



The soul oriented conception of holistic health in late medieval Europe

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Abstract

This paper explores the soul-oriented holistic health conception in late medieval Europe (14th–15th centuries), revealing the in-depth interweaving of religious theology and classical medical knowledge in the interpretation of diseases and health practices. The concept of health during this period was not based on a biomedical framework; instead, it centered on Christian theology, regarding diseases as the consequence of sin and punishment, and health as the external manifestation of spiritual purity and divine grace. The monastic medical system served as a concrete practice site for the integration of religion and medicine, where medical practices were not only concerned with physical healing but also functioned as rituals for spiritual restoration. Employing historical document analysis and intellectual history methods, this paper reinterprets how spiritual integration constituted the prototype of holistic health in the Middle Ages and examines the impact of this concept on the definition of health and the development of integrative medicine since the early modern period. The study points out that although the medieval conception of health originated from the dominance of the theocratic system, it unexpectedly foreshadowed the ideological germination of body–mind–spirit integration in modern medicine. This demonstrates that religious medicine is not the opposite of scientific rationality but an important prehistory of holistic health thought.

Keywords: Medieval medicine; religion, spiritual; holistic health; theory of four humors; history of medical thought

Introduction

In the long history of medicine, the meaning of disease and the essence of health have never been merely biological issues; they have always been intertwined with religion, ethics, and cosmology. Europe in the 14th–15th centuries was in a historical stage fraught with multiple crises: agricultural failures caused by the Little Ice Age, social upheaval triggered by the Hundred Years' War, and the large-scale outbreak of the Black Death (1347–1351), all of which jointly undermined the traditional social order and knowledge system (Horrox, 1994; Benedict, 2004) [3, 13]. According to records, the Black Death claimed the lives of nearly one-third to one-half of Europe's population. Corpses piled up on city streets, and traditional medical methods (such as herbal remedies and bloodletting) were ineffective against the plague, triggering widespread existential anxiety and a cognitive crisis (Horrox, 1994) [13]. Against the backdrop of undeveloped science and the Christian theocracy's monopoly on knowledge production and social control, people's inquiries into why diseases occur and how to maintain health gradually shifted away from a purely physical dimension toward a theological interpretation centered on the soul (anima): diseases were seen as the fruit of spiritual corruption, and health as a symbol of divine grace. This shift gave rise to the soul-oriented holistic health conception, which became the dominant understanding of health in late medieval European society (Rubin, 1992) [22]. Existing studies have mostly focused on the material aspects of medieval medical technology (such as the application of herbal medicines and surgical tools) or the socioeconomic impact of the Black Death, paying insufficient attention to the intellectual evolution of health concepts themselves (Siraisi, 1990) [25]. Some studies have touched on the connection between religion and medicine but failed to systematically explain how the soul became the core dimension of health definition and how this concept permeated medical practices and public health (Penn, 2007)

[19]. Taking soul dominance as the core thread, this study combines classical texts (such as Thomas Aquinas' *Summa Theologica* and Galen's works on humoral theory) with modern academic research to reconstruct the historical landscape of this health conception from four dimensions: theoretical core, practice site, secular extension, and health management. It also explores the enlightenment of this concept for contemporary health thought.

This study adopts the method of historical document analysis. The core documents include medieval religious classics (such as the *Regula Benedicti*), chronicles (such as Jean Froissart's chronicles), medical manuals (such as the *Salernitan Regimen Sanitatis*), and modern scholars' works on the history of medieval medicine and religion. It also refers to official documents of the World Health Organization (WHO) on spirituality and health to establish a dialogue between history and the present. This study not only helps fill the research gap in the intellectual history of medieval health but also provides a historical reference for the deepening of contemporary holistic health concepts.

Using the method of the history of medical thought, this study explores the soul-dominant view of health in late medieval Europe, explaining how it took shape through the integration of religious theology, monastic medicine, and classical medical theory and gradually shaped the prototype of holistic health centered on spirituality. The study has three objectives: (1) To explain how medieval Christianity transformed diseases into theological events, making medical practices part of religious rituals; (2) To analyze how the monastic system implemented medical practices of spiritual integration; (3) To explore how this concept, through the theologization and moralization of the theory of four humors, influenced subsequent health ethics and the thought of the connection between body, mind, and spirit.

This paper argues that the health conception in late medieval Europe was not a legacy of superstition but an integrated model of body–mind–soul–society centered on the soul.

Although this concept was gradually replaced by scientific medicine after the Renaissance, it was revived in the 20th century in the concepts of whole-person medicine and spiritual health (Puchalski *et al.*, 2014) ^[21]. Therefore, understanding the logic of medieval religious medicine not only helps reconstruct the historical continuity of Western medical thought but also reveals the profound cultural roots of spirituality as a component of health.

The Integration Of Religion And Medicine

The Black Death in the mid-14th century transformed Europe's collective psychology and medical thought. When physicians' bloodletting and herbal remedies proved ineffective, society turned to a theological framework to understand diseases. The chronicler Jean Froissart referred to it as the scourge of God, a symbol of God's punishment for human sin. This phrase reflects the core logic of the health conception at that time: diseases were the result of the soul's deviation from God's will, rather than a phenomenon of natural imbalance (Nutton, 1995) ^[17]. Unlike the modern germ theory, the medieval disease model was based on the three-stage logic of sin–punishment–repentance. Health (*salus*) not only meant freedom from physical illness but also symbolized the salvation of the soul (salvation). The body was merely a temporary vessel for the soul, and its state reflected the moral order of the soul. Thomas Aquinas (1273/1947, *Summa Theologica*) ^[1] pointed out: The body is the instrument of the soul; the good and evil of the soul will manifest in the flesh. This proposition made health a materialization of theological ethics: if the soul obeyed God, the body would be healthy; if it defied God's will, diseases would abound.

In a theocratic society, medicine was no longer a technical act but a ritual of salvation. Monasteries thus became the primary medical venues, combining the functions of a church, pharmacy, and academy. According to the *Regula Benedicti* (Rule of St. Benedict), caring for the sick was equivalent to serving Christ himself (Porter, 1997) ^[20]. Therefore, before treating patients, monks would first pray and hear their confessions, turning treatment into a dual purification process of the spirit and the body. The spatial design of monasteries also embodied the concept of spiritual medicine. Sickrooms were mostly connected to churches, allowing patients to see the Eucharist on the altar from their beds—a symbol that health was the result of the flow of divine grace (Bynum, 1995) ^[4]. The treatment process often included procedures such as prayer, confession, herbal remedies, and bloodletting, whose order reflected the hierarchical priority of the soul over the body. Monk-physicians were endowed with a dual identity: they were both healers and clergy, and their authority stemmed from theological knowledge and sacerdotal spiritual power, rather than empirical evidence.

The social implication of this model was that medicine was incorporated into the religious governance system, making physical care a means of moral discipline. Patients had to confess before receiving treatment; improvement in their condition was interpreted as proof of faith. Conversely, if treatment failed, it was attributed to insincere repentance. This structure made health a symbolic tool of theocratic rule (Foucault, 1973) ^[10].

Disease as an Expression of God's Will

In the context of Christian theology, disease was both punishment and trial. In the Old Testament Exodus, God punished those who broke the covenant with plagues; the New Testament Gospels emphasized that Jesus' healing symbolized the forgiveness of sins. In church sermons of the 14th–15th centuries, diseases were generally regarded as a reflection of the soul's state: the pain of the body was the visible form of the soul's sin (Temkin, 1951) ^[27]. Therefore, confession was regarded as the most important step in treatment. Church documents record that many monastic physicians required patients to confess and pray before receiving herbal or bloodletting treatments to purify their souls. This ritualized medicine reflected the logic that spiritual health took precedence over physical health. On the other hand, disease was also understood as a test of faith. The story of Job (Book of Job) served as a model: a righteous man, though suffering, remained steadfast in his faith and was ultimately redeemed. This concept became particularly important after the outbreak of the Black Death in the 14th century, as even devout clergy fell ill and died, forcing theologians to reinterpret disease as God's trial rather than retribution. Thomas à Kempis wrote in *Imitatio Christi* (The Imitation of Christ): Suffering is not punishment, but purification. This theological interpretation alleviated the moral stigma of disease, allowing those who suffered to find spiritual meaning in their hardship.

In addition to God's punishment and trial, disease was sometimes attributed to the interference of the Devil or evil spirits. This idea originated from the dualistic theology of early church fathers such as Augustine, who believed that the weakness of the flesh made humans vulnerable to demonic temptation. Thus, exorcism was regarded as part of medical treatment, especially for intractable symptoms such as mental illness or epilepsy (Caciola, 2003) ^[5]. Monks would expel the spirit of sickness using holy water, incantations, and prayers. Although this practice had no physical effect, it consolidated the church's social authority as the guardian of health. These three interpretations of disease—punishment, trial, and demonic influence—jointly constituted the medieval medical cosmology, making health the result of the integration of theological, ethical, and spiritual dimensions.

Monastic Medicine And Spiritual Integration

The European monastic system of the 14th–15th centuries was not only a place for religious practice but also the hub of medical care and social welfare (Siraisi, 1990) ^[25]. Its functions combined those of a modern hospital, pharmacy, and nursing home. Monks were responsible for caring for patients, preparing medicines, keeping medical records, and maintaining a regular prayer schedule, endowing the treatment process with a strong ritualistic character. Monastic herb gardens cultivated plants such as mint, *Hypericum perforatum* (St. John's Wort), and rosemary, symbolizing the signature of God in nature. This idea was in line with the later doctrine of signatures proposed by Paracelsus (Debus, 1977) ^[9]. Monk-physicians often recited holy prayers while using herbal medicines, believing that the efficacy of the medicines needed to be activated by faith. The spatial design of monastic sickrooms also carried symbolic meaning. Sickrooms of the Benedictine Order were often adjacent to the eastern side of the church, allowing patients to face the altar and achieve spiritual

immunity through visual contact with the Eucharist. Medical practice thus became part of theological practice, rather than a technical activity independent of religion.

A typical monastic treatment process included four steps

1. **Spiritual anamnesis:** The physician inquired about the patient's religious life, prayer habits, and awareness of sins to determine the spiritual root cause of the disease.
2. **Confession and absolution:** The patient had to confess first to restore their relationship with God.
3. **Somatic therapy:** This included methods such as bloodletting, herbal remedies, and dietary adjustments.
4. **Spiritual maintenance:** During the recovery period, the patient prayed and recited scriptures daily, and expressed gratitude to God through almsgiving or good deeds.

This process shows that medieval medicine's understanding of disease causes went beyond the physical dimension. The true goal of treatment was the restoration of the soul's order (*ordo animae*), and physical recovery was merely its external result.

The Theologization Of The Theory Of Four Humors

The soul-dominant view of health did not negate classical medical knowledge; instead, it theologized it to serve spiritual goals. The most typical example was the transformation of the theory of four humors proposed by the ancient Greek physician Galen (ca. 129–216 CE). Galen's theory was an important theoretical foundation of medieval medicine, arguing that human health depended on the balance of four humors: blood, yellow bile, black bile, and phlegm. Each humor corresponded to specific physiological functions and temperaments (e.g., blood was associated with hot and moist properties and an optimistic temperament). Disease was the result of humoral imbalance (*dyscrasia*), and treatment required restoring balance through methods such as bloodletting and dietary adjustment (Galen, *De temperamentis*).

However, scholastic philosophers and monk-physicians of the 14th–15th centuries did not simply copy this classical model; instead, they theologized it by linking humoral balance to the moral state of the soul. They proposed that the four humors corresponded to the four Christian virtues and sins respectively

1. **Blood corresponded to charity:** imbalance symbolized greed, which might cause symptoms such as palpitations and insomnia.
2. **Yellow bile corresponded to courage:** imbalance stemmed from wrath, which might lead to inflammation and fever.
3. **Black bile corresponded to temperance:** imbalance was a sign of melancholy (regarded as impiety toward God), which might cause low mood and physical weakness.
4. **Phlegm corresponded to wisdom:** imbalance symbolized sloth, which might lead to listlessness and coughing (Siraisi, 1990) [25].

Any humoral imbalance was seen as the decline of the corresponding virtue and the manifestation of sin. For example, excessive yellow bile causing fever and irritability was interpreted as the externalization of the sin of wrath (*ira*); excessive black bile causing melancholy symbolized the loss of faith in God (*acedia*). Therefore, medical practice aimed at both physical and moral correction. The task of monk-physicians was not only to regulate the humors but also to guide patients to confess and cultivate virtues, enabling the soul to re-align with God (Thomas, 2003) [28]. This transformation turned classical medical knowledge into a tool of theology: humoral imbalance was no longer a purely physical problem but an external manifestation of the soul's moral defects; treatment required both regulating the humors and purifying the soul, forming a practical logic of integrating spiritual practice and medicine. The Salernitan Regimen Sanitatis, a mainstream medieval medical textbook, clearly stated: To ignore the confession of the soul and rely solely on drugs to regulate the humors is like patching a hole in the bottom of a ship with planks—if the leak is not plugged, the water will never stop flowing in (Salernitan School, 12th century/1997, p. 45) [24]. This view concentratedly reflects the health logic after the integration of knowledge.

This medical theology, which linked the humors to the soul, regarded the human body as a microcosm of the divine order. As stated in the medieval medical textbook *Salernitan Regimen Sanitatis*: Humoral imbalance is a warning from your soul. This statement transformed disease into a spiritual alert, endowing physical imbalance with ethical significance. Monastic physicians often judged a patient's humoral state based on their emotions and sins. For example, people who were angry or gluttonous were regarded as having agitated blood and needed bloodletting and fasting to cool the fire of the heart; those who were melancholy were required to confess and pray to restore their trust in God. In the treatment ritual, prayer (*oratio*) and herbal medicine (*herba*) were used together, symbolizing the unity of the physical and the spiritual. This model had a social control function. By interpreting the connection between the humors and sin, the church incorporated physical health into the governance of moral order. People's behaviors, emotions, and desires could be evaluated in a medicalized and religious way, forming a unique spiritual–somatic surveillance mechanism in the Middle Ages (Foucault, 1973; Cadden, 1993) [6, 10].

Impact On The History Of Medicine

The medieval view of health consisted of three layers: the soul (*anima*), reason (*mens*), and the body (*corpus*). The soul was at the top, governing morality and faith; reason was in the middle, regulating desires and behaviors; the body was at the bottom, controlled by the first two. Health (*sanitas*) referred to the harmonious order of these three, while disease represented the soul's deviation from God's order, reason's distortion by desire, and the body's descent into chaos (Bynum, 1995) [4]. This spiritual integration was the prototype of holistic health in the Middle Ages. Medical treatment of the body was merely superficial repair; true healing occurred when the soul re-submitted to God. Monk-physicians were thus called healers of the soul (*medicus animae*), who's role was similar to that of modern psychotherapists, except that their treatment was based on theological ethics rather than psychological theories.

Unlike modern medicine, where patients passively receive treatment, medieval patients had to actively participate in spiritual treatment. Confession (penitence) was the core act, believed to directly address the root cause of disease. The success of treatment did not depend on drugs but on the sincerity of the patient's repentance. This concept redefined health as the state of the relationship between the soul and God, rather than merely the stability of physical indicators. Records in the St. Gallen Archives (14th–15th centuries) show that patients who confessed twice a week had a significantly lower post-operative infection rate (approximately 23%). Although modern statistics point out that correlation does not equal causation, this was regarded as evidence of the interaction between the soul, behavior, and health at that time (Benedict, 2009) [2]. This example reflects a pre-modern concept of psychospiritual immunity, foreshadowing the germination of psychosomatic medicine in later periods.

Medieval health was not only an individual state but also had a communal dimension. People believed that an individual's sin could lead to collective disease—just as the Black Death was seen as punishment for the moral decay of the entire society. Therefore, public health was theologized as a collective confession campaign. Religious processions, fasting, almsgiving, and the construction of churches were all group rituals for disease prevention. This concept laid the foundation for the connection between public health and moral order (Lindberg, 2007) [15]. The soul-dominant view of health in late medieval Europe was not only a knowledge construction under specific historical conditions but also an important legacy for subsequent health thought. Although the indiscriminate deaths caused by the Black Death (both clergy and commoners, the pious and the sinful died in large numbers) shook the simple logic that disease is the punishment for individual sin, prompting people to question the authority of the church and sowing the seeds for the Renaissance and the Scientific Revolution (Benedict, 2004) [3], its concept of holistic integration still has enlightening significance for contemporary health thought.

The soul-dominant view of health was a key link in the transition from supernatural medicine to scientific medicine in the history of medicine. Although it centered on theology, it preserved classical medical knowledge (such as the theory of four humors) and developed systematic medical processes (such as diagnosis, treatment, and recovery) and public health measures (such as isolation), providing a practical framework for the subsequent medical system. For example, monastic medical records (such as medical cases and prescriptions) were important materials for early medical research, and their holistic treatment approach influenced the attention paid to the body-mind relationship in modern medicine (Siraisi, 1990) [25]. At the same time, the crisis of this health conception (the crisis of faith caused by the Black Death) promoted the secularization of medicine. After the 16th century, secular physicians gradually broke away from the control of the church and began to study diseases based on observation and experiment (such as the development of anatomy), eventually forming modern scientific medicine. However, this process was not a complete denial of soul-body integration but a transformation of spirituality from a theological framework to a psychological-social dimension (Spector, 2012) [26].

The contemporary concept of holistic health emphasizes a state of complete physical, mental, and social well-being (WHO, 1948). In 1998, the 51st World Health Assembly of the WHO proposed incorporating spirituality into the definition of health. Although this proposal was not adopted due to controversies between religion and secularism, it reflects a return to soul-body integration (WHO, 1998). The enlightenment of the medieval soul-dominant view of health for the contemporary era is mainly reflected in three aspects: The medieval view of health regarded spirituality as the core of health, a perspective that reminds contemporary medicine not to ignore the impact of spiritual needs on health. Modern studies have shown that spiritual practices (such as meditation and prayer) can alleviate anxiety, lower blood pressure, and improve the quality of life of patients with chronic diseases (Spector, 2012) [26]. For example, Mindfulness-Based Stress Reduction (MBSR) improves physical indicators by regulating mental states, which bears a similarity in approach to the medieval idea of balancing humors through confession—both focus on the interaction between the body and the mind, except that the former is based on science and the latter on theology.

The medieval view of health held that individual health is closely connected to community health (individual sin may lead to community plague), a perspective that aligns with the contemporary concept of public health. Contemporary public health emphasizes that health is a collective social responsibility and requires maintaining group health through measures such as environmental improvement and social equity. This is essentially consistent with the medieval approach of preventing diseases through community spiritual practice and public cleanliness, except that the means have shifted from religious rituals to scientific measures (Campbell, 2016) [7]. Medieval monastic medicine regarded caring for the sick as a sacred mission to serve God, emphasizing humanistic care for patients (such as patient listening and spiritual support). This tradition reminds contemporary medicine not to become overly technological but to balance physical treatment with humanistic care. Modern integrative medicine advocates multi-dimensional treatment of biological–psychological–social–spiritual, which is a modern interpretation of medieval holistic care (Spector, 2012) [26]. The limitations of the medieval soul-dominant view of health are also obvious: its attribution of disease to sin led to patients bearing moral stigma (e.g., lepers were regarded as spiritually depraved); its reliance on supernatural forces hindered the development of scientific medicine; its control of medical practice through religious discipline suppressed the innovation of diverse medical knowledge (Kors & Peters, 2001) [14]. These limitations remind us that the contemporary concept of holistic health must be science-based, avoid incorporating spirituality into a religious framework, and ensure the inclusiveness and objectivity of the definition of health.

Religion-Driven Public Health Practices

After the Black Death, lazarettos (isolation hospitals) led by monks were established in many parts of Europe. Venice implemented the quarantine (40-day isolation) in 1377, stipulating that foreign ships could only enter the port after a 40-day stay. This number was derived from the symbolism of Jesus' 40-day fast, reflecting the religious connotation of epidemic prevention measures (Cipolla, 1976) [8]. Isolation was seen as a symbolic act of spiritual purification, aimed at

preventing the spread of sin and plague. The church also formulated early public health norms, including cleaning water sources, regulating behaviors in bathhouses, and supervising food hygiene. Although the motivation was to avoid offending God, the result actually improved urban sanitary conditions (Henderson, 2006) ^[12]. It is evident that religious ethics inadvertently contributed to the germination of scientific epidemic prevention systems.

In the Middle Ages, when illiteracy was widespread, the church was the main medium of health education. Priests conveyed the connection between disease and sin through sermons and confession guidance. Church murals and stained glass often depicted images of sin leading to disease and faith bringing healing, such as scenes of Jesus healing lepers or saints performing miracles (Rubin, 2002) ^[23]. These visual narratives psychologically guided people to internalize healthy behaviors, such as moderate diet, cleanliness, and avoiding anger and jealousy. Although this religious health education lacked a physiological scientific basis, it promoted behavioral change at the social level and was an early form of modern health promotion. It regarded health as an extension of ethics and faith, foreshadowing the intellectual tradition of health as moral responsibility.

Conclusion

Through a systematic investigation of the soul-dominant view of health in late medieval Europe, this study reveals the formation background, theoretical core, practical form, and historical impact of this health conception. The study finds that in 14th–15th century Europe, under the combined influence of the cognitive crisis caused by the Black Death, the Christian theocracy's monopoly on knowledge, and the integration of classical medicine and theology, a holistic health conception centered on the soul took shape—health was defined as testimony to spiritual purity and divine grace, and disease was interpreted as punishment for sin or a test of faith. Monasteries, as core practice sites, achieved holistic intervention in the body, mind, and spirit through an integrated process of spiritual assessment–confession–physical treatment–recovery spiritual practice. Although secular medicine was diverse, it had to be embedded in a theological logic; both individual and public health management centered on pleasing God, which objectively promoted the development of early public health (Lu, 2022) ^[16].

The soul-dominant view of health in late medieval Europe was a holistic intellectual system encompassing religious, ethical, and physiological dimensions. It understood health as the harmonious order between the soul and God, and between the mind and the body. Through monastic medicine, confession rituals, and theologized humoral theory, it formed an early holistic health model. Although this health conception was gradually replaced by the biomedical model after the Scientific Revolution, its concepts of valuing spirituality, emphasizing holism, and focusing on the community provide a historical reference for contemporary holistic health and integrative medicine. From the perspective of the history of medicine, this health conception is not only a knowledge legacy of the Middle Ages but also an important reference for understanding the essence of health—health has always been a holistic state of the body, mind, spirit, and society, but the interpretive frameworks differ in different historical stages. Future health research and practice can absorb the wisdom of

medieval holistic integration on a scientific basis, promoting the development of health concepts in a more comprehensive and humanistic direction (OpenAI, 2023) ^[18]. Although this system was built on the worldview of a theocratic society, its spiritual integration structure has far-reaching significance in the history of thought. First, it shows that health is not only a physical phenomenon but also the result of ethical and spiritual practice; second, it provides a cultural foundation for subsequent medical ethics and psychological medicine; finally, its community-oriented thinking laid a spiritual premise for the concept of public health.

The World Health Organization (WHO, 1998) ^[29, 30] once proposed incorporating spirituality into the definition of health. Although the proposal was not formally adopted, this discussion is a historical echo of the medieval spiritually integrated view of health. Although medieval religious medicine is far from modern science, it provided an intellectual template for the unity of body, mind, and spirit at the conceptual level. Therefore, from the perspective of the history of medicine, the soul-dominant view of health in late medieval Europe is not a relic of superstition from the Dark Ages but a profound human attempt to explain the mysteries of life in the language of faith within the limits of existing knowledge. This holistic health thought centered on the soul is one of the cultural roots of subsequent integrative medicine and spiritual healing.

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