

The Intersectionality of Religion and Medicine in the Health Humanities: A Literature Review on Trends and Trajectories of the Two

Aliana Rao

Abstract

Introduction: This research focuses on determining the intersectionality of religion and medicine/health throughout the years through a literature review completed under the Health Humanities Undergraduate Research Program in the Department of English. The two have impacted each other greatly, contributing to new findings in the field of medicine and the founding of new religious sects. While originally very religious, medicine has become more secular as the years have passed. This research begins with Ancient Medicine and continues through to modern-day practices, tracing the influences of religion on medicine and its applications in the field of health. *Literature Review:* Ancient Medicine (450 BCE - 1600 CE) focuses on the major influences such as Hippocrates, Galen, and Asclepius. Additionally, various historical events impacted the development of medicine including the emergence of hospitals, the 4th Lateran Council. A focus on gender has also been determined during this period, involving the decreased importance and involvement of women in the process of healing. Development of Modern Medicine (1600-1950) involves topics such as mood disorders, ethnomedicine, and the development of religious sects through the alignment of religion and medicine. The focus of this section is largely based on Burton's *Anatomy of Melancholy*, a text referencing mental afflictions we now define as depression and anxiety. Various ethnic practices are also identified and researched, such as the presence of secret doctors in African American communities, rising largely from slavery in the United States. Modern Medicine (1950-Present) focuses on concepts that are prominent in today's field of healthcare including cultural competency, the treatment of women, the intersection of religion and mental health, and the secular perspective. Topics researched during this section emphasize the focus on mental health through a religious lens and the idea of westernized medicine versus eastern practices potentially causing a rift during patient care. *Conclusion:* This research reflects an overall change in the practice of medicine from being solely religious to largely secular and is illustrated through the three distinct periods in time. The latter end of the Development of Modern Medicine period reveals the biggest shift. By the time the Modern Medicine era arrives, secular medicine is practiced heavily, especially in Westernized locales. Modern-day concepts such as cultural competency have grown as Westernized medicine has interacted at greater levels with Eastern practices. These results exhibit a definite change in the application and practice of religion in the field of medicine in the modern-day as compared to ancient times.

Introduction

This research explores the intricate intersection of religion and medicine throughout history, analyzing their evolving relationship through a comprehensive literature review conducted under the supervision of Health Humanities Undergraduate Research Program in the Department of English. Religion and medicine have long been intertwined, shaping each other in profound ways including contributing to groundbreaking discoveries in the medical field, influencing ethical considerations in healthcare, and even leading to the emergence of new religious sects centered around healing practices.

Historically, medical practices were deeply rooted in religious beliefs, with healing often attributed to divine intervention, spiritual rituals, and sacred texts. Over time, however, medicine has gradually transitioned toward a more secular framework, driven by scientific advancements and evidence-based approaches. Despite this shift, religious and spiritual perspectives continue to play a significant role in medical ethics, patient care, and the holistic understanding of health and wellness.

This literature review traces the historical trajectory of medicine from ancient civilizations, where healing was closely tied to religious doctrine and priest-physicians, to modern-day medical practices that, while largely secular, still grapple with ethical and spiritual concerns. By examining key historical moments, philosophical debates, and contemporary applications, this research aims to illuminate the lasting influence of religion on medicine and its implications for healthcare in today's world.

Methods

This research encompassed a literature review completed under the Health Humanities Undergraduate Research Program in the Department of English. This research examined various texts and resources regarding religion, medicine, and where they intersect.

Three discrete time periods were created to allow for easier categorization of findings and analysis of trends. Ancient Medicine ranged from 450 BCE to 1600 CE. Development of Modern Medicine encompassed 1600 to 1950. The last of the three groupings was titled Modern Medicine, focused on 1950 to present. The research is presented in these distinct groupings.

14 total texts were examined in their entirety, ranging from nonfiction collections to narratives to memoirs. Texts were originally categorized into which time period they were most applicable to, with an additional category of background texts, which served as a foundation for the research (Table 1). Texts were further categorized into groupings to analyze themes among the trends presented (Table 2).

Table 1: Texts per Time Period

Time Period	Book Title & Author(s)/Editor(s)
Background Texts	<i>Medicine & Religion: A Historical Introduction</i> by Gary B. Ferngren <i>Essential Readings in Medicine & Religion</i> by Gary B. Ferngren
Ancient Medicine (450 BCE - 1600 CE)	<i>The Soul of Medicine: Spiritual Perspectives and Clinical Practice</i> by John R. Peteet and Michael n D'ambra <i>Anecdotes and Antidotes: A Medieval Arabic History of Physicians</i> by Ibn Abi Usaybi'ah <i>The Medieval Islamic Hospital: Medicine, Religion, and Charity</i> by Ahmed Ragab <i>Medicine, Religion and Gender in Medieval Culture</i> by Naoë Kukita Yoshikawa
Development of Modern Medicine (1600-1950)	<i>Companion Encyclopedia of the History of Medicine</i> by W. F. Bynum and Roy Porter <i>Secret Doctors: Ethnomedicine of African Americans</i> by Wonda L. Fontenot <i>Prescribing Faith: Medicine, Media, and Religion in American Culture</i> by Claire Hoertz Badaracco <i>Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England</i> by Jeremy Schmidt
Modern Medicine (1950-Present)	<i>Medicine Woman: Reclaiming the Soul of Healing</i> by Lucy H. Pearce <i>The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures</i> by Anne Fadiman <i>Spirituality, Healing and Medicine: Return to the Silence</i> by David Aldridge <i>Handbook of Religion and Mental Health</i> by David H. Rosmarin and Harold G. Koenig

Table 2: Categorization of Texts

Category	Book Title & Author(s)/Editor(s)
Historical and Cultural Perspectives on Medicine and Religion	<i>Medicine & Religion: A Historical Introduction</i> by Gary B. Ferngren <i>Essential Readings in Medicine & Religion</i> by Gary B. Ferngren <i>The Medieval Islamic Hospital: Medicine, Religion, and Charity</i> by Ahmed Ragab <i>Companion Encyclopedia of the History of Medicine</i> by W. F. Bynum and Roy Porter <i>Medicine, Religion and Gender in Medieval Culture</i> by Naoë Kukita Yoshikawa
Spirituality in Medical Practice	<i>The Soul of Medicine: Spiritual Perspectives and Clinical Practice</i> by John R. Peteet and Michael n D'ambra <i>Spirituality, Healing and Medicine: Return to the Silence</i> by David Aldridge <i>Handbook of Religion and Mental Health</i> by David H. Rosmarin and Harold G. Koenig <i>Medicine Woman: Reclaiming the Soul of Healing</i> by Lucy H. Pearce
Ethnomedicine and Cross-Cultural Perspectives	<i>Secret Doctors: Ethnomedicine of African Americans</i> by Wonda L. Fontenot <i>The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures</i> by Anne Fadiman <i>Anecdotes and Antidotes: A Medieval Arabic History of Physicians</i> by Ibn Abi Usaybi'ah
Mental Health and Medicine	<i>Prescribing Faith: Medicine, Media, and Religion in American Culture</i> by Claire Hoertz Badaracco <i>Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England</i> by Jeremy Schmidt

Ancient Medicine (450 BCE – 1600 CE)

Ancient medicine examined the earliest stages of medicine in the documented texts. It illustrated the initial impact of medicine on society and how religion shaped the manner in which medicine and health were viewed and incorporated into daily life.

Overview of Various Religious Practices in Medicine

The groups/religions focused on during this preliminary research included the Ancient Near East (Mesopotamia, Egypt, Israel), the Greeks, the Romans, Christianity (Early and Middle Ages), and Islam. Hinduism, Buddhism, ancient Chinese medicinal practices, and folk medicine were also studied, although not as in-depth.

Throughout history, various cultures and religious traditions have shared common approaches to medicine and healing. Gary Ferngren greatly expanded on these practices in his works *Medicine and Religion: A Historical Introduction* (2014) and *Essential Readings in Medicine and Religion* (2017). Through analyzing these texts, the following commonalities were elucidated.

Botanical remedies were widely used across civilizations as treatments for ailments, demonstrating an early understanding of natural medicine. The belief in possession by demons or evil spirits as a cause of illness was prevalent among the Greeks, Romans, Hindus, and Christians, often leading to spiritual or ritualistic healing practices. In some societies, such as the Ancient Near East and Greece, the roles of priest and physician were distinct, whereas in others, spiritual and medical practices were intertwined medicine. Magic was also employed for healing, particularly among the Greeks, Romans, early Christians, and Sufi practitioners of Islam, where mystical or supernatural interventions were seen as ways to restore health. Additionally, many traditions, including those of the Ancient Near East, Greeks, Romans, Hindus, Christians, and Muslims, viewed suffering as a means of repentance, linking physical affliction with moral or spiritual purification. The development of hospitals was significantly influenced by religious traditions, with Christianity, Islam, and Buddhism establishing institutions dedicated to the care of the sick, integrating both medical treatment and spiritual well-being. In Judaism and Islam, the belief that God heals through the physician reinforced the legitimacy of medical practice, while in Buddhism, Christianity, Islam, and Chinese medicine, prayer was considered a vital tool for healing, emphasizing the intersection of faith and medicine. These shared perspectives highlight the deep historical connection between spirituality and healthcare across civilizations.

Major Influences in Ancient Medicine

Hippocrates (460 BCE - 370 BCE) is often coined as the Father of Medicine. He laid the groundwork for the future of medicine, through his work on the human body and by defining the 4 humours (blood, yellow bile, black bile, and mucus). He also identified the limitations of medicine, claiming “What is not healed with medicine, is healed with the knife; what the knife does not heal, is healed with the cautery, and what the cautery does not heal must be considered incurable.” (Geyer et al, 2008) Because his ideas were flexible, they were easily utilized by monotheistic religions.

Galen (129 CE - 216 CE) further developed humoral pathology and is often considered the last great physician of antiquity. Islam received the work of Hippocrates and Galen warmly and used it in their treatments by removing the polytheistic elements to fit their religious barriers (Ragab, 224; Ferngren 2017, 115). In addition, because the act of dissection was seen as inappropriate in Islam, they based their knowledge of the human body solely on that which was described by Galen (Ferngren 2014, 126-127).

Asclepius is seen as the patron god of medicine, being of Greek origin. As the chief healing god, he garnered a following, naming themselves the Cult of Asclepius, who built temples in his honor and treated patients (Ferngren 2017, 33-35). Beginning in the 4th century, Christians began to believe in Asclepius (Ferngren 2017, 57). As such, Asclepius served as a prominent mythical figure across various religious groups during this time.

Historical Events

During the Ancient Medicine era, several important events occurred which shaped the lens through which religion and medicine were viewed. First glimpses at the development of the hospital were seen. While not considered a fully-fledged institution, the first hospital was founded in the 4th century in Rome by a wealthy widow named Fabiola (Ferngren 2014, 91).

In 516, the Rule of St Benedict ordered no restrictions upon the care for the sick (Yoshikawa, 92). Canon 22 of the 4th Lateran Council in 1215 pronounced confession as the ideal healing method, prioritizing priests at bedside before physicians (Yoshikawa, 10). This served as reasoning that healing the soul is more important than healing the body, which is an important distinction from the way medicine is viewed and practiced in the modern era.

Starting as early as the 4th century, established hospitals began to emerge. Being tied to religion heavily in the beginning, these institutions were linked with churches, monasteries, and mosques (Ragab). The Bīmāristān changed this narrative, being not only for the sick but also for education (Ragab, xiii-6). The first of these Islamic Hospitals was built in 872 in Egypt as part of the royal complex (Ragab, 33-34). While still having religious undertones, treatments at Bīmāristāns were based largely on the teachings of Galen, and the teaching of future practitioners was prioritized (Ragab, 224-225). This manner of medical practice illustrated the changes that were taking place in the medical field during the ancient era.

Gender as an Additional Component

Until the Middle Ages, women were still given privileges within the medicinal world. There was, and remains, a gender-specific issue of authority and power. The relationship between religion and healing was examined through the lens of the Virgin Mary and the comfort she provided to ill or pregnant women (Yoshikawa, 98-100). Women were often blamed for birth defects, which were seen as a punishment from God because of their moral failings (Yoshikawa, 161-180). The Trotula texts, a sort of guide to female health, were published for women's illnesses in the 12th century (Yoshikawa, 18). Seeing as women were underrepresented in medicine, both as physicians and patients, this was essential to furthering the level of care they received. One person of note is Hildegard of Bingen, who in the 12th century became the first woman to be recognized as a doctor of the Church in Catholicism; her views aligned with humoral medicine and melancholia, now acknowledged as mood disorders (Yoshikawa, 107-112).

Development of Modern Medicine (1650 – 1950):

This time period focused on the development of modern medicine. The middle of the 17th century saw an uptick in anatomical knowledge, with Vesalius and his successors emphasizing the importance of dissection (Toledo-Pereyra, 2015). Blood circulation theory, as per William Harvey, was also on the rise of acceptance among the medical communities (Toledo-Pereyra, 2015). This era served as an important transition period from ancient medicinal techniques to the modern era of medicine we know today.

Mood Disorders

Just preceding this era, Burton published *The Anatomy of Melancholy*, which focused on mood disorders under the term melancholia. This concept led to copious discourse during the 17th century and transformed how human thought and emotion were seen. By separating religious melancholy from the affliction of the conscience, a more therapeutic approach was founded that did not abandon the care of the soul. Some treated religious melancholy as a disease, others as a religious obstacle that could be cured through rest and health in God (Schmidt). An interesting finding was that women were more likely to seek out help for melancholy, highlighting it as something that afflicted women more (Schmidt, 79-81).

Ethnomedicine

Ethnomedicine of various groups was studied during the course of this research. A major focus was that of African Americans and their utilization of Secret doctors, whom they viewed as safe options for care. This is not surprising, seeing as there is a mistrust of mainstream caregivers. Through the work of Secret Doctors, black folk medicine was given the chance to survive and prosper, allowing for the treatment of many. Secret Doctors believed in oral histories, herbal remedies, prayer, amulets, and often were familial affairs, with parents training their children in the art of healing. Secret Doctors also provided care of mental health, treating through divination. While many cultures excluded women from the field of Medicine, the ethnomedicine of Secret Doctors allowed them to be seen as strong and positive healers.

Development of Additional Religious Approaches

As religion and medicine interacted more, additional groups arose. A prominent example of this is Christian Science, which focused on the therapeutic power of prayer and preventative medicine. Christian Scientists were found to be satisfied (more than 50%) with their lives and their incorporation of religion.

Modern Medicine (1950 – Present)

Modern medicine encapsulates the era in which we reside today. 1950 served as a reasonable time for this period to begin, as this decade, famously coined the Golden Age of Medicine, included discovering the structure of DNA, widespread use of antibiotics, advent of preliminary imaging modalities, and the establishment of the WHO (Logan, 2019). This period best examines how religion factors into current medical practice and how the two have intersected.

Cultural Competency

Defined as the "ability to understand, appreciate and interact with people from cultures or belief systems different from one's own," cultural competency became a concern within modern medicine in the last 50 years (American Psychological Association). Although Westernized medicine is largely secular, the same cannot be assumed for other regions of the world. A prime example is the Hmong people, who utilize their cultural techniques for the practice of healing. *The Spirit Catches You and You Fall Down* is centered around the care of a young Hmong girl, Lia, with epilepsy who received treatment via Westernized medicine. However, her physicians did not understand their limitations, such as language barrier, cultural differences, and lack of understanding and her care was affected. Ultimately, with more cultural competency and understanding of the intersectionality of religion and health in various environments, changes can be made in the medical field.

The Treatment of Women

Women, even in the modern era, are often treated incorrectly. Whether it be claims of them 'faking' their symptoms or overreacting, modern medicine does not place women on an equal plane with their male counterparts. "For many women, diagnosis, and the path that leads to it, is a deeply problematic part of Western medicine," perfectly examines how many women feel regarding their health journeys, as they must advocate for themselves and often open themselves up in a more vulnerable manner than they would prefer (Pearce, 53). Another example of how women must often advocate for themselves to fault is as follows: "But their greater suffering does not eliminate mine. I am not imagining it. Something is most definitely not right within me" (Pearce, 21). Yet again, many women find themselves having to prove there is something wrong; they must expend much-needed energy to convince others that it is not in their head, that they are not hysterical or dramatic, but rather actually suffering. However, women have decided that they wish to reclaim their healing and advocate for their health. *Medicine Woman: Reclaiming the Soul of Healing* by Lucy Pearce relayed these themes and more.

Religion, Spirituality, and Mental Health

Beginning from the publication of Burton's *Anatomy of Melancholy*, the idea of mood disorders was seen as conventional. Spirituality is considered as a unification of Eastern and Western ideas through a manner of refining of the human consciousness. In religion, spirituality can be seen through yin and yang (Chinese medicine), the cross (Christianity), and the 'middle way' (Buddhism), to name a few. Religion and spirituality influence people in a powerful manner. As such, there exists a healing power of prayer in clinical settings that allows for religion to be seen as a buffer against disease.

Prayer can also be seen through a therapeutic lens. Religion provides life with meaning and provides people with a social network and community. Through this, religion has a positive effect on coping and provides people with solutions (both emotional and spiritual). In fact, there is an inverse relationship between depression and religion (Koenig, 4-5). Overall, while those with strong belongings to religious groups have better mental health, they remain hesitant to reach out when they need help, often believing it to be embarrassing and that their community will support them just as much as a mental health

professional (Koenig, 10-15). These examples of religious belongings serving almost as a preventative measure against depression further reveal the therapeutic and protective advantages of religion.

A Secular Perspective

As modern medicine takes the forefront, a secular perspective arrives as well. It gives way to a greater application of spirituality rather than religion and separates the physician from the religious perspective. This change shifts the patient-physician relationship, making it less interactive. Instead, in cases where needed, a chaplain or member of the clergy will help the physician. This keeps the physician from blurring the lines if they incorporate spirituality into their medical care. Additionally, pastoral care becomes more prominent. Medicine in the U.S. has become more cynical with a drive for efficacy in this process.

Discussion

Ancient Medicine (450 BCE – 1600 CE)

The period of Ancient Medicine was profoundly influenced by notable figures such as Hippocrates, Galen, and the divine healer Asclepius, shaping much of the early practice of medicine. Hippocrates, often regarded as the "Father of Medicine," shifted medical practice from religious explanations of disease to a more empirical approach. He proposed that disease was caused by natural rather than divine forces, marking a significant departure from previous beliefs. Galen, building on Hippocratic principles, contributed extensively to the understanding of anatomy and physiology, while also incorporating aspects of Roman medical tradition into his work. Asclepius, revered as a god of healing in ancient Greece, symbolized the fusion of religious and medical practices, with temples dedicated to him serving as both places of worship and healing centers. These figures, among others, formed the foundation of medical thought during this era.

Historical events such as the emergence of hospitals in the Roman Empire and the establishment of medical practices in ancient Greek and Egyptian cultures also had a lasting impact. The 4th Lateran Council, a significant event in the history of Christianity, further formalized the role of the Church in medicine, reinforcing religious control over healthcare practices during the medieval period. However, during this era, there was a notable decline in the involvement of women in the medical field, with women's roles relegated largely to midwifery and domestic healing. This gender shift reflected broader societal changes that saw women's involvement in the intellectual and medical realms diminish, a trend that would persist for centuries.

Development of Modern Medicine (1600 – 1950)

The era from 1600 to 1950 marks a transition where medical practices began to evolve dramatically, influenced by both scientific advancements and the changing relationship between religion and medicine. During this time, the field of mental health gained significant attention, notably with Robert Burton's work, *Anatomy of Melancholy*. Burton's text is often cited as one of the first to acknowledge mental afflictions that are now recognized as depression and anxiety, focusing on their impact on both the

mind and body. While mental health was once primarily viewed through a religious or moral lens, this period laid the groundwork for later developments in psychological and psychiatric care.

Alongside these advancements in the treatment of mental disorders, there was also growing attention to ethnomedicine, particularly with the African American community. During the period of slavery in the United States, African American communities developed secret doctors, a form of healing influenced by both African traditions and the limited access to formal healthcare. These secret doctors played a crucial role in providing medical care in communities where access to traditional healthcare was scarce or forbidden, illustrating the intersection of culture, spirituality, and medical practice. This period also witnessed the alignment of religious sects with healing practices, where various Christian denominations and sects began to promote specific healing methods, often blending faith with physical treatment. These religious practices offered alternative models of care that were influential in the development of medicine during the early modern period.

Modern Medicine (1950 – Present)

This period of modern medicine represents a significant shift in the healthcare landscape, emphasizing the growth of scientific knowledge, the professionalization of the medical field, and a move away from religious-based healing methods. Central to contemporary medical practice is the concept of cultural competency, which acknowledges the importance of understanding and respecting cultural differences in healthcare delivery. As the world has become more interconnected, healthcare professionals must navigate these cultural divides, especially as patients from diverse backgrounds encounter Westernized healthcare systems.

One of the ongoing debates in modern medicine concerns the treatment of women in healthcare, which has evolved from historical exclusion to a more inclusive and gender-sensitive approach. The healthcare sector has gradually addressed issues such as gender biases in medical research, gender-specific health concerns, and the overall empowerment of women in medical spaces. The intersection of religion and mental health has also continued to be a significant point of focus. Many healthcare practitioners now consider the role of spirituality in healing, blending religious perspectives with psychological and physiological treatments. However, there remains a tension between secular Western medicine and Eastern practices, such as Traditional Chinese Medicine and Ayurveda, which emphasize holistic care and spiritual well-being. This rift sometimes creates challenges in patient care, as Western-trained physicians may be skeptical of non-Western approaches, potentially leading to conflict or misunderstanding in treatment plans.

Conclusion

This research reflects an overall change in the practice of medicine from being solely religious to largely secular and is illustrated through the three distinct periods in time. The latter end of the Development of Modern Medicine period reveals the biggest shift. By the time the Modern Medicine era arrives, secular medicine is practiced heavily, especially in Westernized locales. Modern-day concepts such as cultural competency have grown as Westernized medicine has interacted at greater levels with Eastern practices. These results exhibit a definite change in the application and practice of religion in the field of medicine in the modern-day as compared to ancient times.

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