

## Letter to the Editor

### The mean value of god

Tsoucalas Gregory

*History of Medicine Department, School of Medicine, University of Crete, Greece*

*Corresponding Address: Gregory Tsoucalas, History of Medicine Department, School of Medicine, University of Crete, Greece. Voutes, 71003 PC, Heraklion Greece. Email: gregorytsoucalas@uoc.gr*

#### Abstract

Divine always exist inside communities since Prehistoric times and carves the evolution of health care. To discuss the value of god in relation to the history of medicine is a hard task and mathematics may provide a way to achieve it.

**Key words:** *divine, health care, mathematics.*

*Dear Editor,*

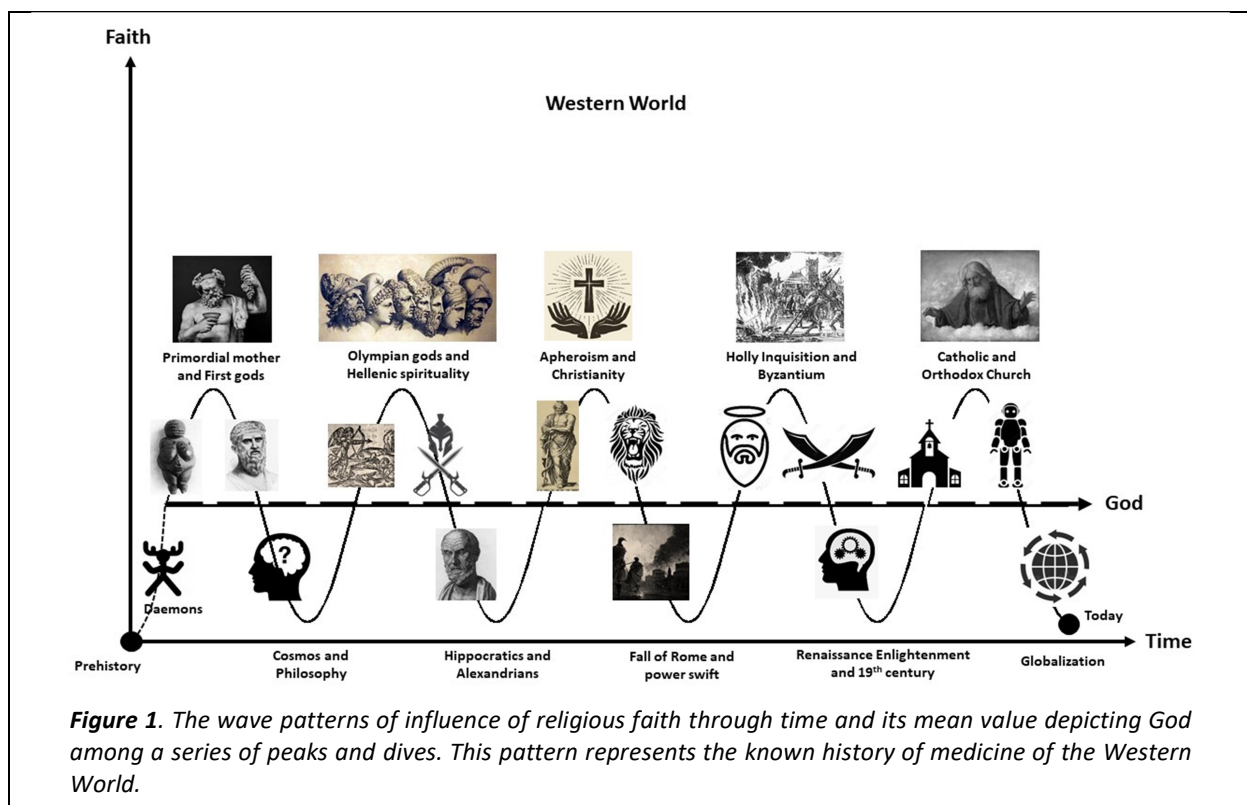
For someone to discuss the value of god is a path between blasphemy and psychic anguish. It is an issue which should be approached with humility, seriousness but above all by holding a distance from realistic measurements. It is a value which can't and shouldn't be calculated. Modern mathematics sometimes however, enables us to speak by using a more secure language. Believers, church, atheists, pantheists, antitheists, agnostics, secular humanists and all, need medicine and desire the best health care possible. Religion through gods and priests has always been an instrument for coping and remediation, a way to reach the anticipated therapy, for some a panacea and for some a tool for growth and self-cultivation. Priests understand the "attributes" of gods and religions serve the all-too-human needs of believing and belonging. Meanwhile health professionals also experience a closer relation to God who works with them for the benefit of the people, (1) while priests feel that patients always traverse disease with the presence of Holy Spirit and in cases of need God becomes Godly. (2) Is God though, a participant in the process of treatment, a key in the evolution of medicine?

In Prehistoric times, demons possessed the brain to render the afflicted in an

apoplectic state. Healer-priests tried hard through ecstasy, fumigation and trepanism to excommunicate the untouchable beings. Then, the first female gods, like Venus, primordial mother Gaia and Hera appeared and alongside theurgic medicine and pilgrimage were introduced in early societies. The philosophical thought tried to unveil the discovery of secrets for macrocosmos and of the construction of microcosmos, made effort to explain physiology and art and endeavored to set aside the gods and focus on nature and human. Soon, social needs and religion thirst gave birth to the Classical era gods and the creation of Panthea in the Italian and Hellenic peninsulas, promoting prayers, votive offerings and theurgic and priest medicine. Disease was defined as a punishment from the divine. Laypeople often believed that god punishes transgressions; however, their inferences about god's punishment motives remain unclear. (3) Spirituality enables the direct experience of connection between the individual and God, and can exist with or without an intermediary such as a religious institution. Via meditation or spiritual practice one may find god within oneself. (4) The Hippocratics had strived to sterilized medicine from the divine; the Alexandrian School through empiricism had de novo reduced the influence of gods. It was Christianity which

emerged soon after, to reconnect God with healing, until the fall of Rome from Odoacer's barbarians which limited the power of church. Soon though, during Medieval times in the west, church through Inquisition and pursuit of money succeeded to control science and subdue Kings of the Western World, while in the East, Christianity became the official religion of the Byzantine Empire (Eastern Roman Empire). Medicine and health care

were closely guarded within clergy and monasteries. The church desired the power of knowledge to remain hidden within its walls and most scholars were somehow connected with priesthood or the church. (5) Participants strongly endorsed a loving, but not a punitive God. In addition, belief in a loving God corresponded with reports of less aggressive and more benevolent behavior. (6)



Renaissance and Enlightenment restored art and science and medicine gradually returned to the commoners. Meanwhile numerous medics became saints. Two revolutions later, in the New World and in France, and two industrials, helped society to promote medicine and introduce a series of innovations. Modern medicine was born during 19th century. For the next two centuries, campaigns, patience, social work and philanthropy assisted both Catholic and

Orthodox churches to co-exist with health care, while people still were praying to God even when visiting a health professional. Globalization transformed 21st century to an ever-changing world that led people towards changes, atheism or indifference for the divine. Although during late 19th and early 20th century social scientists predicted the demise of religion, religious traditions continue to play important roles in the lives of many individuals. (6-7)

An acute detachment from God had been many times attempted. This timeless wave pattern may be depicted in a diagram of two axes of faith and time [Figure 1]. And what emerges through faith during time? God is! Religious faith is founded on the principle that human life is sacred, a gift from the divine who generously offers great hopes of living, and bereavement support for grieving. (8) This mean value, being represented by a straight stable line, is the icon of the constant and continuous presence of god, portrayed with the help of mathematics. A close and strong interaction of health care and god is historically considered uninterrupted, even though peaks and dives do exist. Representations of God in art, literature and discourse, range from the highly anthropomorphic to anthropomorphized God, icons which concretely interpreted religious ideas from artists and philosophers importing their understanding of human affairs into their understanding of divine affairs. (9) As religious traditions worldwide differ in their cosmology, ontology, epistemology, aesthetic and ethics, and interact with specific cultures and various conceptual theories, they offer a diversity of health care concepts. (10)

This inseparable unbroken relationship is a result of this invisible but tangible mean value of the existence of god among our beliefs, even when this fact is not perceived by man or is isolated by the skeptics, or even suppressed by our way of life. This mean value can't be calculated in numbers, its significance should not be measured, we may even be lesser beings to discuss it, but as a continuum it affects us in such a many ways, one of them being the evolution of health care and our hopes for a swift remedy.

## References

1. Simon EB, Hodges R, Schoonover-Shoffner K. Experiencing God in Nursing. *J Christ Nurs* 2020;37(2): 94-99.
2. Campbell RT. No One Is Alone: Remembering God Is Always With Us. *J Pastoral Care Counsel* 2021;75(1): 68-69.
3. Lee YE, Dunlea JP, Heiphetz L. Why Do God and Humans Punish? Perceived Retributivist Punishment Motives Hinge on Views of the True Self. *Pers Soc Psychol Bull* 2023: 1461672231160027.
4. Grossman T. The god within and the god without. *Subst Use Misuse* 2013;48(12): 1150-1156.
5. Jackson M. *The Oxford Handbook of the History of Medicine*. Oxford University Press, Oxford, 2011.
6. Shepperd JA, Pogge G, Lipsey NP, Miller WA, Webster GD. Belief in a Loving Versus Punitive God and Behavior. *J Res Adolesc* 2019;29(2): 390-401.
7. Turner L. Bioethics and religions: religious traditions and understandings of morality, health, and illness. *Health Care Anal* 2003;11(3): 181-197.
8. Irish TL. Christianity. *Cancer Treat Res* 2023;187: 181-202.
9. Shtulman A, Rattner M. Theories of God: Explanatory coherence in religious cognition. *PLoS One* 2018;13(12): e0209758.
10. Fowler MD. Religion, bioethics and nursing practice. *Nurs Ethics* 2009;16(4): 393-405.