *et al*. Knowledge connects our hearts and lands: A qualitative research study on stewarding indigenous traditional ecological knowledges for community well-being. *International Journal of Environmental Research and Public Health*. 2025;22(10):1573.
<https://doi.org/10.3390/ijerph22101573>
67. Ijatuyi EJ, Lamm A, Yessoufou K, *et al*. Integration of indigenous knowledge with scientific knowledge: A systematic review. *Environmental Science & Policy*. 2025;170(104119):104119.
<https://doi.org/10.1016/j.envsci.2025.104119>
68. Brondízio ES, Aumeeruddy-Thomas Y, Bates P, *et al*. Locally based, regionally manifested and globally relevant: indigenous and local knowledge, values and practices for nature. *Annual Review of Environment and Resources*. 2021;46(1):481-509.
doi: 10.1146/annurev-environ-012220-012127
69. Dei DGJ, Anane-Donkor L, Dzandza PE, *et al*. Synthesizing the characteristics and applications of indigenous knowledge for sustainable development: A systematic review. *SAGE Open*. 2025;15(3):45-53.
<https://doi.org/10.1177/21582440251383843>
70. Cant S. Medical pluralism, mainstream marginality or subaltern therapeutics? *Globalisation and the integration of "Asian" medicines and biomedicine in the UK. Society and Culture in South Asia*. 2020; 6(1):31-51.
<https://doi.org/10.1177/2393861719883064>
71. Josyula LK. Equitable mosaic: The ideal for medical pluralism. *Philosophy Ethics and Humanities in Medicine*. 2025;20(1):1-5.
doi: 10.1186/s13010-025-00185-z
72. Humpage L. Does a payment-for-outcomes model improve indigenous wellbeing? commissioning agencies and social impact bonds in New Zealand. *International Indigenous Policy Journal*. 2020;11(4):1-26.
<https://doi.org/10.18584/iipj.2020.11.4.8195>
73. Quinn P, Williamson B, Gibbs L. Indigenous-informed disaster recovery: Addressing collective trauma using a healing framework. *Progress in Disaster Science*. 2022;16:100257.
<https://doi.org/10.1016/j.pdisas.2022.100257>
74. Tsethlikai M, Cole A, Hoffman AJ, *et al*. To heal, grow and thrive: Engaging indigenous paradigms and perspectives in developmental science. *Child Development*. 2024.
doi: 10.1111/cdev.14194
75. Redvers N, Celidwen Y, Schultz C, *et al*. The determinants of planetary health: An indigenous consensus perspective. *The Lancet Planetary Health*. 2022;6(2):156-63.
doi: 10.1016/S2542-5196(21)00354-5

How to Cite: Sidchogan-Lazaro CGB. Indigenous Healing as Silenced in Health Discourses and its Privileges Along the Cultural Assertions of Indigenous Peoples in Northern Luzon, Philippines. *Int Res J Multidiscip Scope*. 2026; 7(2): 1045-1060. DOI: 10.47857/irjms.2026.v07i02.011031