

Religion and Medicine - Explaining the Unexplained

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The authors declare that no funding was received for this work.



Received: 11-October-2025
Accepted: 12-November-2025
Published: 17-November-2025

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This article is published in the **MSI Journal of Medicine and Medical Research (MSIJMMR)**
ISSN 3049-1401 (Online)

The journal is managed and published by MSI Publishers.

Volume: 2, Issue: 11 (November-2025)

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ABSTRACT: The roots of medicine lie in religion and spirituality. In ancient times, it was the priests who were the healers. The early hospitals were also established and managed by them. Medicine was initially targeted to provide relief and

palliation. Subsequently the focus shifted to cure and especially with the emergence of evidence-based medicine. There was dissociation of medicine from religion and spirituality. However there is significant evidence that religion and spirituality may benefit patients suffering from wide range of diseases. On one hand, integration of religion and spirituality in modern medical practice is gaining momentum, while on the other hand, there are still unanswered ethical issues. Although this alignment is time demanding, more so now than ever before, a lot more is yet to be done.

Keywords: *Religion, spirituality, medicine, evidence, ethical issues*

Introduction

Religion and spirituality play important role in all aspects of human health, from physical, mental to social [1]. Religion can be important source of moral guidance for patients, while patients may also find comfort in religious rituals [2]. From a patient's perspective, a patient will always appreciate if he/she is approached by the treating physician as someone who is suffering and not as someone with malfunctioning organ(s) [3]. If the physician cares about the spiritual aspect of the patient, it will give him/her greater and/or better access to his/her expectations [4]. This is applicable more for patients who are terminally ill and/or suffering from chronic illness [5].

Religion and spirituality impacts health both on macro- and micro- levels. On a macro-level, better understanding of patient and community values help improve hospital policies and practices as well as medical legislation. On the other hand, on a micro-level, recognizing the impact of religion and spirituality allows clinicians to approach their patients with more empathy and trust [6].

Historical perspective

The practice of medicine began with spirituality. Many spiritual figures like Jesus Christ had the gift of healing. Prophet Hazrat Muhammad (PBUH) (570-632 AD), Himself not only encouraged learning, including acquiring knowledge in medicine, He, Himself practiced a traditional system of medical practice called Hijama *i.e.* cupping [7].

In ancient Egypt and Mesopotamia, priests were physicians. In the medieval era, monks and nuns ran hospitals. In the pre-1900s, medicine was primarily supportive and palliative with healers engaging holistic approach of physical, psychological, social and spiritual care [8]. Early hospitals in USA were founded and run by religious organizations.

In fact, the Unani or Tibb-Unani system of medicine was introduced by ancient Egyptian priests like Imhotep (2980-2600 BC). It was enriched in the Greek era by Hippocrates (460-370 BC) who gave the ‘humoral theory’ and then in the Greco-Roman era by Galen (129-200 BC) who is known for his ‘temperamental theory’. Unani medicine flourished with Islamic patronage during the Arab era by Ibn Sina (980-1037 AD), the reason why it is also referred to as ‘Islamic Medicine’. It was then taken to Europe by Culpepper (1616-1654 AD). Unani medicine received the next major boost again by the Muslim rulers on the Indian sub-continent after the 1200s [9, 10, 11]. Clearly it was religion that gave birth to and helped in flourishing of this important system of medical practice. The impact of religion in medicine is, however, more evident in the Ayurveda system of medicine. The origin of Ayurveda is considered to be divine, from the Hindu God Lord Brahma who, in Hindu religion, is worshiped as the creator of the universe [12, 13]. Hindus believe that Lord Brahma passed on this holistic knowledge of healing to his disciples and then to common men. The information about the healing properties of the herbs was composed in the form of poems, called ‘shlokas’. The Hindu system of healing is believed to be based on four compilations of knowledge, known as ‘Vedas’ namely, Yajur Veda, Rig Veda, Sam Veda and Atharva Veda. The Rig Veda is the most well-known of all the four Vedas and describes 67 plants and 1028 Shlokas. The Atharva Veda and Yajur Veda describe 293 and 81 medicinally useful plants. The practice of Ayurveda is based upon the knowledge gained from these Vedas. The writings in Rig Veda and Atharva Veda are attributed to Atreya, who is believed to have been blessed with this knowledge from Lord Indra, who received it from Lord Brahma [14, 15]. Agnivesha compiled the knowledge from the Vedas, while Charaka and other scholars edited the same. These are now known as ‘Charaka Samhita, that deals with Ayurvedic medicine and ‘Sushruta Samhita’, which describes the science of surgery [16, 17]. Both the Samhitas are still used by Ayurveda practitioners.

The split between religion and medicine began in ancient Greece. Greek philosophers like Aristotle divided substance into matter and form, while Plato viewed humans as spirits engaged in body. This split between religion and medicine however, became most evident throughout the twentieth century when science became the backbone of medical practice evolving into today's evidence-based medicine [18]. In the 1900s, with the advancement of science and technology, the concept of 'cure' was introduced in medical practice. Rene Descartes introduced the philosophy of modern medicine, who propagated that the world functioned as per mechanical laws with no mention to meaning and purpose. Eventually spirituality and religion became irrelevant in medical practice [18]. At around the same time in 1910, the Flexner Report by Abraham Flexner sidelined any possible role of religion in medicine, which according to this report, was a scientific field with no scope for theology or philosophy. Body and spirit were thus separated - suffering was reduced to physical pain only.

In the Indian sub-continent this split became evident during the colonial era, when the British Raj started patronizing Allopathic system of medicine setting both Ayurveda and Unani systems aside [19, 20].

Evidenced-based role of religion in medicine

Modern day research data suggest that religion and spirituality may have positive impact on both physical and mental health. For example, patients with depression, anxiety disorders, schizophrenia and suicidal ideation benefit from spirituality. Spirituality improves symptoms, resilience, cognitive impairment, perceived pain and quality of life of such patients [21, 22, 23, 24, 25]. Even those who want to quit smoking also benefit from spirituality, as was revealed by a study [26].

Similarly, patients suffering from chronic illnesses can also benefit from spirituality. For example, HIV/AIDS patients learn to cope with their disease through their religious beliefs, while spirituality helps patients recover following myocardial infarction [27, 28]. Similarly, majority of the parents of children undergoing palliative care learn to live through their difficult times through spirituality [29]. An interesting observation from another study was that spirituality modified pro-

inflammatory cytokine release in chronically ill patients, *e.g.* elderly with cardiovascular, pulmonary and cerebrovascular diseases, thus preventing disease progression [30].

Religious attendance has been found to be inversely related to interleukin (IL)-6 level in elderly [31]. Spiritual beliefs positively influence healthcare decision making as well as aggressive care at end of life [32, 33, 34]. It has been suggested that this is due to the fact that the mind has huge impact on how an individual perceives life, stress, disease, death and the world around him/her [8].

Religion in modern day medicine

The interest in alternative and complementary medicine has magnified over the last few decades particularly in the West. In USA, people are increasingly finding comfort in religious and spiritual activities when they fall ill [35]. A study revealed that 79% US citizens believe that religious faith can help them recover from disease, while 63% supported the concept that physicians should discuss spirituality with patients [36]. The same trend is also reflected among the medical fraternity. Leading US healthcare providers and professional bodies namely, US National Institute of Aging, National Centre for Medical Rehabilitation and Research, Beth Israel Deaconess, Boston have hosted meetings on religion and spirituality and health [35, 37]. At a conference of the American Academy of Family Physicians, 99% study participants responded to a survey that they believed religious beliefs can heal, while 75% thought that prayers can promote patient recovery [38].

The interest in spirituality in medicine is also growing among the medical academia. Contrast to 1992, when only 1 US medical school had a formal course on 'spirituality in medicine', this number crossed 100 by 2006 [8]. Key elements of these courses are listening to what is important to patients, respecting their spiritual beliefs, communicating with patients without abusing their religious beliefs and their preferences at the end of life.

However, the fact remains that the role of religion in modern day medical practice is often not addressed with due diligence [39].

Ethical issues

There are several ethical issues that, however, raise concern. Physicians run the risk of abusing their professional status when they shift to promote a non-medical agenda [35]. Also, advising medical interventions may at times be unethical. For example, a physician cannot advise a non-practicing patient to go on pilgrimage, even if that is likely to benefit the patient [40]. Similarly, a physician cannot advocate religious conversion of a patient, if the patient's own religious practice may prove harmful to his existing health condition [35]. Ethical question will also arise if a devout practicing physician starts believing that his professional commitments are extension of his/her religious belief that tempt him/her to or not to share opinion with patients [35].

While ethical issues remain, some of these have been resolved. For example, the American College of Physicians (ACP) 'Conference on End of Life' in 1999 concluded that, physicians are obliged to address all the different dimensions of a patient's suffering including spiritual and religious ones. The conference also developed guidelines for physicians to communicate with patients about spiritual and religious issues [41]. Subsequently in 2009, an US national consensus conference developed spiritual care guideline for inter-professional clinical spiritual care [42]. This guideline advocates that all physicians address patient spirituality and integrate spirituality into patient care.

It is unarguably true that spirituality and religion can comfort patients. However, physicians cannot promote religious activity to their patients like religious preachers. Despite convincing evidence that spirituality and religion helps, these ethical considerations are of paramount importance, which bar religion as an adjunct to medical intervention.

Conclusion

Longer life span and expectations of better well-being are the newest challenges faced by modern medical science. Here spirituality may play pivotal role as it gives a meaning to life. What is not known is how and why religious and spiritual practices affect healthcare outcomes and why spiritual care improves patient satisfaction and

quality of life. Scientific studies involving spirituality and religion and modern medicine are now time demanding. Research should be directed towards how modern medical practice can be made more holistic.

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