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FINAL THESIS

Some Aspects of Religious Spirituality in Medicine

An Investigation Into the Dialogue between Biomedicine and Tibetan Medicine via Christianity and Buddhism

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To my parents, Charles Camicas-Champaud and in memory of Horiki Katsutomi (1929-2021)

Table of Contents

A Note on Transliteration……………………………………………………………………5

List of Abbreviations……………………………………………………………………6

List of Illustrations……………………………………………………………………8

Acknowledgments……………………………………………………………………9

Abstract……………………………………………………………………11

Introduction……………………………………………………………………12

Chapter one

1.1 *Tracing the Historical Origins of Tibetan Medicine Through its Main Influential Figures and Texts*……………………………………………………………………18

1.2 *Sowa Rigpa Medical Knowledge and Buddhism*……………………………………27

1.3 *A Brief Historical Overview of Western Medicine*……………………………………38

Chapter two

2.1 *Background of Trompone:*

History……………………………………………………………………46

The Structure of the Complex……………………………………………………………49

The Foundation of SOdCs……………………………………………………………54

2.2 *Data and Methods*……………………………………………………………………58

2.3 *Results*……………………………………………………………………62

2.4 *Discussion*……………………………………………………………………69

2.5 *Conclusion*……………………………………………………………………80

Chapter three

3.1 *Religious Modern Guides and an Approach to Christian and Buddhist Mindfulness*………82

3.2 *Women: the Bright Shadow in Religion and Medicine*……………………………………90

3.3 *Future Care: Only based on Scientific and Technological Knowledge, or a Balance Between Medicines and Spiritualities?*……………………………………………………………98

Conclusion…………………………………………………………………..…………………………108

Appendices……………………………………………………………………..…..…………113

Bibliography………………………………………………………………..……..……115

Sitography……………………………………………………………………..……118

Notes on transliteration and transcription

The Tibetan terms written in the thesis are in italics and use a simple phonetic transcription, i.e. the standard Wylie system of transliteration (Wylie 1959). However, the term Sowa Rigpa, *gso ba rig pa*, is not italicized, instead it is written as a proper name to refer to the local medical knowledge and practices, exactly like Ayurveda or Traditional Chinese Medicine.

Plural forms of specific terms like *amchi* are unchanged in the plural, unless those Tibetan terms are popular in English, and as a consequence are not treated as foreign terms, in which case they are written in the plural form like for example, two lamas and two thangkas.

Mandarin terms are written using the most simple *pinyin* system, without the addition of diacritics or numerals to indicate tones.

List of Abbreviations

CAM	Complementary and Alternative Medicine
CAPI	Computer-Assisted Personal Interviews
CRRF	Centro di Recupero e Rieducazione Funzionale “Mons. Luigi Novarese”
CVS	Centro Volontari della Sofferenza, *Volunteer Center for Suffering*
IP	Intercessory prayer
MTK	Mentsikhang
NAC	Nucleo Alta Complessità Neurologica Cronica, High Chronic Neurological Complexity
NC	Non-Christians
NPC	Non-practicing Christians
NSV	Stato Vegetativo or Stato di Minima Coscienza, Vegetative State or State of Minimum Consciousness patients
OSS	Operatore socio-sanitario, social and health worker
PAPI	Paper and Pencil
PC	Practicing Christians
RA	Residenze Assistenziali, nursing home
RSA	Residenze Sanitarie Assistenziali, nursing home
SOdCs	Silent Workers of the Cross

TAR	Tibetan Autonomous Region
TM	Tibetan Medicine
TCM	Traditional Chinese Medicine
TCAM	Tibetan Complementary and Alternative Medicine

List of Illustrations

Figures

Figure 1: Trompone complex, on the left the new CRRF Mong. Luigi Novarese extension and on the right the old Virgo Potens building, behind a big park.……………………………..……48

Figure 2: The facade of the Sanctuary Beata Vergine del Trompone. Photo by the author……………………………………………..……………………………49

Figure 3: Photo of the back of CRRF Mong. Luigi Novarese.………………………..…………51

Figure 4: Frontal view of CRRF Mong. Luigi Novarese. Photo by the author…………….……52

Figure 5: Inside Virgo Potens, an image of Mons. Luigi Novarese on the wall. At the end of the corridor there is an entrance to the park. Photo by the author…………………..…..…57

Figures 6: Celebration of mass in the first floor hall. Photos by the author……………..………68

Figures 7 and 8: Celebration of mass in the first floor hall. Photos by the author…………….……69

Tables

Table 1: Summary of the Three Causal Factors subtype, pathways, and functions in Tibetan Medicine.………………………………………………………………………29

Table 2: Defining features and characteristics of therapeutic and contraindicated compounds for the *Three Causal Factors* in Tibetan medicine..…………………………………………….30

Table 3: Number of people working at Trompone……………………..……………………..….53

Table 4: Overview of the profiles of respondents……………………………………………..…60

Tables 5: Breakdown of respondents' opinions on how the importance religion in their life….….63

Table 6: Breakdown of respondents' opinions on how the importance religion in their life……..64

Table 7: Breakdown of respondents' opinions on the role of religion in the healing process……………………………………………………………………..………..64

Table 8: Breakdown of respondents' opinions on the role of religion in the healing process……………………………………………………………………………65

Table 9: Breakdown of respondents' opinions on the way in which religion helps in the healing process……………………………………………………..…………………65

Table 10: Breakdown of patients' on religious health and social workers…………………………66

Table 11: Breakdown of health and social workers' on the influence that religion has on their job..67

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This thesis would not have been conceivable without the support and involvement of a great number of people. If I were to mention all of them, I would exceed the space of these pages. However, some people should be thanked.

I am indebted to the Director of Trompone, Doctor Pierangela Cavallino, who kindly allowed me to conduct the investigation inside the facilities, to Doctor Claudio Solaro, and to all the patients, Silent Workers of the Cross and health and social professionals who took part in this investigation. I wish to thank them all. I have appreciated their interest and help. Throughout this thesis, all except the Director are referred to by pseudonyms. I am especially indebted to Clarissa and my friend Abel for having facilitated my research at Trompone. As well as to those people interviewed outside the complex, I owe my gratitude especially to Don Leonardo, Don Paolo, Don Luigi and Doctor Danilo for having shared their stories and opinions with me.

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Abstract

Among all the disciplines in which local medicine and spirituality are still intricately entangled, there exists one, namely Tibetan medicine. These medical knowledge and practices are also known as Sowa Rigpa *gso ba rig pa*, which can literally translate to the “science of healing” or the “Tibetan knowledge of the field of healing”. It is based on two essential elements: local medicine and Buddhism. These two coexist together and are both pivotal to treating the patient’s imbalance or illness.

Inspired by Tibetan medical tradition, this thesis proposes research on some aspects concerning the connection between medicine and religion. Despite the abundant scientific literature available about Sowa Rigpa and other medicines and religions such as Ayurvedic medicine and Indian Buddhism, there are no studies investigating the relationship between biomedicine and Sowa Rigpa that took into consideration the medical dimension and religious contexts of each practice, i.e. Buddhism and Christianity.

This experimental and interdisciplinary thesis aims at investigating the dialogue between these two coexisting worlds in order to highlight the contribution of spirituality as a complementary and supportive element to accept and confront an illness. During hundreds of years, Christianity as well as Buddhism had a strong influence on the development of medicine. Although this is no longer the case, it is yet possible for biomedicine and Christianity to keep interacting together, as demonstrated by Tibetan medicine and Buddhism. Therefore, I ultimately decided to examine the connection between biomedicine and religion in the Trompone complex in Moncrivello, in the province of Vercelli (in Piedmont), which brings together both the medical facilities and the Catholic Sanctuary devoted to “Beata Vergine del Trompone”. Apart from standard pharmacological treatments, patients can benefit from religious services and spiritual support. Most of the investigative work with patients, health and social professionals and spiritual caregivers was conducted in this medical center.

By adopting an anthropological approach, this essay attempted to contribute to the dialogue between biomedicine and Sowa Rigpa via Christianity and Buddhism.

Introduction

Today, more than ever, science and religion are widely viewed as two completely separate worlds. Here come to mind the names of some of the most emblematic scientists in history who were severely punished by the Church for their innovative and brilliant discoveries, including Nicolaus Copernicus (1473-1543) and Galileo Galilei (1564-1642). It is indeed possible to observe that the bilateral relationships between these two fields of study, science and theology, have not always been excellent. On the contrary, the pinnacle of their separation was probably reached during the Christian inquisition, which spread terror and blood all around the old continent from the 12th to the 19th centuries. The inquisition absolutely controlled people's lives outside the Church and exercised all of its influence and power far beyond the realm of spirituality, particularly in the domain of science and medicine.

Another famous scientist who scandalized the Church for his theories was undoubtedly the English explorer and biologist Charles Darwin. With the publication of his celebrated book *On the Origins of the Species* in 1859, he questioned the divine creation of mankind as described in the Book of Genesis. Driven by solid biological motivations, he theorized, while studying animals and plants during his overseas trips, that humans have more realistic and humble origins than they used to believe.

Although the Church's voice may seem less loud in the modern world and less influential on science and medicine, this statement may in part be illusory. For instance, the Italian government still considers euthanasia illegal mainly due to the fact that the Church views it as a serious crime against life. Therefore, we can observe that despite our country defining itself as a secular state and numerous people, especially young and middle-aged citizens, defining themselves as atheists, with no interest in cultivating their spirituality within the Church, ultimately the government and the population are not completely free of the Vatican's traditional influence.

Taking into consideration the apparent dichotomy between medicine and the Christian religion, a person could wonder: are medicine and religion fundamentally divergent or could there be some convergent points? Medicine and religion may be divergent in treating pathologies and in the perspective about the recovery and healing process. However, the second proposal about connections between the two disciplines is, in my opinion, more plausible than the first, not only by virtue of the ancestral history of Western and Eastern cultures in which local medical knowledge

included and still includes numerous disciplines, but also because the borders of those disciplines were and yet remain not fixed, in fact they can be somehow “moved” by new research. In the last decades, it has been surprising to witness the number of great innovations made in metagenomics and neurosciences thanks also to dynamic and constructive connections created between scientists and humanists (Raffaetà 2020). My proposal is that healthcare professionals and religious figures could collaborate together exactly like biologists and anthropologists do in labs.

Since high school I have been studying Chinese language and culture. In the summer of 2015, I traveled to China for the first time. That short trip to Shanghai and Hangzhou allowed me to have a closer relationship with Chinese culture and people. Successively, I moved to Paris where I enrolled in Chinese Studies BA at Inalco. In the first semester of the third year, I had the opportunity to study for five months at Shandong University (Shandong daxue) 山东大学 in Jinan. It was a full immersion experience which helped me to have a better and deeper understanding of life in China. During those years of university, I had the opportunity to learn more about Buddhism in classes and interact with some Buddhists outside of class.

During some lectures of our Environmental Humanities MA, there were more opportunities to study in depth environmental issues in China. Reading research about Tibetan environmental issues and Buddhism greatly increased my interest for that geographical area and its minority.

The first time I heard of Sowa Rigpa was during a lecture delivered by Professor Bulian who showed us this video: *Lum medicinal bathing, knowledge concerning life among the Tibetan people in China*[1]. My curiosity toward medicines and spiritualities motivated me to learn more about the history of Sowa Rigpa knowledge, its practices in Tibetan Autonomous Region (TAR) and the Buddhist influence on local medicine.

Referring to Tibet I do not mean only Central and Western Tibet, which approximately correspond to (TAR), but also the provinces where the majority of Tibetan people live in the People’s Republic of China: Qinghai, Gansu, Sichuan and Yunnan (Saxer 2013).

Sowa Rigpa *gso ba rig pa*, which literally translates as “the science of healing” or the “ Tibetan knowledge of the field of healing” (Craig 2012, Saxer 2013,Tidwell 2020) is based on two essential and evident elements: local medicine and Buddhism. These coexist and are both pivotal to treating the patient’s imbalance or illness.

[1] Unesco. (2018, November 28). Lum medicinal bathing, knowledge concerning life among the Tibetan people in China [Video]. YouTube. https://www.youtube.com/watch?v=CCJT99V1DAQ&feature=youtu.be [May 25, 2022].

The scientific literature about Sowa Rigpa provide several references to Ayurvedic medical practices and Indian Buddhism which influenced Tibetan Buddhism (Bellinger 1986) and the developing of Sowa Rigpa (Adams et al. 2011, Craig 2012, Garrett 2008, Gyatso & Kilty 2016, Gerke 2021). Besides, there are studies about the huge influence that biomedicine has had on Sowa Rigpa practices (Adams et al. 2011, Craig 2012, Garrett 2008, Saxer 2013). However, those studies do not take into analysis that before the biomedicalization process occurred (Löwy 2011), after World War II, Western medicine was controlled by Christian clerics for hundreds of years (Mines 2016), as well as Buddhist monks having strongly influenced Sowa Rigpa during centuries (Gyatso & Kilty 2016). Therefore both medicines were shaped by religious beliefs. Despite biomedicine being largely based on pharmaceutical treatments (Hager 2021, Angell & Relman 2002), in some medical centers in Italy biomedicine still actively interacts with religion.

A few months ago, while I was reading studies about Sowa Rigpa, I was reminiscing about my volunteer experience at Trompone and it became clear to me that I should go back to the center to investigate how medicine and religion intersect. Scientific literature about Tibetan medicine deeply inspired me to investigate the relationship between biomedicine and Sowa Rigpa taking into consideration both the medical dimension and religious contexts of each practice, i.e. Christianity and Buddhism. This investigation was based on four main questions: How have the development of Western medicine, successively biomedicine, and Sowa Riga been influenced by Christianity and Buddhism? Can Christian religious services still support patients in accepting and facing an illness like Buddhism traditions in Sowa Rigpa? What are the main actual engagements and the future challenges of modern Christians and Buddhists?

While focusing on pharmaceutical treatments, or even psychological care, doctors are often not concerned with the importance of religious practices which may offer spiritual support to patients during illness. My essay aims at highlighting the contribution of spirituality as a complementary and supportive element to accept and confront an illness. Although in the future there is a risk that religious assistance will no no longer be provided in both cultures, due to the ongoing and rapid modernization of science and technology in medicine which put aside spirituality, however now together with biomedical treatments, Christians still play a role in offering religious support to patients in health facilities like Trompone and Buddhists continue to be involved in Sowa Rigpa practices (Adams et. Al 2011, Craig 2012, Craig et al. 2019, Czaja 2015, Czaja 2019, Gerke 2021).

This experimental thesis mirrors the interdisciplinary approach of our Environmental Humanities MA. Inspired by anthropological research on the connections existing between biomedicine and Tibetan medicine (Adams et al. 2011, Craig 2012, Gerke 2021, Saxer 2013), this essay attempts to

contribute to creating a prolific dialogue between both medical practices —which cooperate together in TAR— via the spiritual support offered by Christian caregivers and Buddhist lamas.

The integration of biomedicine into Tibetan medical practices has not been a smooth process. It has deeply affected the traditional methods used to treat diseases and manufacturing Sowa Rigpa drugs. As a consequence the cost of medical treatments —which were no longer exclusively based on Tibetan medicines but also on Western methods and drugs— are now more expensive. This has created a barrier for local and rural populations in accessing affordable medical care. Furthermore biomedicine has contributed to undermining first the efficacy of Sowa Rigpa drugs (trying to prove it with biomedical methods) and second the Buddhist influence of local medical traditions because of its impalpable efficacy. However, there are important medical institutions like Mentsikhang in Dharamsala, in India, and large companies like Arura group in Xining, in Qinghai Province, within which biomedicine is viewed as a modern medical practice which may cooperate along with Tibetan medicine, without necessarily compromising Tibetan medical knowledge and practices (Adams et al. 2011, Craig 2012, Gerke 2019, Saxer 2013). Therefore, Sowa Rigpa practitioners do not refuse biomedicine, whereas Western doctors tend to be very vigilant about non-Western medicines.

However, even though to a lesser degree than in the past, Buddhist religion is still viewed by patients and some *amchi* —the name for Sowa Rigpa doctors, physicians and practitioners in the Tibetan Autonomous Region TAR— as supportive element in Sowa Rigpa practices which can help in accepting and facing an illness.

Today biomedicine is the mainstream medical approach used by Western countries to treat pathologies, this kind of medical care is predominantly based on technological devices used for the diagnosis and pharmaceutical drugs used for treatments (Angell & Relman 2002, Hager 2021).

Nevertheless, like Buddhist guidance in Sowa Rigpa, religious assistance is still equally provided in some Italian medical centers like Trompone. The Silent Workers of the Cross (SOdC) religious community living at Trompone thinks that biomedicine united with religious services can have a better effect on patients' psychology during their stay in the center, because it can be a way to give hope and solace during illness. This research at Trompone shows how in Western biomedicine, Christian support is still present and valid. Therefore it would be reasonable for biomedicine practiced inside and outside of TAR to continue —as well as Western biomedical practitioners do— to collaborate with local religious caregivers, i.e Buddhist lamas. This will give the opportunity to improve the dialogue between biomedical doctors and *amchi*, as well as Christians clerics and Buddhists monks, and increase the chances of preserving spiritual support in both medical practices.

This thesis is divided into three main chapters. The first chapter first investigates the history of Sowa Rigpa including: famous contributors and fundamental texts, the medical knowledge of this discipline and the Buddhist influence and it also provides two examples of how biomedicine is integrated along with Sowa Rigpa in MTK and Arura group (Adams et al. 2011, Bellinger, 1986, Craig 2012, Craig et al. 2019, Garrett 2008, Gyatso & Kilty 2016, Samuels 2017, Saxer 2013, Williamson et al. 2019). At the end of the chapter, there is a brief historical overview of Western medicine including: some important medical and religious figures, medical texts and the influence that the Vatican had on medicine (Hager 2021, Le Goff. & Sournia 2004, Minois 2016, Sournia 1994).

The second chapter is entirely based on the investigation which was mainly conducted inside Trompone, with only a few interviews conducted outside Trompone. The division of this chapter is made of five parts which are the following: Part 1. tells the historical background and the structure of the Trompone complex, followed by Part 2. which is about data and methods used for the study —the multiple-choice questionnaires and face-to-face interviews—, the Director of Trompone Doctor Pierangela Cavallino, who is a SOdC, continues to promote the benefits of spiritual guidance together with biomedicine. Part 3. shows the results of the personal views of patients and health and social workers about the importance of religion in accepting and facing an illness, part 4. includes a discussion that analyzes some of the scientific literature about the possible benefits of spirituality in the recovery process, as well as Christian and Buddhist mindfulness (Berrino et al. 2019, Brown & Kasser 2005, Cattermole 2020, Chancellor & Lyubomirsky 2011, Desbordes 2012, Edelglass 2017, Hanh 2010, Harris et al. 2000, Foraselli 2011, Sloan & Ramakrishnan 2006, Timbers & Hollenberger 2022, Tomatis 1992).

Finally, part 5. the conclusion stresses that the cooperation between doctors providing medical care and spiritual givers offering religious support to patients is still possible in biomedicine as well as in TM.

The third chapter analyzes some common environmental and social engagements and also the future challenges of modern religious figures, stressing out the positive role that both religions could play in promoting environmental awareness and providing healthcare assistance to needy people (Cattermole 2020, Craig at el. 2019, Hanh 2007, Hanh 2010, Hanh 2013, Pope Francis 2015, Samuels et al. 2017, Timbers & Hollenberger 2022, Watson Andaya 2018). It also reports some of the narratives gathered during the fieldwork about the relationships between humans and the environment.

Since for centuries the mainstream narrative of the history of Western medicine and Sowa Rigpa has not been attentive in the huge contribution of both Christian and Buddhist women in the development of medicine, in this part especially attention was dedicated to a few enlightened and popular female figures who have devoted their lives to explore the divine and also medicine in both cultures (Allione 2000, Craig 2012, Frugoni 2021, Gerke 2021, Gyatso & Havnevik 2005, Palmerini 2020, Patou-Mathis 2021, Power 1999).

The final part of the third chapter investigates the future of biomedicine and Sowa Rigpa, reflecting about the future survival of the Christian and Buddhist religious element in biomedicine and TM (Berrino at el. 2019, Craig 2012, Gerke 2021, Hager 2021, Harris et al. 2000, Hofer 2018, Kouadio et al. 2011, Minois 2016, Muñoz et al. 2020, Tabish et al. 2008, Saxer 2013, Schröpft 2007, Sournia 1994, Roshandel 2019). The digitalization of human societies since the late 20th century has led to a pervasive technology power which could completely absorb people and make them forget the positive influence that spirituality may have on their lives.

Chapter one

1.1 *Tracing the Historical Origins of Tibetan Medicine Through its Main Influential Figures and Texts*

The roots of Tibetan medicine are very deep and rhizomatic. It is indeed recognized by Tibetan studies experts such as anthropologists and historians that Sowa Rigpa has more than 2000 years of history. Its ancient and rich knowledge is the product of the encounter between the Himalayan and Tibetan medical traditions with other cultures: Greek, Persian, Chinese, Indian and Bön[2] (Kvaerne 2001).

All of these cross-cultural exchanges between different and distant geographic areas were possible thanks to Tibet's stratal geographic position that was a central point of passage linking Central Asia, Nepal, India with China. The Ancient Silk Routes played an important role facilitating and incrementing the circulation of goods and people, especially traders who over the centuries succeeded in developing a flourishing business among the countries. Trade was an essential activity to control diplomatic relationships (Whitfield 2019). Moreover, the Silk Road also connected the European continent to the Asian continent. One of the most famous men to undertake that never-ending journey was definitely the Venetian merchant Marco Polo (1254-1324 CE). The route trades facilitated the spread of religious dissemination, including Christianity, in East Asia (Watson Andaya 2018). In the book *The Mirror of Beryl: A Historical Introduction to Tibetan Medicine*, the American Professor Janet Gyatso and the British Professor Galvin Kilty translated the canonical text written by Desi Sangyé Gyatso. In his long Translator's Introduction, they traced the history of Sowa Rigpa, providing exhaustive explanations to understand the history of this discipline.

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[2] The Bön religion is a form of Tibetan devotion of indigenous and pre-Buddhist origin: it was defined as *lhachos* "sacred doctrine", as opposed to *mi-chos* "human doctrine". The Bon-po, "adepts of the Bön ", are found mostly in eastern Tibet. Its founder is believed to have been gShen-rab mi-bo, "the man, the supreme gShen".
Bön spread starting from the 7th century. The Bön religion has been influenced by many religions such as Shamanism, Taoism, Tibetan Buddhism (Lamaism), Hinduism and Manichism. Bellinger, Gerhard, J. (1986). *Enciclopedia delle religioni*. Garzanti.

Greek and Persian practices first spread into the Tibetan region during the 8th century, although Chinese physicians were present as early as the 7th century during the Tang Dynasty (618-907 CE).

Songtsen Gampo (618-650 CE) was an important Tibetan king and he is remembered as the establisher of the Tibetan Empire, the king who patronized the earliest Tibetan writing, and as the figure who officially introduced Buddhism in Tibet. The first orientalists defined Vajrayana Buddhism as Lamaism, from the word *Lama,* itself a borrowing from the Tibetan *bla-ma*, which means master.

Lamas are the reincarnation of Buddha and Bodhisattva[3]. After his death, the lama is reincarnated into a child, who will be recognized as lama by his community because of some rare peculiarities. In the book *Storia delle Religioni Cina-Esteremo Oriente*, it is explained that the word *Dalai* comes from Mongolian and means big ocean. As *Lama* means the master, Dalai Lama could be translated as Oceanic Master, which is a very poetic term.

Songtsen Gampo built a military fortress on the Red Hill, where 1000 years later Ngawang Lobsang Gyatso decided to start the construction of Potala in Lhasa. This sumptuous palace has been the Dalai Lama's residence from the 17th century until the last Dalai Lama's escape to Dharamsala in 1959. Among Songtsen Gampo's six wives, two of them were Buddhists: the Nepalese Princess Bhrikuti Devi and the Chinese noblewoman Weng Chang (623-680 CE), who came from the emperor's royal family. Both women influenced the king's conversion. Weng Chang brought to the sovereign numerous medical volumes from China to Tibet as a gift. Those texts were later translated into Tibetan by Hvashang Mahadeva (dates unknown). At that time, many religious men were also translators, and by virtue of their numerous abilities they were regarded by sovereigns as prestigious and important figures who actively contributed to the diffusion of medical and religious knowledge.

In *The Mirror of Beryl*, it is written that in the 8th century the Chinese-born queen Jangtsa Lhabön (dates unknown) brought a lot of medical and astrological texts to Tibet, which were successively translated. Sowa Rigpa medical practices were influenced by Chinese medical traditions. Indeed, astrology was and is still used today in Tibetan medicine to calculate auspicious times for gathering plants, preparing drugs, taking medicines, undertaking surgeries, etc.

One influential historical source for Tibetan medicine is Somaraja, whose authorship has sometimes been attributed to the Indian Buddhist monk and philosopher Nagarjuna (150-250 CE).

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[3] Bodhisattva is anyone who has gone through the ten states of perfection. Thus, he or she would be ready to access Nirvana. But in the end, the Bodhisattva decides to renounce his own salvation to save all beings. Until every creature has been liberated, the Bodhisattva will not enter Nirvana (Bellinger 1986).

It includes principles that have been present in Tibetan medicine from ancient times until this day: purgatives, emetics, channel cleansing, pulse and urine analysis, suppositories, etc.

These methods — urine diagnosis, pulse diagnosis and divination — were already used in TCM.

Another monarch who had a crucial influence on the rooting of Ancient Buddhism in Tibet was Trisong Detsen (742-797 CE). His main ambition was the establishment of a Buddhist monastery and the ordination of the first Tibetan bonzes. Thanks to the help of the Indian monk Padmasambhava (8th century), who established the Nyingma, i.e. “the Old School”, Trisong Detsen succeeded in his project, and Samye, the first Buddhist monastery in the Tibetan area was finally established sometime between the 760s and the late 770s. Subsequently, the first seven Buddhist monks, all from noble families, took their vows there.

In 791, Dharma was officially recognized as the kingdom’s only true religion. Nevertheless, the Buddhism introduced in Tibet was not homogeneous and with some key differences between various practices. This is due to the fact that it had previously adapted to diverse cultures, like the Chinese, Central Asian —particularly referring to the kingdom of Khotan[4]—, Indian and Nepalese, and incorporating elements thereof. This led to the creation of different schools of thought. A central theme that was debated in the doctrine was enlightenment. Indian practitioners followed the Nagarjuna (150 –250 CE) tradition and believed that the achievement of enlightenment was progressive and required time. According to this view, disciples have to be patient, acquire wisdom and life experiences. Conversely, Chinese Buddhism was closer to the Zen philosophy, where enlightenment could be achieved “instantaneously”. Once a person could substitute realistic thought with spontaneous action, it became possible to experience a deep sense of awareness and reach a state of knowledge.

In the book *Storia delle Religioni Cina-Estremo Oriente*, it is reported that a religious council was held in Lhasa from 792 to 794, expressly to settle this argument which was the cause of tensions among disciples of the various schools. Eventually, Chinese Buddhism, which had been more prevalent in Tibet since the 7th century, was progressively replaced by Indian Buddhism, which became more dominant. However, it was not until the year 1000 that Buddhism was fully assimilated as a fundamental part of the lives of Tibetan people.

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[4] A Buddhist Kingdom was located in the north of China, currently the Xinjiang Uygur Autonomous Region. That area is surrounded by the Taklamakan Desert in the north, and by the Kunlun Mountains in the south. The Tarim river crossed that land. Khotan. (1933). https://www.treccani.it/enciclopedia/khotan_%28Enciclopedia-Italiana%29/

Religious books translated until the period ranging from 975 to 1000 were viewed as belonging to the Ancient Buddhist Tradition, whereas texts translated by the Tibetan Lochen Rinchen Zangpo (958–1055 CE) belong to the currently defined New Buddhist Tradition.

In the book *The Mirror of Beryl* translated by Janet Gyatso and Professor Galvin Kilty, they claimed that the influence of the Ayurvedic medical tradition in Tibet was more extensive than that of TCM. Evidence of that can be found in *The Mirror of Beryl*, where Sangyé Gyatso mentioned several famous Indian practitioners who traveled to Tibet bringing their methods, as well as Tibetan scholars, translators and physicians who journeyed to India to learn more from the Indian medical system and Buddhist texts. Therefore, the connection between Ayurveda and Sowa Rigpa is direct and solid. In her book *Religion, Medicine and the Human Embryo in Tibet*, Professor Frances Garrett traces in detail the history of these two medical traditions. She questions and analyzes the relationship between religion and medicine, and their mysterious and divine union in the miracle of conception, from which the embryo takes shape[5].

One monk Desi Sangyé Gyatso (1653–1705), a student of the Fifth Dalai Lama (1617-1782), worked all his life to encourage the growth and blooming of Tibetan medicine in the region. He descended from Desi Trinlé Gyatso, who was the previous regent of Tibet. At the age of eight, Sangyé Gyatso was already part of the Fifth Dalai Lama's entourage. From an early age, this monk was particularly interested in nature. In fact, it is told he enjoyed gathering plants and observing animals. Growing up, his passion brought him closer to the practice of medicine, to which he dedicated his existence.

Desi Sangyé Gyatso became an exceptionally powerful man who encouraged the establishment of medical schools, supported the publication of medical works and anatomical paintings, and fostered the translation of Ayurvedic texts from Hindi into Tibetan. In 1703, he wrote a remarkable volume on Tibetan medicine *The Mirror of Beryl*, in which he covered multiple topics: the history of the discipline from its origins to his time, the basics and main methods of Tibetan medicine, the most important Tibetan and non-Tibetan contributors to this medical practice (doctors, translators, monks), the necessary characteristics to be a physician and additional considerations (Gyatso & Kilty 2016). Desi Sangyé Gyatso also wrote *The Blue Beryl*, a volume which comments on the identity of the author of *Gyüshi* or *The Four Tantras*, a classical reference book in Tibetan

[5] Garrett, F. (2008). *Religion, Medicine and the Human Embryo in Tibet* (1st ed.). Routledge. pp. 23-69.

medicine. Its full title is *Essence of Ambrosia Secret-Instruction Tantra on Eight Branches*[6], commonly abbreviated to *Four Tantras,* experts also called it *The Four Medical Treatises*.

The Fifth Dalai Lama did not receive medical training, but he actively contributed to the establishment of Sowa Rigpa, financing medical centers, encouraging the publication of medical texts, and commissioning translations of Ayurvedic books written in Sanskrit into Tibetan. In 1679, Ngawang Losang Gyatso decided to withdraw from his political role and hand over the reins of the government to Desi Sangyé Gyatso, who was very young. As the government was responsible for setting up many new institutions, he also decided the positions of monuments in Lhasa. Among those is the renowned medical school established by the Fifth Dalai Lama's regent in 1696 on the holy Chapori Mountain in Lhasa, known as the "Iron Mountain". This medical college is the forerunner of the Lhasa Mentsikhang, which literally means "house of medicine and astrology". In English the term is usually simply translated as clinic or hospital. The Mentsikhang was established in 1916 by an influential monk, Khyenrab Norbu (1883–1962). The project was funded by the thirteenth Dalai Lama Thubten Gyatso (1879–1933). However, this medical institution, unlike Chapori, was not placed under religious authority. Nowadays, this medical center is still in existence in Lhasa, and similar structures like the Mentsikhang have been established in other Tibetan regions in China and abroad.

In 1961, a MTK was also established by the Fourteenth Dalai Lama, Tenzin Gyatso, on the foothills of the Himalayas in Dharamsala, Himachal Pradesh (State in the north of India), where the Tibetan government-in-exile is headquartered (Craig 2012).

During his life Sangyé Gyatso made a commission of 79 paintings to illustrate his *Blue Beryl.* These artworks were painted between 1687 and 1703, and some of them were kept in Chapori medical school. During the Sino-Tibetan war in 1959, some of the original paintings were destroyed and others were lost. The paintings represented the human body, the Sowa Rigpa diagnostic methods, the natural ingredients used to treat illnesses and various medical treatments. Demons, humans and ghosts were painted in the illustrations.

The Nepalese master Romio Bahadur Shrestha born in Kathmandu in 1960 is a modern-day artist of the Indo-Nepali-Tibetan Buddhist tradition of enlightenment art. On his personal website and other online sources including the website for the UK-based publisher of art books Thames & Hudson, it is reported that his Thangkas can be found all over the world in institutions like the British Museum, the Victoria and Albert Museum in London, the Buchheim Museum, American

[6] Gyatso, S. D., Kilty, G. (2016). *The Mirror of Beryl: A Historical Introduction to Tibetan Medicine*. Wisdom Publications.

Museum of Natural History in New York, the National Museum in Moscow, the Chester Beatty Library in Dublin, The Voelkerkunde Museum in Zurich and other private galleries.

When he was just a child, two Buddhist bonzes came to his parents' house and told them that their child was the seventeenth reincarnation of the master Tibetan Thangka[7] painter Arniko (1245–1306). They also predicted that in the future he would own his own art school. Years later, this prediction became true and the master went on to open his own art school in Nepal.

This talented painter and his assistants worked meticulously to paint reproductions inspired from the 79 original paintings commissioned by the Fifth Dalai Lama's trustee, without even having seen them. Illustrations show rows of small human figures, animals, plants, minerals, houses, landscapes, demons, deities. Human characters are portrayed in complex activities such as: farming, animal husbandry, personal hygiene, marriage, sex, birthing, fighting, sleeping, studying, meditating, etc. In those paintings they used natural colors, such as ground lapis lazuli for blue and sulfur salt mixed with powdered gold for yellow. The paintings range in size from 70.3x58 cm to 79x69 cm.

Body and Spirit: Tibetan Medical Paintings, edited by Williamson, Young and Gyatso, is the catalog for an exhibition of Tibetan medical paintings held in 2011 at the Audubon Gallery, in New York.The publication shows illustrations of the beautiful paintings that were displayed and expounds on their complex meaning. Professor Dr. Lozang Jamspal who is a Buddhist monk and a lecturer of Classical Tibetan language in the Department of Religion at Columbia University translated the descriptive inscriptions on the paintings.

Coming back to Sangyé Gyatso's missions, he thought that Surkhar Lodrö Gyalpo's revision of the *Four Tantras* was not comprehensive enough and he wrote a new review. The true author of the *Four Tantras* is still a matter of debate, and Desi Sangyé Gyatso weighs in on this argument, too. In his view, the only two figures who could have written it are Buddha (566-486 B.C) and the well-known physician Yuthok Yönten Gönpo (1112-1203 CE). In *Body & Spirit: Tibetan Medical Paintings*, the editors write that the Lama's regent believed that Buddha himself wrote the *Four Tantras.* However, there are other versions that reflect Sanggyé Gyatso's multiple hypotheses.

Divine origins are attributed to this fundamental text of Sowa Rigpa written in verse, starting from the 12th century. In the *Blue Beryl*, Sanggyé Gyatso claims that Yuthok Yönten Gönpo traveled to India. Therefore, it is likely that he brought back an Indian Buddhist text which he modified according to Tibetan expectations. Thus, according to this version, the *Four Tantras* would have been of Indian origin. His idea does make sense, because of the closeness between the Indian and

[7] In Tibetan Buddhism, thangka is a religious painting on a scroll. Thangka Definizione significato | Dizionario inglese Collins. (2022, April 18). Collins Dictionaries. https://www.collinsdictionary.com/it/dizionario/inglese/thangka

the Tibetan medical traditions and Buddhism. However, numerous experts have discussed and still discuss the origin of this treatise, whether it originated from the Chinese, Bön or Indian cultures. The book features a multitude of Indian mantras, especially those composed by Vagbhata, a 7th century doctor, and included in the Astangahridaya Samhita. Ultimately, despite the book's various multicultural inspirations, a majority of scholars recognize the *Four Tantras* as a Tibetan source (Garrett 2008).

The *Four Tantras* is divided into four main chapters: the *Root Tantra* provides an overview of the other three chapters and presents the three-humor theory; the *Explanatory Tantra* is about embryology, the physiology of the human body, and also focuses on the causes and the categories of disease, the various types of diets, natural drugs, diagnostic techniques, all essential information for a doctor-to-be; the *Instruction Tantra* is a complete medical treatise on how to heal illnesses; the *Final Tantra* provides information about pulse and urine examination, different types of drugs such as pills, pastes, decoctions, powders, mineral remedies, the five internal therapies which act on the internal body through purgatives and emetics, and the five external therapies which include bloodletting and cauterization. Furthermore, in the text the monk meticulously references countless medical texts, Tibetan and from other lands. He reports the life of historical figures who contributed to the development of Tibetan medicine, such as Yuthok Yönten Gönpo. This book classifies illnesses into 404 categories, of which 101 are due to demonic influence (Gyatso & Kilty 2016).

The *Four Tantras* is a medical text containing countless indirect references to Buddhism. Tibetan and non-Tibetan Buddhist bonzes were truly pioneers in the exploration of this field. Medicine was studied in Tibetan monasteries. Therefore, it is no wonder that medicine and religion are historically both part of Sowa Rigpa (Czaja 2019).

Nevertheless, this education was not equally accessed and continued by all ordinary monks, but exclusively those who formed part of the intellectual elite and exhibited particular characteristics that showed they could receive training to become good physicians. These members of the elite became more and more powerful and influential over time, enough to exert their influence on politics, as was the case with Desi Sangyé Gyatso.

As presented in this part monks actively contributed to the development of TM. Actually, also the geographical characteristics of this area may have influenced the flourishing of the Buddhist religion. Tibet's high altitudes, vast open spaces and low population provided a silence and spaciousness for the meditator, unequaled anywhere in the world (Faye & Garcin 2018). The culture placed a high value on spiritual practice, dreams and oracles guided heads of state, and the messages from the "twilight world" were heeded (Czaja 2015).

One of the pillar teachings of Buddhism is that everyone and everything suffers (Allione 2000, Hanh 2007). This implies that there is no distinction between humans and non-humans because we all live on the Earth and our existences are physically and spiritually interconnected. Natural elements like the rain, minerals, microorganisms, plants, animals and humans do not belong to different categories, which hierarchically dominate one another. In fact, all the elements and creatures coexist on the same Earth, and they are deeply connected and interdependent.

Buddhism promotes an environmentally conscious way of living which is sustainable, holistic, and based on interdependence and compassion. A world where every being can thrive in harmony, respecting and loving others, and trying to alleviate their pains.

The three main pivotal components of Buddhism are: Buddha, *dharma* (Buddha's doctrine) and *sangha* (his community), (Harvey 2012). Buddha never spoke of himself in terms of Divinity. Even though Buddha was the supremest of creatures and was extremely kind to all beings, he never called himself God. He did not directly say whether there was a metaphysical entity, but he indicated the path to save humans and achieve liberation (Gyatso & Kilty 2016).

Buddhist cosmology is a macrocosm animated by infinite universes. Every universe has a central zone, a superior zone and an inferior zone. Every universe, like every other being, is in an eternal cycle of birth and death. This is the principle of *samsara*, that can be overcome only by reaching Nirvana. Nirvana is a state of joy and peacefulness, it is the final truth discovered by those enlightened. Enlightenment can be achieved during life, while Nirvana may only be reached in death. This wheel of time which has no starting point and no ending point is the principle of what in Sanskrit is known as *nidana*. The 12-*nidana* principle is about the law of causality, whereby each action is caused by a previous action. In Tibetan iconography the concurrent factor is represented by *srid-pa i khorlo*, a big monster, symbol of karmic law (Bellinger 1986).

Therefore, where do pains originate and can they be relieved? According to Buddhism, there are three main roots of suffering, known in Tibetan as *duk sum*: ignorance, aversion and desire (Bellinger 1986, Craig 2012). If left unchecked, these Three Poisons can potentially ruin an individual's life: they can potentially bring someone to downfall, and cause desperation, misery, physical and unhealthy mental dispositions. Buddhism aims at eradicating these sufferings by educating people on how to live a happy life (Edelglass 2017). Karma is at the heart of Buddhism. The principle is that every thought and deed leaves a trace on our existence, which may lead to good and bad consequences. The karma of previous life affects the karma of present life. But in former life people were not necessarily human beings, they could also have reincarnated from other beings, including animals, ghosts, spirit, demons and divinities (Bellinger 1986). This religious

belief is also considered true in TM, *amchi* views one's karma as an element influencing health condition (Czaja 2015).

The Five Precepts can help people assume the right conduct and form beneficial habits to enjoy a balanced life. These are based on the theory of non-harming, and they are a pillar of Buddhist ethic: the first is "do not kill", the second is "do not steal", the third is "do not commit adultery", the third is "do not lie" and the fourth is "do not ingest any intoxicating substance like alcohol or drugs" (Bellinger 1986).

As science is created by humans, women and men who have a body, a heart, a mind and — for those who believe it a spirit, it is naive to think that modern medicine originates solely from science and technology. As a matter of fact, the environment, society, family, local customs, the religion in which people are born and raised are highly likely to impact and shape an individual's life. Moreover, human knowledge shouldn't be perceived as crystallized, but continuously realizing itself — mutating in space and time—, and being enriched by diverse elements. Although the classical methods and medicines used in traditional Sowa Rigpa have changed due to the recent introduction of biomedicine, Buddhism continues to be of significant importance in Sowa Rigpa (Czaja 2019). Some physicians want monks to bless the drugs they produce, and patients visit monks especially asking for blessings, suggestions, mantras and particular amulets to wear (Craig 2012).

During the manufacturing of drugs, in the lack of one ingredient *amchi* would substitute it with another ingredient or they would simply write the name of the ingredient on paper and burn this paper, adding the ashes as a substitute for the ingredient. This Tantric practice or 'actualization' of the ingredient by way of 'materializing' belongs to Tibetan sensibilities and it is still considered reasonable and practical to Tibetans. This practice is indeed similar to that of writing sacred words on paper to invoke protection from various deities or wearing an amulet containing the paper around one's neck, and assuming that the holy mantras or words could empower people like they were deities themselves (Adams et al. 2011).

Buddhism does not play a purely symbolic role in Sowa Rigpa, but its presence and contribution into medicine is still palpable and meaningful.

1.2 *Sowa Rigpa Medical Knowledge*

In Tibetan medicine there are the seven substances of the body: the nutritive essences of food and drink *dwangs ma*, blood *khrag*, flesh *sha*, fat *tshil*, bone *rus ba*, marrow *rkang*, and the reproductive substances *khu ba,* (Garrett 2008). In the book *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, Barbara Gerke makes reference to Tibetan medical traditions, affirming that organs do not all have exactly the same functions they have in Western medicine. For example, Tibetan medical texts consider that the blood is produced in the liver *chinpa*, but according to Western medicine this statement is generally considered false, because it is generated in the bone marrow. However, though the corpuscular components — white blood cells, red blood cells and platelets — are produced in the bone marrow, the blood also contains many components synthesized by the liver, such as serum, plasma, proteins and cholesterol. Thus, the Tibetan theory is partially true.

The Tibetan medical approach is holistic: the body, the mind and the spirit are interdependent. They continuously communicate, exchange substances, thoughts, feelings and energies. They can "laugh" and "suffer" together.

To treat a person's symptoms or disease, doctors try to understand the patient as a whole. More specifically, if someone often gets migraines, the Tibetan physician looks first for the condition's underlying causes and then prescribes a cure designed not only to alleviate the pain, but also to rebalance the disequilibrium causing it. This way of treating illness is valid for all the pathological conditions which are not viewed only caused by on one organ.

Sowa Rigpa categorizes illnesses into four phases: the first is the baseline phase, the second is the initiating phase, the third is the developing phase and the fourth, the maturation phase. Tibetan medical diagnostics focus on diagnosing disease at its earliest stage and providing timely treatment to prevent its development and maturity (Gyatso & Kilty 2016).

Each of these phases can be treated using specific cures for treatment, recovery, and health maintenance. In Tibetan medicine, there are no general treatments for diseases. On the contrary, every medical prescription is based on the specific needs and characteristics of the patient's body and mind. In practice, physicians do not prescribe the same pills to patients presenting the same symptoms or illness. Instead, doctors generally personalize pharmacological prescriptions for their

patients — adjusting dosages, ingredients, medical usage patterns, treatment durations — giving them a personal cure tailored to their health condition (Craig 2012).

Each person's body and mind are different, albeit similar, in their biological functions. Patients may catch the same virus or disease, but the symptomatology as well as the degree of severity, may differ from one individual to another. The same can be said for the recovery process: even if two sick people were to take the same drug for the same time, they may not recover at the same pace and in the same way. Because there are numerous variables at play: the patient's physical and mental health, access to cures, the environment, spirituality, relationships, will of healing, etc.

Diseases are not easy to detect in Tibetan medicine. Patients need to consult an expert who has solid experience with several methods of analysis to correctly diagnose a disorder. The cures prescribed by the doctor need to be strictly followed by the patient. If the patient fails to take their cure daily at the precise times prescribed by the doctor, follow their diet, cultivate spirituality, then all efforts are useless for the healing process (Gyatso & Kilty 2016).

Despite the evolution of Tibetan medicine through the ages, it still relies on ancient medical principles which postulated that the five natural elements — soil, air, fire, water and space — are not only present in the surrounding environment, but also within the human body. People and nature are therefore intrinsically connected. Although the Earth could survive without humankind, humans could certainly not survive without all the services provided for free by the ecosystems.

In the *Four Tantras* the function of each element is described with precision. These elements generate five dynamic relationships between the external world and the internal word. Not only on a macro, but also on a microscopic plane considering germs, viruses and other microorganisms that live inside and outside the human body and interact with it (Tidwell & Gyamtso 2021).

The interactions between the five cosmic elements, *jungwa nga,* are as follows: the soil *sa* generates substances which manifest thanks to their interaction with water *chu* which accumulates substances. These then assume a form through fire *mé,* which transforms the substances*,* while the wind *rLung* causes the substances to mature and take shape, like an embryo developing over time, and finally the fetus needs space *kha* to develop (Ren et al 2021). Garrett's book provides more information about the embryology in Sowa Rigpa.

A fundamental theory of Tibetan medicine proposes a model that explains the causes of illnesses, it is the so-called three-humor theory[8], humor being translated from the word *nyépa* (meaning faults

[8] This theory is not only found in Sowa Rogpa, but it is also found in other medical traditions like Ayurveda. According to this model, the three humors *dosa* are: wind *vayu*, *vata*, bile *pitta*, and phlegm *kapha*.

or deficits). It is also known as the *Three Causal Factors*, which are *rLung* (wind), *tripa* (bile) and *béken* or *péken* (phlegm). An imbalance among these three factors makes people sick.

The natural elements trigger the movements of the three factors: wind activates *rLung* energies, fire stimulates *tripa* energies, earth and water influence *béken* energies.

In the *Four Medical Treatises, rLung*[9] is presented as the energy necessary to sustain basic physical functions (intensifying), *tripa* is the energy used in systemic activities of the body and mind (warming), and *béken* provides the essential substances and stabilizing functions to be in good health (cooling). Exactly like the five elements, the *Three Causal Factors* mutually depend on one another, their activities bring on birth, provide the life-sustaining substances throughout existence and finally they cause death.

Table 1: Summary of *Three Causal Factors* subtype, pathways and functions in Tibetan medicine

rLung			***Tripa***			***Béken***		
Sub-type	**Location and pathways**	**Function**	**Sub-type**	**Location and pathways**	**Function**	**Sub-type**	**Location and pathways**	**Function**
Life-Sustaining *rLung*	Crown of head; through throat and medial thorax	Swallowing, salivary expulsion, breathing, sneezing and belching; provides clarity to mind and sensory organs and binds mind and body together	Digestive *Tripa*	Between stomach and small intestine, regions transitioning undigested to digested intake	Digests food, separates nutrient and waste products, generates body heat. Also comprised of a type of bile that supports and increases the rest of bile	Supporting *Béken*	Chest	Supports the other four types of *Béken* and regulates bodily fluids
Upward-Ascending *rLung*	Thorax; through esophagus, larynx, nose and tongue	Manages production of speech, esophageal and larynx activities, enhances physical strength, facilitates perseverance, and memory acuity	Complexion-Clearing *Tripa*	Liver	Supplies color-enhancing components to the seven bodily constituents, such as providing hemoglobin and its vermillion tone to blood and flesh	Decomposing *Béken*	Upper stomach, regions of undigested contents	Breaks down ingested solids into a semi-liquid state
All-Pervasive *rLung*	Heart region; pathways throughout body	Responsible for most body movement, such as movements of the limbs, closing and opening the eyes, mouth, etc., and animating minor winds throughout the body	Accomplishing *Tripa*	Heart	Gives sense of confidence, pride, resourcefulness, and drive to achieve one's desires; facilitates the development of wisdom	Experiencing *Béken*	Tongue	Tastes, experiences and discrimination between the six tastes
Fire-Accompanying *rLung*	Stomach and colon; pathways from cells to tissues	Assists in the digestion of dietary intake, extracts nutrients from food and transforms nutrients into blood, enriching the seven bodily constituents	Sight-Facilitating *Tripa*	Eyes and supporting pathways	Generates vision	Satisfying *Béken*	Head	Facilitates sensorial satisfaction of the sensory organs
Downward-Voiding *rLung*	Pelvis; pathways through colon, pelvic region, bladder, reproductive organs and thighs	Excretion, expulsion and release of stool, sperm and seminal fluid, menstrual blood and fetus in childbirth	Color-Transforming *Tripa*	Skin across all regions of body	Provides skin tissue integrity and luster that appears rosy and radiant	Connecting *Béken*	Joint intersections; and tendon, ligament, and sensory organ orifice interstices	Maintains connectivity, adhesion, lubrication and mobility of joints and connective spaces
Main habitat	Animated by emotional attachments; depends on pelvis, spine and peripheral nervous system; resides in lower body below the navel		Animated by emotions of aversion and anger; depends on liver, gallbladder and vital blood, and resides in middle body between navel and heart			Animated by delusional tendencies, inattention and dullness; depends on brain, in upper body above heart		
Sites Where Primary Disorders Reside	Regions engaged in post-digestion activities; pelvis; bones; joints; skin; heart, colon and nerves		Regions near navel; stomach; blood, sweat glands, nutritional essence, interstitial and pre-lymph fluid (*chuser*); eyes; skin; small intestine, liver, and gallbladder			Regions of chest, throat, lungs, stomach, head and brain, nutritional essence, fat, bone marrow, regenerative fluid, feces, urine, nose, tongue, spleen, kidney, bladder		

Table 1. Summary of the *Three Causal Factors* subtype, pathways, and functions in Tibetan medicine. Taken from the article *Theoretical Characteristics of Tibetan Medicine* (Ren et al. 2020).

While in biomedicine, doctors usually give one drug to all patients who have the same illness without making particular distinctions, unless the patient has had operations or is affected by other diseases, in Sowa Rigpa cures for the same disease are very likely to be different. Medicines, like illnesses, can have cooling or warming effects. Once the doctor has diagnosed whether the illness

[9] It is neutral, neither cold, nor warm.

has a “hot” or “cold” nature using the pulse and urine diagnosis, they are then able to estimate which element — wind, bile or phlegm— is dominant.

The environment and the diet play a significant role in being healthy or getting sick. There are “cold” diseases that are more likely to be developed in a cold environment doing certain kinds of activities like farming, and “hot” illnesses that are more likely to be developed in hot environments. The same principle applies to the diet, with some foods having “cold” properties and others having “hot” properties. If the disease causes an excess of heat, the doctor uses “cold” drugs, while if the disease is “cold”, “hot” remedies are prescribed. Fever is treated with cooling compounds, while some digestive problems are treated with warming compounds (Ren et al 2021).

It is advisable to make reference to a clear and synthetic table included by the authors in the article *Theoretical characteristics of Tibetan medicine* to get all of the main information about the *Three Causal Factors* in an accessible way. This comprehensive table provides the sub-type, the body locations (cells, tissues, organs, apparatuses and systems) and their corresponding pathways, functions and causes according to the three-humor theory (Ren et al 2021).

As regards the causes, they are connected with the Buddhist Three Poisons which are explained at the end of this subpart. In *The Mirror of Beryl*, Sanggyé Gyatso writes: “phlegm disorder is the pig-like poison of ignorance. The root of bile disorder is the snake-like poison of aversion or anger. The root of wind disorder is the chicken-like poison of desire” (Gyatso & Kilty 2016).

In line with Sanggyé Gyatso’s theory, the Three Causal Factors are associated with different activities that have an impact on the person not only physically, but also mentally. The bottom of the table shows the emotions that go with each of them: attachment for *rLung*, anger and aversion for *tripa* and disillusion tendencies, inattention and dullness for *béken.* Moreover, apart from their intrinsic nature (neutral, hot, cold), each factor is associated with specific characteristics. Likewise, the compounds to cure diseases should have the opposite quality to be efficient. Readers may refer to the following table for a comprehensive overview.

Table 2: Defining features and characteristics of therapeutic and contraindicated compounds for the *Three Causal Factors* in Tibetan medicine

Three Causal Factors	**Definitional Characteristics**	**Nature**	**Therapeutic Compounds Characteristics**	**Disease-Generating Compound Characteristics**
rLung	Rough, light, cold, subtle, mobile, and hard	Neutral	*rLung* disorders are treated by smooth, heavy, warming, oily and stabilizing compounds	*rLung* disorders are induced by rough, light, cold and nutrient-lacking compounds
Tripa	Oily, sharp, hot, light, odorous, purgative and moist or shearing	Hot	*Tripa* disorders are treated by cold, dull, cooling, unconcentrated and drying compounds	*Tripa* disorders are induced by warming, sharp and oily compounds
Béken	Oily, cool, heavy, dull, smooth, stable, and sticky	Cold	*Béken* disorders are treated by drying, hot, light, sharp, and rough compounds	*Béken* disorders are induced by heavy, oily, moist, cold and dull compounds

Table 2. Defining features and characteristics of therapeutic and contraindicated compounds for the *Three Causal Factors* in Tibetan medicine. Taken from the article *Theoretical Characteristics of Tibetan Medicine* (Reb et al. 2020).

Where do illnesses come from? It is certainly not an easy question to answer, because as written in many medical texts and scientific literature about Sowa Rigpa, a person is in good health or is healed from a disease if there is a balance between the body and the mind. Additionally, spirituality is also part of the process to achieve balance.

This fragile equilibrium can be broken by both internal and external factors. The former may depend on emotions, thoughts, karma and strong events affecting the person negatively —recent death or a relative's illness— or positively —a marriage or the birth of a baby— . The latter may be due to poor living conditions, unhealthy diet, poverty, environmental pollution, seasons, social dynamics, etc.

The *Four Tantras* lists a series of qualities that an individual should display to become a doctor: having good memory, being manually and mentally skilled to operate on the patients, being kind and using sweet words to talk to patients, knowing how to write and read, having an attentive listening attitude, being empathetic, accepting the mission of healing others, etc (Gyatso & Kilty 2016).

This medical treatise explains in detail the methods used for the diagnosis of a pathology which are mainly the urine and the pulse diagnosis. In addition, doctors check other parts of the body like the tongue, eyes, nails, to assess the patient's health.

For giving the correct diagnosis to their patient, doctors need to have deep knowledge of Tibetan medical literature, knowledge about how to use surgical instruments, the various kinds of cures, types of diets, experience in observing one's teacher and doctors working and other minor qualities listed in the text (Gyatso & Kilty 2016).

As regards pulse diagnosis, it is a complex process and it could even require some dietary restrictions for the day before the consultation. The best time to do it is in the early morning. The press point used for diagnosis is generally the radial artery running through the wrist. The artery on both wrists is pressed by the physician using three fingers to assess the condition of the organs and determine the imbalance or balance of the *Three Causal Factors*.

In the *Four Tantras* several types of pulse[10] analysis are described: the seasonal pulses, which are connected to the elements —wood, earth, fire, metal, and water—, the pulse analysis for divination, known as the seven wonderful pulses, the guest pulse which provides information on a guest who is

[10] Just like the *Three Causal Factors*, the pulse diagnosis is also described in the *Four Tantras* using the following adjectives: weak, hollow, sunken, trembling, fluctuating, slow, fast, tight, and so forth. Moreover, the pulse is also described through these similes: the bite of a toothless dog, a river flowing from on high, a boiling hot spring, flames, and a thorn (Gyatso & Kilty 2016).

about to visit the family, the enemy pulse which predicts the outcome of attacking an enemy, the friend pulse which tells about the wealth of the family, the evil-spirit pulse which reveals the bad presence of a spirit damaging the family, the so-called substitution pulse, whereby one healthy member of the family goes to visit a doctor to provide the diagnosis of another member who is unable to travel, and the pregnancy pulse to determine the sex of an unborn child (Gyatso & Kilty 2016).

Urine diagnosis is the second most important and common method after the pulse diagnosis. It is divided into three phases: the first when the urine is still warm after excretion, the second when the odor dissipates and the urine is cooling, and the third when the urine is finally cold. In the first phase it is possible to analyze the color, odor and bubbling in the urine, as well as the steam rising from it. In the second phase, specific compounds excreted with the urine "*kuya*" or sedimentation, and the superficial scum are evaluated. In the third phase, the rate of transformation, mode of transformation and post- transformative state are determined (Gyatso & Kilty 2016).

The *Four Medical Treatises* explains that the pulse and the urine diagnosis are useful to understand the nature — hot, cold, neutral — of the disorder. More than ten years ago, in 2008, Tibetan medical urinalysis was incorporated in the first unit of preserved practices for the national intangible cultural heritage expansions project (Ren et al. 2021).

The first influence of biomedicine on Sowa Rigpa occurred during British Imperialism, when Tibetan physicians first came in contact with Western practitioners. The British invasion of Tibet, known as the Younghusband Mission, which occurred in 1903-1904, accelerated this encounter of medical traditions and knowledge. British presence in Tibet lasted until the end of the 1940s. The situation was also partially beneficial for locals, who were able to have surgeries, receive vaccines against smallpox, a disease that was prevalent in the region at that time, and drugs to heal sexual transmitted diseases (Adams at el. 2011). Even though Western practitioners and Tibetan doctors worked together, the local medical knowledge was never taken seriously because it was considered primitive. However it is impossible to understand other people's way of life by treating people as mere objects of study and not as participant subjects of research (Ingold 2018).

Since those decades there have been a lot of changes and today there is commodification and globalization of this local knowledge which have transformed Sowa Rigpa. Apart from applying Sowa Rigpa methods to understand complex illnesses, *amchi* use Western methods as well. As a result, Sowa Rigpa experts no longer exclusively detect diseases based on the traditional urine, pulse and tongue analysis described in the canonical text of the *Four Tantras*, which is still the first method used to make diagnosis (Adams et al. 2011, Craig 2012, Williamson et al. 2009).

In some cases they may prescribe blood analysis and lab tests to have confirmation of their diagnosis, and in those circumstances cures will be much more expensive than using Sowa Rigpa procedures. Therefore, doctors usually avoid prescribing such tests unless the patient can afford them or the case requires it, because poor people living in rural areas cannot afford the expense of journeying to a hospital or clinic in the city, and the cost of tests and drugs. It is also common that patients refuse to be cured, in order to avoid being a burden for their families, as the Chinese healthcare system is not public like in Italy, but private and extremely expensive (Adams et al. 2011, Craig 2012). Moreover, there is the issue of the reimbursement scheme that today only refunds expenditure on biomedicine. As a consequence there is division among local people, some of them prefer to consult TM doctors, because the costs of the visit and the drugs are less expensive, whereas others not only consult *amchi,* but they also seek for refundable biomedicine treatments (Hofer 2018).

However, local people still consult *amchi* and visit lamas, because according to local custumes the relationship with doctors and spiritual guides is important. When the *amchi* receives a patient in the clinic or in the hospital, the first step is to make him feel as comfortable as possible and listen with empathy and compassion to understand the reasons that brought that person to seek the help of a doctor. The dialogue between the doctor and the patient is crucial, not only to gain a picture of the patient's general condition, but also to establish a solid relationship based on trust. In order to recover, the patient needs to feel he is in good hands. As a result, building doctor-patient trust is a crucial stage of the healing process. Without a good connection with the doctor, all cures will be useless and ineffective.

The documentary *La médecine tibétaine, l'art de guérir*[11], produced by the German-French public service channel Arte, offers insight into the practice of Tibetan medicine at Mentsikhang, in the city of Dharamsala. In the documentary, one woman explains that she has changed her doctor because she did not have a good relationship with him, and the cure she took for a long period did not work for her medical issue. So she switched to another doctor, whom she trusted more. As she was more confident and hopeful in the cures, soon she started to be relieved of her pain.

This documentary about MTK illustrates the basis of Sowa Rigpa by explaining the methods of analysis, the important relationship between the doctor and the patients, and offering testimonies from three people who resorted to Tibetan remedies for healing. All of them found benefits using those cures. What's more, the film also emphasizes that a good doctor should show honest

[11] Découverte, A. (2022, March 23). *La médecine tibétaine, l'art de guérir | GEO Reportage | ARTE* [Video].https://www.youtube.com/watch?v=f7IJXjbXUH0 [2022 March 28].

intentions towards the patient and help them recover by praying and giving them hope. The patient should truly believe in the possibility of healing. If in some cases the disease is terribly serious or chronic and it has been established that there is no way to save the patient, then they should not be left alone.

Preferably, the physician should also spiritually help the patient journey towards acceptance of the disease. This will help the person deal with their condition without letting themselves be overcome with negative emotions. What's more, there is a hospital nearby the MKT which offers biomedicine drugs and treatments, and the two directors and the doctors working there know each other. In some cases, patients who were operated in the Western-medicine hospital to remove cancerous tumors or for other pathologies were encouraged to go to MTK for recovery. Tibetan drugs have less side effects than Western drugs (Craig 2012). Likewise, Tibetan physicians may send their patients to the Western hospital to do some lab tests or get a second opinion from another doctor.

The Tibetan doctor interviewed in the documentary says that in his opinion 60% of the recovery depends on the patient. According to Sowa Rigpa, healing requires strong will to recover from the disease, a good relationship with the doctor, and a strict and regular application of the course of treatment prescribed by the doctor.

Arura Group is a private corporation that was founded by a Tibetan physician, known as "Dr Ai", his real name is Ao Tsochen. He was trained as a biomedical physician but, because he was committed to the revitalization and modernization of Tibetan medicine, has invested great time, administrative support, political lobbying and funds to build the Arura Group. Therefore in their clinic Sowa Rigpa methods of diagnosis can be useful to confirm the diagnosis done using biomedical methods. During one interview with a researcher, he claimed that as the hospital is big, it also attracts Chinese clients and if doctors just used traditional TM methods such the pulse and urine diagnosis, clients would be skeptical about their diagnosis. Therefore ultrasound and blood tests are also used to understand a patient's imbalance which may have previously been diagnosed first through pulse, urine and questioning (Adams et al.2011).

Arura Group as well as MTK institute have a College of Tibetan Medicine where students can study TM. Arura College provides a program which includes both TM and biomedicine.

Apart from practicing traditional massage and acupuncture, which can alleviate the patients' pain, doctors may prescribe drugs. Tibetan medicines are numerous and all of them are essentially formulated from natural ingredients sourced from plants, animals and minerals. Ingredients are more efficient if they are wild. The collection of natural ingredients should be performed by experts,

because there are countless species of plants, some of which may look like, but have different effects or may even be toxic, thus it is crucial not to confuse them. Therefore companies[12] usually pay locals who are experts and whom they trust to walk up to high altitudes and look for the plants they need for producing medicines. In some communities in the Himalayan region, this is the main source of income (Saxer 2013).

This means that traditionally medicinal plants should not be cultivated in greenhouses or gardens, but directly picked up on the mountains at high altitudes or in the forests. Some species are cultivated on site, but this practice is more physically demanding, requires extra effort, and is very reliant on the weather conditions which are not always good.

The human body can be viewed as a plant and cured with its components. This type of narrative is reported in the *Eighteen Auxiliary Branches* collection, and later condensed in the *Four Medical Treatises*. The roots of the plants are used to cure skeletal conditions, branches are employed to cure vascular and connective tissues disorders, outer bark for skin diseases, leaves help with disorders of the sensory organs, and fruiting bodies are effective to cure the vital organs (Ren et al.2021).

Some examples of plants used in recipes of Tibetan drugs and which are easily cultivated are *manu* (*ma nu, Inula racemosa*), *ruta* (*ru rta, Saussurea lappa*), and *chumtsa* (*lcum rtsa, Rheum palmatum*), (Saxer 2013).

However, as the demand for Tibetan medicine drugs has dramatically increased over the last years, the massive harvesting of plants, flowers, and berries (some of them wild and rare, and recognized as protected species) and the killing of animals are causing damage to the local fauna and flora across the TAR, Nepal and India. However, today many ingredients used in TM come from abroad, across the Himalayan mountains, most notably from India and Nepal; but some stones, such as turquoises, are even imported from Arizona mines (Gerke 2019).

To avoid the extinction of species and facilitate the control of goods and people passing the border, the Chinese authorities enforce a number of rules to discourage people from engaging in illegal activities. Violations may be punished by fines or even prison sentences.

Today, border checks are stricter than two decades ago for anyone trading plants and herbal ingredients from India and Nepal to China. People who trade in legally imported goods should have special certifications for each of the plants, and lab tests are required for the goods to be allowed across the border, to ensure the products meet all quality standards. However, this control system is not entirely free of corruption (Saxer 2013).

[12] The majority of Sowa Rigpa businesses belonged to the government until the 1990s (Saxer 2013).

The fact that it has become more and more difficult to get good quality ingredients — sometimes products are not sourced from wild plants, are picked in the wrong season, or are from a plant that is similar to the actual plant, but not exactly the same, or are contaminated— has a direct impact on the drugs, which are less strong and effective (Saxer).

Although generally in Tibet[13] people are aware of climate change and its terrible social and environmental consequences, they do not view it as Western people do. Instead of only considering the visible environmental aspects, they also take into account all the invisible elements which belong to the cosmologies of their local traditions to interpret the physical and spiritual degradation of the landscape[14]. Therefore, features of the landscape and the landscape itself are viewed as active beings whose needs and wishes must be respected (Salick et al. 2013). However, a big issue is that people continue to prefer those rare, wild ingredients, even when they are aware that their trade is seriously affecting the ecosystem's biodiversity.

Medical traditions are a key element in the preparations of drugs. According to some doctors and locals, non-wild ingredients cultivated in the fields and produced without the traditional methods impoverish the effectiveness of medicine.

In the manufacture of Tibetan drugs, wild ingredients are still used, but the life of those plants and animals is respected. Some Tibetan *amchi* still do not agree in using invasive and cruel tests on animals like electrical shock systems, hot plates, mazes and other stimuli-response behaviorist tests that were harmful to the animals, or required killing them. (Adams et al.)

The owners of the leading Tibetan healthcare companies like Arura Group and local medical centers should invest money to find sustainable solutions to produce raw materials similar to those used in Tibetan drugs and drastically reduce the use of rare ingredients to avoid causing damage to the environment and its creatures. What's more, it is fundamental that local communities who rely financially on this business are involved in this transition towards a more sustainable production

[13] Tibet is the largest (2.5 million km^2) and highest (400 m above sea level) mountain area in the world. It is widely recognized as a global biodiversity hotspot due to its particular geophysical and biotic features. The glaciers and the water reserves — six major Asian rivers originate on the Plateau — provide freshwater to millions of people not only in China, but also in many other Asian countries. This region is home to a unique variety of wildlife species and microhabitats, which include migratory and transboundary species, and rare species which may go extinct within the next decades, such as the snow leopard (Foggin 2018).

[14] Cosmology is a group of believes: about life, the position of individuals in society and within the environment and the interrelations of these aspects. Cosmologies are devolved by oral communication and repetitive engagement as well as through formal instruction such as religious teachings.
Tibetans' cosmological concerns about nature are predominantly focused upon landscape gods *yul-lha*, local deities *gzhi-bdag*, lords of the soil *sa-bdag*, subterranean or water serpents *klu*, and others believed to inhabit mountains, passes, cliffs, rivers, and lakes within the vicinity of the village community, nomad camp, hunting ground, or travel route. (Salick et al. 2013)

model, maybe by establishing community councils, which could support mediation between locals and Tibetan companies in this process.

Until 1985, there were no national standards for Tibetan formulas. As a consequence, the regulation of Tibetan drugs was under the supervision of local authorities. While the *Tibetan Drug Standards* was only established in 1993, the *Chinese Pharmacopoeia* has been revised for more than 7 decades. In 2005 the *Chinese Pharmacopoeia* only included a few raw ingredients used in Tibetan formulas and 16 formulas (Saxer).

Since 2004, Tibetan drugs have been required to pass the GMP[15] certification. However, until the last decade numerous Tibetan drugs were not produced following the GMP standards and they were sold illegally on the market (Saxer 2013).

Tibetan medicine has continued to expand beyond its borders and its commodification is rapidly increasing, the GMP standards introduced into the Chinese law in 2004 could since may have toughened, very likely after the Covid-19 pandemic.

Therefore, future investigations should be done in order to see how current GMP rules are affecting the production of Sowa Rigpa drugs and affecting trading, and even more importantly in my opinion to study how climate change and loss of biodiversity are likely to radically transform the production of Tibetan drugs in the future.

It is impossible and totally unsustainable from an ecological point of view to continue massive harvest of rare medical plants, collection of mining stones and poaching of endangered species for the development of the Sowa Rigpa industry. It would be different, if the medicines were produced on a smaller scale.

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[15] GMP is the acronym for Good Manufacturing Practice, which is a system of regulations promulgated by the US Food and Drug Administration under the authority of the Federal Food, Drug, and Cosmetic Act. These rules, which are added to the country’s legal system, require that manufacturers, processors, and packagers of drugs and medical devices ensure the safety and the purity of products by establishing a series of protocols that have to be followed for the product to be approved for commercialization.
GMP regulations require a quality approach to manufacturing, enabling companies to minimize or eliminate instances of contamination, mixups, and errors. What is GMP? (n.d.). *ISPE | International Society for Pharmaceutical Engineering*. https://ispe.org/initiatives/regulatory-resources/gmp/what-is-gmp

1.3 *A Brief Historical Overview of Western Medicine*

Like Sowa Rigpa, Western medicine has historically been influenced by other fields of thought, particularly theology and philosophy. In view of the broadness of the subject, the focal point is on the former rather than the latter, but a few philosophers are cited in this subpart.

In the preface of his book *Ventuno giorni per rinascere: il percorso che ringiovanisce corpo e mente*, Franco Berrino states “There is nothing to learn about health. We need to remember.” Later in this publication and also in the video *Berrino e l’importanza della psiche e della meditazione*[16], he explains that through traditional religious wisdom of Western and Eastern cultures, he makes reference to Christianity and Buddhism, people approached more prayer and meditation, both positively contribute to reduce the risk of inflammation and provide many psychophysical benefits which are discussed in chapter two.

Although his point of view is certainly compelling, particularly because it comes from a doctor who spent all his life doing research and working in hospitals, I do not entirely agree with him, otherwise what is the point of medical research conducted in the past and until now?

However, from the most famous ancient medical texts still extant today, it is recognizable that doctors of the past, like their modern-day counterparts, had some medical knowledge and techniques. Although these traditions may appear as the reminiscence of a long-gone world, instead it may be fruitful to re-examine them to understand current medical approaches which combine medical care with religious support.

In ancient times, in Western medical practices as well as in Tibetan medical practices, practitioners studied the body in an holistic way, which is quite different from the sectorialized and fragmentary approach used today in Western medicine. Today Western medicine is more focused on treating the single illness locally, leaving aside the rest of the body, sometimes even not taking into account the patient’s psychological and spiritual dimensions. In this case with spiritual dimension, I do not necessarily imply any religious spirituality, but a deep awareness connecting people to their inner world.

Most populations are traditionally fideist, i.e. they need to believe in someone or in something to explain inexplicable phenomena. Even though religious and philosophical beliefs have changed

[16] Cambia, I. C. (2016, May 16). *Berrino e l’importanza della psiche e della meditazione [4 di 4]* [Video]. YouTube. https://www.youtube.com/watch?v=r9RHEVp3Lp8&feature=youtu.be [April 14, 2022].

throughout history, their influence has lasted for centuries. Thus, it is reasonable to trace the roots of Ancient schools of thought to understand the development of Western medicine.

The worldwide known doctor Hippocrates (460-370 BC) was from the Greek island of Cos. He is still traditionally considered the father of Western medicine, even though his medicine was certainly not a science as we mean it today. Nevertheless, once medicine students complete their studies, they are asked to take the hippocratic oath before starting to work as doctors (Cosmacini 2014). The oath sets out the essential qualities expected of any doctor: respect for medicine, discretion, which includes professional secrecy and ethics.What's more, in his oath the Greek philosopher talked about fair compensation for doctors, to prevent them from overcharging their patients (Minois 2016).

Many centuries later, before being a doctor was recognized as a profession, this argument of compensation was very much discussed by the Church that considered that it was unfair to ask for money to cure people. As the cure could only come from God, they thought it was wrong to charge people for medical services. Instead, clerics were more inclined to charge people for their sins (Minois 2016).

Between 430 and 330 BC, some 60 medical treatises were signed with Hippocrates' name, but it is unlikely that he was the only author of all of them (Le Goff & Sournia 2004). One of his theories was based on vital breath called in Greek πνεῦμα pneuma. Another important theory is based on the four fluids, also known as humors. It is not the same humor theory as written in the *Four Tantras* and in Ayurvedic medical texts. The Greek one is about hot and wet blood, hot and dry yellow bile, cold and wet phlegm, cold and dry black bile. As is the case in Tibetan medicine, several adjectives are used to describe these fluids. A disease is caused by dyscrasia, which is an alteration of the composition of the blood and consequently of the humors and organic tissues, due to a disharmony caused by an unhealthy lifestyle. For serious diseases, he suggested the use of narcotics such as mandrake, henbane and poppy (Hager 2021). The Hippocratic diagnosis is based on the patient's interview and its physical secretions, urine, feces and sweat. The imbalance of humor can be cured using purge, fasting and bloodletting.

As with Ayurvedic, Chinese and Tibetan medical practices, ingredients used in Greek and Roman medicine derived from the three realms: animal, vegetable and mineral (Sournia 1994).

In part four of their book *Per una storia delle malattie*, the French historian Jaques Le Goff (1924-2014) and the French doctor Jean-Charles Sournia (1917-2000) dedicated a specific section on plants. They report without going into details that Hippocrates knew 230 plants because he cited

them in his writings. Successively, they quoted the ancient doctor Diocles of Carystus (375-295 BC) who codified plants used in Greek herbal medicine.

Galen of Pergamon (129-216) was a Greek physician, he had strong influence on medicine until after the Middle Ages, when his theories about the body were contested by Andreas Vesalius (1514-1664) in his anatomy textbook *De humani corporis fabrica libri septem* published in Venice in 1543.

Based on Hippocrates' humor theory, Galen associated humors with a certain personality: melancholic with excess of black bile, choleric with excess of yellow bile, phlegmatic —slow, calm, lazy— with excess of phlegm and sanguine —a passionate and enthusiastic personality— with excess of blood. However, it was forbidden under Roman law to dissect human corpses, thus he did dissections on primates, thinking that humans were not so different from them, also confirmed by Darwin's discoveries after many centuries (Minois 2016).

Galen did not overlook the strong visible and invisible connections that humans have to nature, therefore in his opinion doctors should have solid botanical and herbal knowledge (Le Goff & Sournia 2004). The importance of these classical founders of Greek medicine was felt until the early days of modern medicine in the 18th century.

In Christianity, doctors are considered to be sent by God. In the Old Testament, there are 150 passages relating to diseases and their remedies (Minois 2016), and each of the four gospels of the New Testament written by the four evangelists Matthew, Mark, Luke, and John feature accounts of prodigious healings performed by Jesus.

Until the 11th century, many priests were also called upon as healers, but in most cases the remedies they offered had little effect in helping people with their conditions, and their contribution often stopped at helping people die in peace. Both of them took care of suffering people and tried to help them to die in peace.

The Capitulare de Villis —a documented dated around the late 8th or early 9th century that set guidelines about the management of the royal estates during the later years of the reign of Charlemagne (768–814) — reported a list of 17 medical plants cultivated in monasteries (Le Goff & Sournia 2004). In the Middle Ages, convents often had a garden for cultivating officinal plants that were used by clerics inside the infirmary to cure other monks or pilgrims. The medicinal plants were also blessed by monks to strengthen their power (Minois 2016).

In India and in China, the interest towards the therapeutic use of plants was outstanding even before the Middle Ages, as exemplified for instance by the Sanskrit medical treaty *Sushruta Samhita* which lists 700 medicinal plants (Le Goff & Sournia 2004). The date of its composition is

uncertain — it could have been written at the times of Gautama Buddha —, as well as its authorship, which is generally attributed to a certain Sushruta after whom the text would have been named. In China, the Shennong Bencaojing 神农本草经 was written before Christ, but the precise date and its author are unknown. The original text no longer exists; what is known are the 365 substances categorized into three volumes associated with Heaven, Humanity, and Earth respectively. The drugs are also divided into three types: substances harmless to humans, therapeutic substances which may be harmless to humans and poison substances (Wilms 2017).

During the Middle Ages, the Church and the ruling monarch were the highest authorities. The Church had power on every type of matters: political, economic, military, etc. The Church had determined how people had to live and had to die. According to the Bible, diseases were punishments sent by God (Deuteronomy, 28，21-61). In this sense, God had a sort of double role: he could chastise those who behaved improperly, making them sick and eventually causing them to die, or he could heal a person's illness. For instance, if a devout believer became sick, priests could say that it was not an act of God to punish that person, but that it was the work of the devil. However, treatments suggested by priests were apodictic, therefore the cleric's opinions were taken word for word, without asking any questions.

Throughout history, the division of roles between doctors and priests gradually progressed and medicine became more independent from the Vatican's influence. Thanks to the Constitutions of Melfi, renamed *Liber Augustalis,* issued by the emperor Frederick II (1194-1250) in the 13th century the doctor was officially recognized as a profession. It was the first collection of laws regarding health in the Western world.

An important step for medicine was the foundation of the Scuola Medica Salernitana in the 9th century. The treatise *Circa instans*, generally attributed to Matthaeus Platearius (11-12th centuries), was written in this school between 1150 and 1170. It is a collection of materia medica about plants, animals and minerals, chapters are organized in alphabetical order. There are references to 168 medicinal plants, some still unknown today (Sournia 1994).

As well as in TM also in Western medicine, the urine and the pulse diagnosis were used to classify illnesses, the French doctor Gilles de Corbeil (1140-1224), wrote the treaty *De urinis et De pulsibus*, giving precise descriptions of the color, odor and taste of urine, and on the function of the pulse.

Since the 14th century, the Church has allowed dissections of corpses (generally corpses of criminals unclaimed by their families); what was absolutely forbidden was dissecting decomposing corpses stolen in cemeteries (Minois 2016, Sournia 1994).

A century earlier, in the 13th century, the Church prohibited clerics from studying medicine. Instead, in that period, clerics had to spread the "cult of suffering" as much as possible using the example of Saints such as St Francis of Assisi (1181-1226).

At that time, many charlatans used people's faith in saints and miracles to take advantage of them in one of two ways: either by selling them relics which they claimed had miraculous powers to cure diseases, or by pretending to be themselves saints who could perform miracles on others in exchange for remuneration (Minois 2016).

Between 1346 and 1353, the black plague spread all over the European continent and beyond it, causing millions of victims (Minors 2016). In 1348, Philip VI, king of France (1293-1350), decided to commission a medical report about the plague from the Faculty of Medicine in Paris. Although that document and the doctors' intervention did not help stop the pestilence, it was however crucial because it posited that the causes of the epidemic could be non-religious, but rather proceed from a lack of hygiene (Minois 2016). After the plague, more priests and doctors turned to astrology to try and find some explanation for these sorts of catastrophic events.

Some popes were not against medicine and even tried to encourage its development. Julius II (1443-1513) claimed he was the protector of scientists, Leo X (1475-1521) reformed La Sapienza University in Rome and Clement VII (1478- 1534) finally authorized the teaching of anatomy. However, after the Counter-Reformation, the Church experienced an internal crisis and as a consequence returned to focus more on theology than medicine.

Renaissance artists can equally be counted among the contributors to the progression of anatomy, especially Leonardo da Vinci (1452-1519) and Michelangelo Buonarroti (1475-1564) whose works proposed a better vision of the human body (Minois 2016).

The first official botanical garden was created in Padua in 1545, as an annex to the University of medicine where plants were studied. Until the 16th century, the herbalist tradition was known in Italy by the name *semplicistica* and progressively a new branch developed from that field, i.e botany. Especially during the colonization of the New world, plants were not only studied for their therapeutic use, but also for their morphology and physiology.

The English philosopher Thomas More (1478-1535) was a devout Catholic. In his most well-known book, *Utopia*, published in 1516, he discussed a progressive, non Catholic idea about active euthanasia. As stated in the book, priests and doctors facilitate the death of people affected by

incurable diseases without prolonging their sufferings. His statement did cause him serious problems with the Church, and his religious fervor earned him a death sentence when he refused to recognize the superiority of King Henry VIII (1491-1547) over the English Church. In 1935, Pope Pius XI (1857-1939) canonized him as a martyr in recognition of his courage.

Like More, the English philosopher Francis Bacon (1561-1626) promoted active euthanasia claiming that doctors should not only heal patients, but should also help them die if they cannot recover from their disease. One celebrated philosopher who thought religion should not intrude on medical matters was the Dutchman Baruch Spinoza (1632-1677). As early as the 17th century, many doctors were atheistic. A doctor who made a great discovery for the progress of medicine, namely blood circulation and the anatomical role of the heart in the process, was the Englishman William Harvey (1578-1657), who came to Italy to study at the University of Padua, one of the most important European universities for medicine studies at the time (Minois 2016). *Anatomical exercise on the movement of the heart and blood in animals,* his major work, was published in 1628.

Thanks to the Enlightenment, medicine was radically transformed and the number of doctors increased, and the idea that happiness could be possible on Earth gained momentum. Unsurprisingly, the Church did not approve of it because it held the view that happiness could only be attained after death, in the next life (Citati 2009).

However, despite clerics could not officially be doctors, they tried to have remedies to cure themselves and eventually also to offer cures to pilgrims. In the 17th and 18th centuries, in rural areas, monasteries were better equipped than hospitals and their pharmacies had more remedies (Minus 2016).

Contemporary historians recognize that in the context of healing illness, religion, philosophy, astrology, alchemy, botany, magic and medicine all intermixed in the thoughts, practices and writings of various peoples around Europe and Asia (Garrett 2015). For this reasons more disciplines were used to try to help the patients recovering from illnesses.

After the black plague, another deadly epidemic that tore through Europe during the 18th and the 19th century was smallpox. Even though those who contracted the disease did not all die, they could become blind or disfigured with pustules and sores. The English noble lady Mary Wortley Montagu (1689-1762) was the wife of ambassador Edward Wortley Montagu (1678-1761). They traveled together to Turkey. She was surprised to see that Muslim women did not have scars on their faces, and she thought that they were less susceptible to smallpox. In the 18th century, British doctors treated smallpox based on the Greek theory of humors, while their Turkish counterparts used

another method, a forerunner of modern vaccination, which basically consisted in injecting a small quantity of smallpox into a wound (Hager 2021).

Even though initially the Church was not in favor of this practice, because it was brought over from a Muslim country, in time clerics changed their minds to stop the growing epidemic, accepting vaccination as a "divine cure".

The English farmer Benjamin Jesty (1736- 1816) is remembered for his experiment for inducing immunity against smallpox using cowpox. Unlike the famous physician Edward Jenner (1749-1823), Benjamin Jesty did not publish any scientific study about his experiments; those kinds of folkloristic practices were then examined and used by the Medical Society of London. Even though many doctors were favorable to the vaccine formally introduced by Edward Jenner, some of them were absolutely against smallpox vaccination. When vaccination was made mandatory in England for infants up to three months old with an act dated 1853, people began protesting for the right to freely control their bodies and those of their children. The Anti-Vaccination League and the Anti-Compulsory Vaccination League formed in response to the mandatory laws, and a lot of anti-vaccination journals cropped up (Le Goff & Sournia 2004).

Three years ago, the American journalist and scientific writer Thomas Hager published *Ten Drugs: How Plants, Powders, and Pills Have Shaped the History of Medicine*, in which he explores ten drugs that changed the history of mankind, even though these discoveries opened controversial debates that extended beyond the scientific community. In chapter one and four, he particularly focused on opiate drugs, firstly on opium and secondly on heroin, describing their therapeutic effects on human health and the problems caused by the uncontrolled consumption of them.

During the first half of the 19th century, half of drugs were formulated from natural ingredients. Then with the development of chemistry, the composition of drugs radically changed.

Before the advent of synthetic drugs, all of the world's populations relied on natural ingredients to cure themselves. Some ingredients used in natural drugs and natural substances, as well as synthetic drugs can potentially be extremely detrimental to human health if they are not properly dosed. One example of that is opium.

Since ancient times, it has been consumed as a sleeping pill, and in Eastern and Western countries its consumption was unregulated until the 20th century. Given the fact that this drug is addictive, it turned into a social plague both in the USA and in China. In the Chinese empire, there were two Opium Wars, the first in 1839-1842 and the second in 1856-1860, between rulers of the Qing dynasty (1644-1911) and the United Kingdom.

Other synthetic drugs derived from opium are morphine and heroin. These were sold in pharmacies without any medical prescription. In 1885, one third of American doctors were addicted to morphine (Hager 2021).

Heroin was used to alleviate physical pain, for diabetes and blood pressure. It was also taken to commit suicide. There were high numbers of reported deaths caused by morphine and heroin overdose. Only after the Harrison Narcotics Tax Act signed by the US government in 1915 was the consumption of opiates and coca drugs regulated.

This part about the potential toxicity of natural drugs is useful to understand the concept of safe and harmful drugs which is not the same in biomedicine and TM. This part is further discussed in the second subpart of chapter three.

Two names that cannot be omitted when presenting the history of Western medicine, because they also contributed to the development of biomedicine, are those of Louis Pasteur (1822-1895) and Alexander Fleming (1881-1955). The first was not a doctor, but a chemist and microbiologist renowned for his discoveries about vaccination, microbial fermentation, and what he eventually called pasteurization. The second discovered the world's first effective antibiotic substance, which he named penicillin. Antibiotics were revolutionary in the treatment of infection. Thus, thanks to this discovery life expectancy increased.

The priests, the doctors and the philosophers who have marked the progression of Western medicine are many more than those reported in these pages. However, through this investigation I aimed at preparing an historical introduction to understand the strong bounds that characterized the relationship between theology and medicine.

Chapter 2

2.1 *Background of Trompone*

History

As discussed so far, doctors and religious figures have collaborated together since early times in history. Although nowadays this is not always as common as it was in the past, some medical centers continue to provide religious services alongside standard medical treatments.

Two essential elements of the fieldwork were: the Trompone complex and the religious community living and working inside it. Therefore, firstly some historical and structural information about Trompone are described in the next pages, secondly it is told the story of the founder of SOdCs and thirdly it is reported my investigation.

The Trompone complex is located in Moncrivello, in the province of Vercelli, in Piedmont, just 40 km from Turin and 90 km from Milan. On the website of Trompone[17] and their leaflet *La Beata "Vergine Potente" del Trompone*, the presentation of the complex includes the most important historical and religious facts. More information can be found in the thesis written by Mr. Claudio Carando and Mr. Massimo Pissinis *"Architettura Religiosa nel Territorio Della Diocesi di Vercelli: il Santuario Della Madonna del Trompone di Moncrivello. Storia e Riuso"* in 1987 and 1988.

According to the story, on April 2nd, 1559 a woman by the name of Domenica Millianotto was cured by the Virgin Mary on the trunk of a chestnut tree, known in the local dialect as *trumpone* or *trumpa* (because it was a large trunk of tree), from which the name Trompone later derived. That woman was originally from Cigliano, a small village 2 km from Trompone. She had a hunched back and stuttered, and she also had epilepsy. Coming back to her village, the woman is said to have claimed she had seen a Beautiful Lady who had healed her and then ordered her to build a church in that place. Today inside the sanctuary, there are two statues of Domenica Millianotto, one

[17] https://www.trompone.it/santuario-e-comunita/lapparizione-e-la-storia/

representing her before the apparition, suffering and hunchbacked, and the other showing her healed, standing straight.

At first there was no written record of this miracle, but the story soon spread to nearby villages and travelled beyond the borders of the province. On August 19th, 1559, a mass was celebrated where the apparition was believed to have occurred. Following the celebration, the construction of a church began as the first stone was laid on the ground. The church was built thanks to the active participation of the local population.

In the archive of the curia of Milan, it is reported that the church was commissioned by Gabriella di Valperga (dates unknown), wife of Cesare de Majo di Napoli (1488- 1565), Marquis of Moncrivello. She wanted to celebrate the Marian apparition . On August 31st, 1562, in a papal bull published by Pope Pius IV (1499-1565), the Church recognized the healing of Domenica Millianotto as a miracle. In the same text, he also granted remission of sins to all the faithful who were confessed inside the Trompone church every year.

Originally, the sanctuary was managed by diocesan priests, who also officiated worship services. Then in 1627, the bishop Giacomo Goria (1571-1648) placed it in the care of a community of the Minor Franciscans of Turin. The construction of the Renaissance rotunda began before the arrival of this religious order in 1563 and it was finished in 1568. In the 17th century, an extension with three naves was added to the church, and the Franciscans decided to build the convent, which was completed in 1659. On October 13th, 1781, the sanctuary was consecrated by the bishop Vittorio Maria Baldassare Gaetano Costa d'Arignano (1737-1796).

The invasion of the Napoleon troops in Piedmont caused chaos in the province, like elsewhere. As a consequence, convents were closed down and the seizure of their property was ordered, including that of Trompone. The bishop Giambattista Canaveri (1753-1811) succeeded in convincing the French government that Trompone did not belong to the Franciscans but to the diocese of Vercelli. As a result, the entire complex was returned to the diocese on March 16th, 1807.

The sanctuary reopened on June 24th, 1807. Subsequently the archbishop Giuseppe Maria Grimaldi (1754-1830) entrusted all the buildings of Trompone, on loan for use, to Cistercian monks. Later, the management of the convent returned to the bishop's hands who then entrusted it to his representative, the Vicar of Cigliano.

In 1866 all the buildings, except the sanctuary, became property of the state. Then in 1869, a certain Mr. Giuseppe Voglino, who lived in Santhià —a small town near Vercelli— bought the complex and moved in with his family. In 1880, the complex was purchased back and returned to the diocese of Vercelli. Mons. Celestino Matteo Fissore (1871-1889) decided to reopen the

seminary. The diocese's minor seminary was officially opened in 1881 and closed almost 100 years later in 1970. After the Seminary was closed, the SOdCs took over the premises and started their Christian mission in the complex.

According to Trompone's website, the center was recognized by both the Associazione Piemontese Contro l'Epilessia (A. PI.C.E), (*Piedmont Association Against Epilepsy*), and His Excellency Mons. Enrico Masseroni (1939-2019), Archbishop of Vercelli between 1996 and 2014, as a special sanctuary for those living with epilepsy. On June 18th, 2006 the latter published a decree in which he formally agreed that a devotion be dedicated to the Virgin of Trompone as protector of epilepsy patients at the Sanctuary of Trompone.

Figure 1. Trompone complex, on the left the new CRRF Mong. Luigi Novarese extension and on the right the old Virgo Potens building, behind a big park. Doctor Cavallino kindly allowed me to use this photo.

The Structure of the Complex

Trompone can be defined as a medium complex because it is quite big. It consists of two main parts: the old part and the new part.

The old complex has three floors. On the first floor there are the church Santuario della Beata Vergine del Trompone, the convent, the cloister, the conference room, the administrative office, the kitchen, the canteen, the changing room, the swimming pool used before Covid-19 for the aquatic physical therapy and the storage room. Outside there is also a park with a football field.

On the second floor of the convent there are the rooms of the SOdCs. At the end of the 90s, the seminary was transformed into a non-hospital residential rehabilitation center for people with physical disabilities, and to that end the two floors of the building were renovated. On the second floor, but not in the convent, in another area of this large building, there are ten beds for Nucleo Alta Complessità Neurologica Cronica (NAC) patients and ten beds for Stato Vegetativo or Stato di Minima Coscienza (NSV) patients. The first group, whose name literally translates to High Chronic Neurological Complexity Nucleus, consists of patients who have severe chronic degenerative neurological pathologies such as Parkison's, multiple sclerosis, or who have had a stroke, etc.

Figure 2. The facade of the Sanctuary Beata Vergine del Trompone. Photo by the author.

The second one, the Vegetative State or State of Minimum Consciousness patients, are those who have dysfunction of the cerebral hemispheres. Patients from either of these two groups do not follow a rehabilitation process, because there is no chance of recovery from such incurable degenerative pathologies. Instead they are given individual therapy programs[18] to follow.

On the third floor, there are 20 beds for patients of the Residenze Sanitarie Assistenziali (RSA)[19]. These three services NAC, NSV and RSA are called Virgo Potens, a title used by members of the community to address the Virgin Mary.

RSAs are not regular "casa di riposo", nursing home in English, previously known as Residenze Assistenziali (RA). Today, there are many more RSAs than in the past, and RAs have progressively dwindled in numbers and been replaced by RSAs. One of the main differences between RAs and RSAs is the level of assistance provided to patients. Inside RSAs, the majority of patients are non-self-sufficient, which means they require nurse care and attention from socio-health worker care around the clock. On the contrary, many patients institutionalized in RAs are self-sufficient and nursing care is not provided 24 hours a day. In both RSAs and RAs, medical assistance is provided during the day.

The will to expand Trompone and offer more services was the idea that led to the construction of the new center located in front of the church. It was named Centro di Recupero e Rieducazione Funzionale "Mons. Luigi Novarese" (CRRF) in remembrance of the founder of the SOdCs literally in English "Mons. Luigi Novarese" nursing home, recovery and functional rehabilitation center. On July 5th, 2004, the Regional Council gave permission for the expansion of Trompone to add a further 90 beds, but the old part was not big enough to house these patients. Thus, in 2005 the construction work was completed and on October 7th, 2006 CRRF was inaugurated. One year later,

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[18] There is no maximum length of stay for NAC and NSV patients.

[19] According to the guidelines of the Ministry of Health on Healthcare Residences contained in the welfare perspectives n. 106 of April-June 1994: RSAs provide an average level of health care (medical, nursing and rehabilitation) supplemented by a high level of protective and hospitality care. It is aimed at non-self-sufficient elderly people and other non-self-sufficient individuals who cannot be assisted at home.
The RSA status finds normative reference in the law 67/88 and in the DPCM 22.12.89 […]. As regards the structural and organizational aspects, the basic unit is the module or nucleus, made up of 20-25 beds for the non-self-sufficient elderly and 10-15 beds (depending on the severity of patients) for physical, mental and sensory disabled, using the same building spaces in a flexible way. According to their psychological and physical condition, patients of the RSAs include:
- elderly people who are not self-sufficient (on average 4 modules of 20-25 patients, up to a maximum of 6 modules). As a rule, in the RSAs for the elderly a module of 10-15 places should be reserved for dementia patients;
physical, mental and sensory disabled (on average 2 modules, maximum 3 from 10-15 subjects). *Linee guida del mistero della sanità sulle residenze sanitarie assistenziali*. (1994). Fondazionepromozionesociale.It. http://www.fondazionepromozionesociale.it/PA_Indice/106/106_linee_guida.htm#:%7E:text=%C3%88%20rivolta%20ad%20anziani%20non,e%20nel%20DPCM%2022.12.89

on July 5th, 2007, the National Healthcare System granted it institutional accreditation as a level-two rehabilitation center[20].

Figure 3. Photo of the back of CRRF Mong. Luigi Novarese. Doctor Cavallino kindly allowed me to use this image.

In the building there are four floors. In the basement, there are: the mortuary chambers, the changing rooms for staff, the canteen for staff and students, the storage room, the tunnel that connects to an older building on the complex, and the university classrooms. Since 2005, Trompone has provided teaching facilities in collaboration with the prestigious Università Cattolica del Sacro Cuore in Rome, to train bachelor students in Occupational Therapy and master students in Rehabilitation Science. The center also provides training programs to become a socio-health worker, commonly referred to as OSS (operatore socio sanitario) in Italian, social and health worker in English. The university center in Trompone also has an agreement with the School of Medical Specialization in Physical Medicine and Rehabilitation of the University of Turin and with the Faculty of Medicine of the University of Eastern Piedmont. These universities collaborate together to develop projects. Students attending the courses at Trompone are encouraged by their professors to intern at the center.

On the first floor there are: the reception —generally one or two people sit at the front desk welcoming patients and visitors, and answering to phone calls—, management offices, administrative offices, behind the front desk there is also a bar, to its left there is a large family

[20] Ministero della Salute, M. (n.d.). *Riabilitazione*. https://www.salute.gov.it/portale/lea/dettaglioContenutiLea.jsp?area=Lea&id=4720&lingua=italiano&menu=ospedaliera

room (used by patients and visitors before Covid) and to its right a small chapel where mass is celebrated. Along the right corridor, there are offices for physiotherapists, orthopedics and traumatology doctors, instrumental therapists, occupational therapists, speech therapists, radiologists, neurophysiology doctors, ophthalmologists, urologists, cardiologists[21], the laboratories and the functional rehabilitation gym. On the second floor there are: a dining room, a living room, and the rooms for orthopedic patients, some of them recovering from an accident or a surgical procedure. The floor is divided into two wards of 22 or 23 beds each, for a total of 45 patients. They can stay at the center from a few days or weeks up to a whole month, then the physiatrist can extend their stay if necessary.

Figure 4. Frontal view of CRRF Mong. Luigi Novarese. Photo taken by the author.

In the third floor the division of space is similar: there is a dining room, a living room and the rooms for neurological patients, some of whom have had a stroke, suffer from multiple sclerosis or present cognitive issues. The third floor is also divided into two wards of 22 or 23 beds each. Patients can be admitted any duration of time from a few days or weeks up to two months, and the physiatrist may choose to extend their stay if necessary.

[21] Some of the medical services offered in the cabinets are affiliated to the Sistema Sanitario Nazionale SSN, National Healthcare System. Those are partially or totally refundable, it depends, while others which are included not in this category have to be paid. On the Trompone website there are more information about all of their services. *Attività Ambulatoriali – Casa di Cura Mons. Luigi Novarese – Santuario del Trompone*. (n.d.). Casa di Cura Mons. Luigi Novarese – Santuario del Trompone. https://www.trompone.it/casa-di-cura/attivita-ambulatoriali/

Both orthopedic and neurological patients can be admitted to the center's recovery wards once they have received a prescription for code 56[22] rehabilitation care from a physiatrist.

Admission to these wards is decided on a scheduled basis according to the procedures established by the Piedmont Region for structures accredited and affiliated with the National Health Service. However, patients from other regions can be hospitalized in the center if there are no more places in other medical centers closer to where they live.

Each ward guarantees to patients: the daily presence of the physiatrist to coordinate the rehabilitation team, medical assistance 24 hours a day, nursing assistance 24 hours a day and religious assistance. Clerical and lay SOdCs visit the patients daily.

Staff				Freelancers		
CRRF Monsignor Luigi Novarese	Women	Men	Total	Women	Men	Total
Doctors	3	4	7	2	4	6
Nurses	30	1	31	1	0	1
UPA	27	8	35	0	0	0
Physiotherapists	14	14	28	0	2	2
Speech therapists	6	1	7	0	0	0
Occupational therapists	4	3	7	1	0	1
Administrative personnel	10	2	12	0	0	0
Maintenance workers	4	9	13	0	1	1
Radiographers	0	1	1	2	0	2
Psychologist	0	0	0	1	0	1
Total number	**98**	**43**	**141**	**7**	**7**	**14**

Staff				Freelancers		
RSA Virgo Potens	Women	Men	Total	Women	Man	Total
Nurses	11	4	15	1	0	1
UPA	26	4	30			
Psychologist	1	0	1			
Speech therapists	2	0	2			
Occupational therapists	2	0	2			
Administrative personnel	1	0	1			
Maintenance workers	7	3	10			
Total number	**50**	**11**	**61**			

Table 3. Number of people working at Trompone.

During the 1970s, the SOdCs arrived at Trompone. The archbishop Mons. Albino Mensa (1916-1998) loaned out the entire building to Luigi Novarese so it could be used as a residential center offering socio-rehabilitation care and professional training for young people with disabilities. In the year 2000, the Archdiocese donated the whole building, excluding the sanctuary which is still managed by the diocese of Vercelli, to the SOdCs who had started the recovery and functional rehabilitation center. Then the sanctuary was elevated to a diocesan sanctuary

[22] Ministero della Salute, M. (n.d.). *Riabilitazione*. https://www.salute.gov.it/portale/lea/dettaglioContenutiLea.jsp?area=Lea&id=4720&lingua=italiano&menu=ospedaliera

The Foundation of SOdCs

Mons. Luigi Novarese (1914-1984) and Elvira Myriam Psorulla (1910-2009) were the founders of SOdCs. However, in this part I focus on his life because thanks to him SOdCs could settle in Trompone, where they have been for more than 50 years. Therefore the religious community has a devotion for his founder.

He was born in Casale Monferrato, a town in the Province of Alessandria in the Piedmont Region, in 1914. His family had peasant origins, and they lived on a farm known as La Cascina Serniola. From an early age, Mons. Luigi Novarese experienced the harshness of life. First he lost his father when he was still a child, and later when he was nine years old, he got tuberculous coxitis to the right hip, which developed after a bad fall. This terrible disease consumed him for almost a decade, forcing him to be hospitalized again frequently (Mauro Anselmo 2021).

Mons. Luigi Novarese was always religious, in large part because of how he was raised, the education he received at school, his active participation in catechism, and his involvement with the Church. After his illness, his faith became even deeper, and he put his life in the hands of the Lord. He believed that religion could help him more than the treatments he was given by doctors. He was admitted to Santa Corona sanatorium in Pietra Ligure, a small municipality in the Province of Savona in the region of Liguria. During his stay at the sanatorium as a patient, Mons. Luigi Novarese understood that most patients feel bored and sad. Thanks to his natural social skills and empathy, he was able to entertain them, and helped to improve their mood.

After several years of treatment, in 1931 he finally recovered, according to him thanks to divine intervention from the Virgin Mary and St. John Bosco (1815-1888). However, he kept a limp for the rest of his life as a result of his debilitating condition. His experiences in hospitals left such an impression on him that he decided to become a doctor and dedicate his life to healing people who suffered and alleviating their pains. However, after much soul-searching, he changed his mind and decided to enter the seminary instead. He believed he would be more helpful as a priest taking care of spirits than as a doctor who only takes care of bodies. In one of his quotes, he is remembered as saying: “the cure never comes from the outside but always from the inside” (Mauro Anselmo 2021).

Mons. Luigi Novarese was extremely active in his apostolate. In 1943 he founded the Lega Sacerdotale Mariana (*Marian Priestly League*) to respond to the urgent need of providing assistance to those who had been maimed and wounded in bombardments and attacks during World War II.

Some years later, he met Elvira Myriam Psorulla in Santi Patroni d'Italia parish, who was originally from Israel. In 1947 they founded together the Centro Volontari della Sofferenza (*Volunteer Center for Suffering*), commonly abbreviated as CVS. Sick people should not be judged as "objects" needing assistance, but as "subjects" capable of action. Two years later, Pope Pius XII (1876-1958) gave him permission to start a radio program titled *Quarto d'ora della Serenità* (*Fifteen Minutes of Serenity*) broadcast on Vatican Radio. Envisioning a group of people who could guarantee continued services at the CVS, Mons. Luigi Novarese founded SOdC and two years later, he founded Fratelli degli Ammalati (Brothers of Sick).

On 11th February, 1960, an official public document written by Mons. Pasquale Venezia (1911-1991), the bishop of Ariano Irpino, a municipality in the province of Avellino in the region of Campania, officially recognized SOdC as a non-profit organization. On 6th November, 1960, a decree issued by the President of the Republic Giovanni Gronchi (1887-1978) formally granted the organization a legal status. Among the organizations founded by Mons. Luigi Novarese, I Silenziosi Operai della Croce became the most important one and it included all of the other organizations Lega Sacerdotale Mariana, Centro Volontari della Sofferenza and Fratelli degli Ammalati.

Mons. Luigi Novarese worked in the Vatican Secretariat of State from 1942 to 1970. Throughout his apostolate, he often accompanied sick people to major pilgrimages sites such as Lourdes and Fatima (both particularly inspiring for the founder from a young age), and also to smaller sanctuaries like that of Oropa in the province of Biella in Piedmont Region. Mons. Luigi Novarese passed away on 20th July, 1984 in Rocca Priora (Rome) and he was buried in the Roman church of Santa Maria del Suffragio. After his death, in 2011, the Catholic Church recognized a miracle that occurred in 2002 through his intercession when Graziella Paderno, a woman of 57 old who lived in Palestro in the province of Pavia (Lombardy), was cured. Sister Elvira Myriam Psorulla sought two experts' opinions and asked two consultants of the Congregation for the Causes of Saints to examine the case. They could not scientifically explain how it was possible that the periarthritis that affected her left shoulder (presenting local calcifications, causing reduced mobility of the arm) had disappeared during a session of shockwaves. She claimed that Mons. Luigi Novarese had healed her. Ultimately, theologians and doctors both agreed that it was a genuine miracle. It is shortly documented on the website dedicated to him, Opera Beato Luigi Novarese[23]. The process for beatification began in 1989, before the miracle was recognized, and in 2011 Pope

[23] *Un miracolo per intercessione di Luigi Novarese*. (n.d.). Opera Beato Luigi Novarese. https://www.luiginovarese.org/fondatori/il-miracolo/

Benedict XVI signed his beatification decree, with his beatification ceremony held on May 11th, 2013.

There are nearly 100 sisters and brothers who are part of SOdC in Italy and abroad. Some of them live inside the communities and others live in the secular world with their families or alone. SOdC members can be clerics or lay brothers and sisters. In Italian, the term *laico* (lay) may be a misleading term because of its ambiguous meaning. In fact, when generally referring to someone who is *laico*, the meaning is laypeople a person who is not a member of the Church, while when referring to someone in the Church, the term expresses the fact that the person belongs to a religious order, thus they are called brother or sister, but they are neither a priest or a nun. Lay and the clerical members have similar rights within the religious community, but they do not do the same jobs. Lay members cannot celebrate mass, confess the faithful, give the last rites and marry a couple, instead they contribute in other positions, as secretaries, nurses, doctors, etc.

The statutes of the SOdC sets forth all of the requirements for the admission of a candidate and the exclusion of a member. New members are first admitted for a so-called period of “knowledge and discernment” that lasts 12 months. If the experience in the community is positive, the supervisor will submit the candidate to a trial period of no less than two years. At the end of this period, the community council officially admits the candidate as a member of the SOdC. Unlike priests and nuns who take vows, SOdC members make a promise of commitment, which has to be renewed annually on December 8th. All members of SOdC have the same rights and duties set forth in the organization’s statutes. They commit to chastity, poverty — the members do not earn a salary, but they can ask the community for money if they need to buy anything, from an item of clothing to a computer or plane tickets —, obedience and prayer.

SOdC members pledge their life to the service of the Holy Virgin Mary and God, vow to cultivate their spirituality in their minds, hearts and actions. The statutes of the SOdC include: the organization’s history, a note on spirituality, the rules divided into 17 articles, the community's hierarchy, its operations and the three decrees promulgated by the Holy See. I only intended to provide the most essential information about the statutes in order to explain the mission of this religious organization at Trompone.

There are several communities of the SOdC, in Italy and abroad[24]. Since 2004 their organization has been headquartered in Rome. Among these community houses, only some have a medical center or a nursing home like Trompone. These are: Casa Cuore Immacolata di Maria, Casa Mon. Luigi Novarese, Casa Salus Infirmorum, the Centro Socio riabilitativo Casa Nostra Signora di Fatima and the Centro di Betlemme.

Figure 5. Inside Virgo Potens, an image of Mons. Luigi Novarese on the wall. At the end of the corridor there is an entrance to the park. Photo by the author.

The SOdC are religious companions who share in the burden of other people's sufferings throughout the course of their life. They work to promote human, social and religious development of the infirm, through religious programs, leisure events and educational and vocational training courses. These are their main tasks: promoting interest about sick people and their care, delivering spiritual training —retreats and seminars on spirituality held within the community house or in

[24] Their community houses across Italy include Rocca Priora RM: la Casa di Formazione (formation house) "Regina Decor Carmeli", Casa Cuore Immacolata di Maria in RE in the province of Verbania established in Piedmont during the 1950s, Casa Mon. Luigi Novarese and Casa Salus Infirmorum established in 1957 in Ariano Irpino, Casa Rupis Mariae di Montichiari established in the province of Bergamo in Lombardy in 1956, Cascina Serniola in Casale Monferrato since 1990 and the Centro Socio riabilitativo Casa Nostra Signora di Fatima in Meldola, a town in the province of Forlì in Emilia-Romagna, founded in 1981. The houses abroad are: Centro Francesco e Giacinta Marto established in Fatima, Portugal in 1955, Casa Mater Misericordiae in Bethany, the second largest Palestine city in the Jerusalem Governorate, Casa Salus Infirmorum-Giovanni Paolo II established in 2003 in the Polish town of Glow, Poland, the Centro Betlemme di Mouda in Cameroon established in 2002 and the Community of Buenaventura in Colombia founded in 2005. Since the start of the Covid-19 pandemic, a lot of the activities conducted by the SOdC have stopped. In Colombia, they have stopped all operations and so far the superiors have yet to decide whether the mission will resume. Trompone. https://www.trompone.it/casa-di-cura/carta-dei-servizi/

other organizations focusing on examinations of conscience, meditating, contemplating[25]—, organizing pilgrimages and conferences, engaging in activities to foster the employment of disabled people, developing editorial content (books, radio programs, videos, articles etc.), welcoming and providing social and health assistance to elderly and sick priests, sick people or any other person in need, investing in research in the fields of socio-health care, training socio-health professionals, organizing and managing university and post-university syllabi, advocating for environmental protection, offering leisure and sport activities.

2.2 *Data and Methods*

This fieldwork at Trompone aimed at understanding the patients' perceptions about the benefits of being hospitalized in a medical center like Trompone where they are offered, on top of medical treatment, religious services provided by SOdCs. I was interested in capturing the personal point of view of the respondents about the importance of religion while facing an illness.
Moreover, I wished to study how religious beliefs of professionals working inside the complex influenced their job and their relationships with patients.

Medical treatments prescribed to patients by doctors and given by nurses at the center were standardized medical treatments. At Trompone few professionals also use CAM methods, however one speech therapist often uses yoga to treat vocal disfonias and one physiotherapist uses pressotherapy to loosen muscle contractures.

Throughout their rehabilitation stay, patients are spiritually supported and guided by members of the religious community like Doctor Pierangela, Sister Hawa, Brother Abel and others. For instance, patients can: spend time interacting with the SOdCs, attend mass, ask priests to visit them in their rooms, be confessed if they wished to, and partake in leisure activities organized by SOdCs. Those activities have stopped due to the Covid-19 pandemic but will resume as soon as the health situation allows.

[25] Spiritual exercises can be viewed as a path to remove negativity from the spirit and develop a positive attitude of consolation. Anselmo, M. (2021). *Luigi Novarese. Lo Spirito che cura il corpo*. Edizioni CVS.

Therefore, apart from taking charge of the psychophysical health of elderly patients, members of the religious community along with health and social workers pay attention to the religious beliefs and spiritual necessities of patients (Diana et al. 2022).

The data analyses proceeded following this succession: firstly the data collected in the questionnaires were gathered and counted, secondly only four of the most relevant questions among the 11 asked in the survey were chosen to be deeply analyzed and thirdly starting from those questions histograms were created and it was done the data analysis. In the tables are only reported the questions asked in the multiple-choice questionnaire. Moreover, the results and the discussion include other secondary questions ask to all the respondents.

Four questions were asked to patients and four questions to health and social workers. Three questions were the same and only the last was different, the questions are reported in the result.

This fieldwork was based on a direct investigation conducted between March and April 2022 mainly inside, but also partially outside Trompone. The data of the multiple choice questionnaires concerns only the participants of Trompone, while the narrative of interviews were gathered both inside and outside of the complex.

In Table 4. are written all the most important information about the participants: the number of people in each group and subgroups, their sex, age and religious beliefs.

Groups have been divided into four: patients (group C), health and social workers (group F), health and social workers and SOdCs in CRRF (group K), priests and health and social workers outside Trompone (group V). All groups except group V participated in multiple-choice questionnaires, in this group people only took part in face-to-face interviews. Group K was also available to do face-to-face interviews. As the number of SOdCs who participated in the multiple-choice questionnaires was not high, their answers were not analyzed through histograms, instead their narratives are discussed in this chapter and in the next chapter. Those health and social workers who were interviewed were put in the same group as SOdCs because I asked them the same questions, and if some questions were not formulated in the same way they were on the same topic.

The site where the multiple-choice questions and interviews were conducted was mainly the Centro di Recupero e Rieducazione Funzionale "Mons. Luigi Novarese" (CRRF) and Virgo Potens at Trompone.

There were two distinctions concerning the subgroups of groups C and F. The first distinction was about the sex: female (group A) and male (group B) patients, female (group L) and male (group S) health and social workers.The second distinction was about the religious beliefs: practicing

Christians (group PC), non-practicing Christians (group NPC) and non-Christians (group NC). The objective of this division was observing if women were more religious than men or vice versa.

PARTICIPANTS

Groups	Group C: patients in CRRF	Group F: Health and social workers* in CRRF and Virgo Potens	Group K: health and social workers and SOdCs in CRRF	Group V: priests and social and health workers outside Trompone
Subgroups	Subgroup A: women Subgroup B: men	Subgroup L: women Subgroup S: men	None	None
Number	32	65	17*	6
Sex	- 18 women - 14 men	- 44 women - 21 men	- 11 women - 6 men	- 1 women - 5 men
Age	100% > +50 years old	43% > +50 years old 56% < –50 years old	55% > +50 years old 45% < –50 years old	100%> +50 years old
Practicing Christian (PC)	- 14 people in subgroup A - 9 people in subgroup B - **23 in total**	- 15 people in subgroup L - 14 people in subgroup S - **29 in total**	- 5 women - 3 men - **8 in total**	- 1 women - 5 men - **6 in total**
Non-practicing Christian (NPC)	- 4 people in subgroup A - 5 people in subgroup B - **9 in total**	- 23 people in subgroup L - 4 people in subgroup S **- 27 in total**	- 7 women - 2 men - **9 in total**	0
Non-Christians	0	- 6 people in subgroup L - 3 people in subgroup S **- 9 in total**	0	0
		* It includes: doctors, nurses, OSS, physiotherapists, occupational therapists and speech therapists	* There were 3 Sisters and 1 Brother, all the other 13 respondents were health and social workers.	

Table 4. Overview of the profiles of respondents.

The first group, group C, was formed by 32 people, 18 women (group A) and 14 men (group B), all of whom were over 50 years old. They were all orthopedic inpatients of the first floor of CRRF, while patients of the second floor, and those in the old part in NAC and NSV, could not participate because of their serious health condition.

Group C was further divided into three subgroups: 14 PCs in group A and 9 PCs in group B, and 4 NPCs in group A and 5 NPCs in group B. None of the people surveyed answered they were not Christian.

The second group, group F, was formed by 65 health and social workers who worked at CRRF and Virgo Potens. There were 44 women (group L) and 21 men (group S), 43% of them were over 50 years old and 56% of them were under 50 years old. Group F, likewise group C, was further divided into three subgroups: 15 PCs, 23 NPCs and 6 NCs in group L and 14 PCs, 4 NPCs and 3 NCs in group S.

The third group, group K, consisted of 13 health and social workers and 4 SOdCs who worked at CRRF. Group K consisted of 12 women and 5 men, 55% of them were over 50 years old and 45% of them were under 50 years old. In this group there were: 5 PC women and 3 PC men, and 7 NPC women and 2 NPC men. In group K as well as in group V none of the people surveyed answered they were not Christian.

The fourth group, group V, consisted of 6 participants: 1 woman and 5 men. All of whom were over 50 years old. In this group there were: four priests, one male health and social worker and one female health and social worker and all of them were PCs.

Before starting all of the questionnaires and interviews, I briefly introduced myself and explained the purpose of the research and oral informed consent was obtained from all participants.

Safety measures put in place during the Covid-19 pandemic[26], such as wearing a face mask, keeping distance, staggered visits, are still enforced inside the center as a precaution. Thus, to avoid the risk of contagion and protect fragile patients, as all of them were elder and some of them suffered from multiple pathologies, I chose to use anonymous multiple-choice questionnaires for patients instead of doing face-face interviews.

For visitors and clients, it is still not possible at the moment to freely access the structure without an appointment for visiting their beloved or taking a medical examination. However, during the fieldwork I got a special permission from the Director Cavallino to freely access the health facilities to meet patients and health and social workers, and also on one Sunday to listen to mass with patients and take some photos.

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[26] In Italy, the first Covid-19 wave lasted from April 5th, 2020 to July 31st, 2020, the second wave from November 3rd, 2020 to May 31st, 2021, and the third wave from January 5th, 2022 to March 31st, 2022. The Piedmont Region and the Azienda Sanitaria Locale (ASL), literally Local Health Authority, temporary permission from Trompone management to convert the orthopedic ward. Trompone admitted patients with mild to moderate cases of Covid-19. During the first wave, all checkup visits were suspended, while during the second and third waves, the entire orthopedic ward on the first floor was converted into a Covid-19 ward, and patients were still allowed to come for checkups.

It was possible to conduct this investigation in person inside the CRRF. I met the majority of patients participating in the research in the two dining rooms on the first floor and outside the Trompone entrance where there is a small garden with benches. For CRRF professionals, appointments were made for the questionnaires and face-to-face interviews. However, professionals working inside Virgo Potens were not available for interviews because there were some Covid-19 positive cases among patients at the time. As a result, it was impossible for me to enter the wards, and data for the questionnaires was collected outside their working hours. The typology of investigation used for the questionnaires with group C and group F was Paper and Pencil (PAPI).

In total, 23 face-to-face interviews were conducted with 17 participants from the CRRF and six participants from outside of Trompone who live in the same province and know the complex well. Participants group V were very religious and they had fascinating stories to tell, in particular the three priests who were missionaries Don Paolo, Don Luigi and Don Leonardo. The two health and social workers I interviewed were Doctor Danilo and Ms. Marina, a retired nurse. Doctor Danilo shared with me his professional experience both in biomedicine and in CAM.

The interview lasted between twenty minutes and half an hour. I used Computer-Assisted Personal Interviews (CAPI) to keep track of the interviews, and analyze efficiently their contents through a dedicated keyword list.

3. *Results*

The three same questions asked to group C and group F in the multiple-choice questionnaires were: 1. How important is religion in your life?; 2. Do you believe that religion could help in the healing process while recovering from a mental/physical illness?; 3. In which ways could religion help in the healing process while recovering from a mental/physical illness?

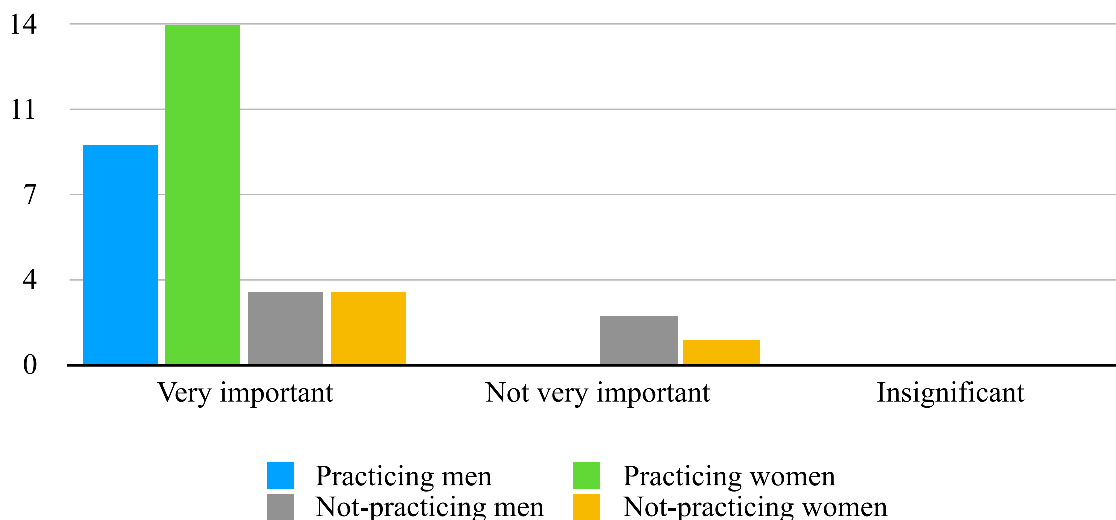
The fourth questions asked to group C and group F were different. The fourth question asked to patients was: 4. In your opinion, is a doctor or a nurse who is very religious better equipped to develop a more found and trusting relationship with a patient? And to health and social workers: how much influence does your religion have on your job?

Moreover, another question was asked to group C: do you attend religious services here at Trompone?

The first question was fundamental to analyze how important religion was in their lives, because it determined the answers to the following questions.

In group A, 78% of participants answered that religion was very important to them, while only 64% of group B gave the same answer. Only a minority of NPCs reported that religion was not very important to them.

Table 5, question 1: How important is religion in your life?



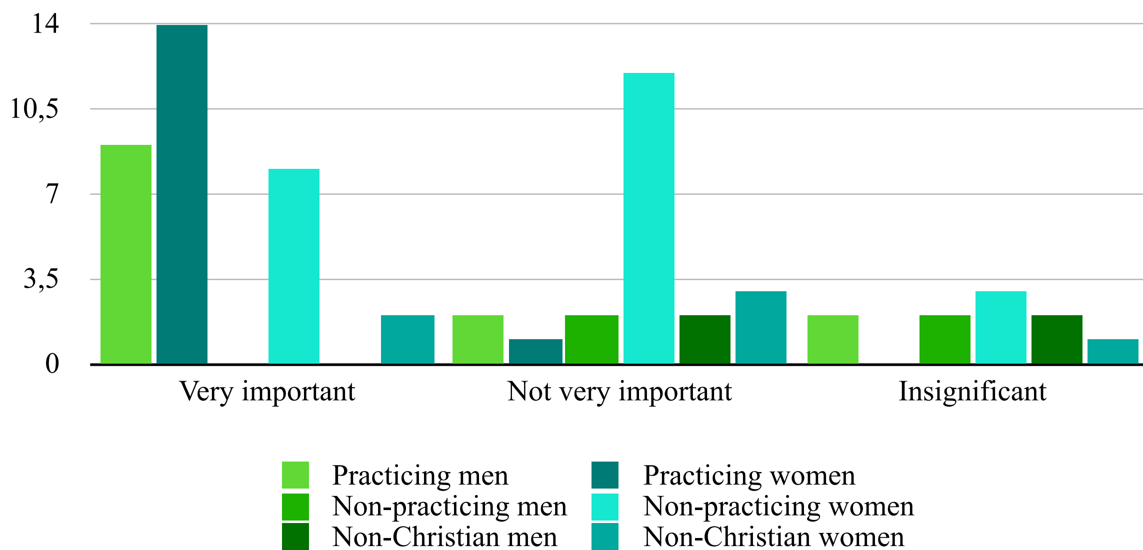
For the majority of participants of both groups A and B, religion was viewed as a very important element which had an influence on their lifestyle. As patients are aware that Trompone is a special center where both medical treatments and religious services are offered, the next question was related to how patients perceive healthcare professionals.

Although 86% of group L and 77% of group S were Christians, many in group F were non practicing Christians, unlike in group C.

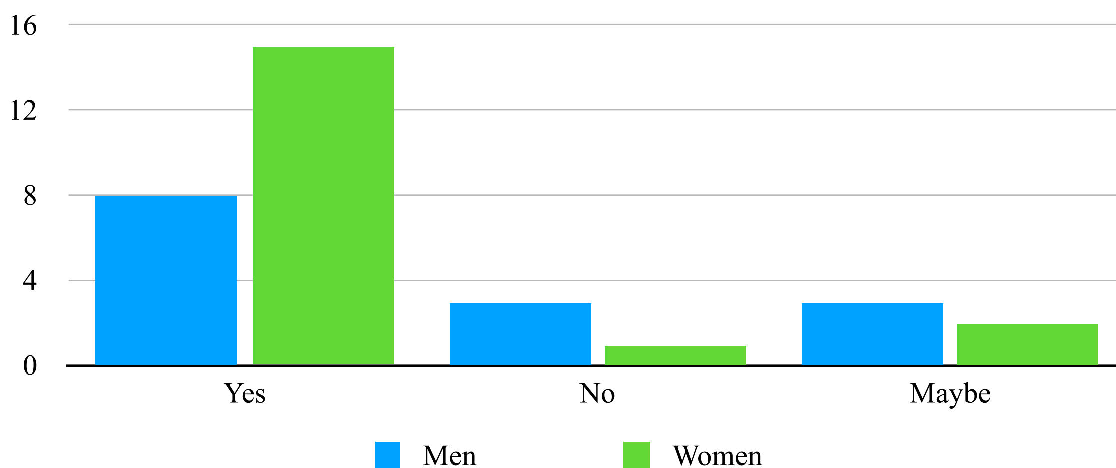
This may be because of differences in age between patients and professionals, who were younger, education levels, family upbringing, loss of traditions or life experiences. Scientific and technological training also certainly play a role. According to this data, group A is undoubtedly more observant and religious than group L. For group B and group S, the proportion of PCs are similar at 64% and 58%, but group S is less religious than group B, just as group L compared with group A.

Even if a lot of NPCs claimed that religion was not very important, eight of them said that religion was very important in their life. And 50% of group L said religion was very important, which shows that there variability in variability in the importance given to religion within this group. Unexpectedly, the rate of PCs in group S who considered religion very important was higher

than anticipated at 71%. More participants of group L, 36%, compared to group S, 27%, answered that religion was not very important.



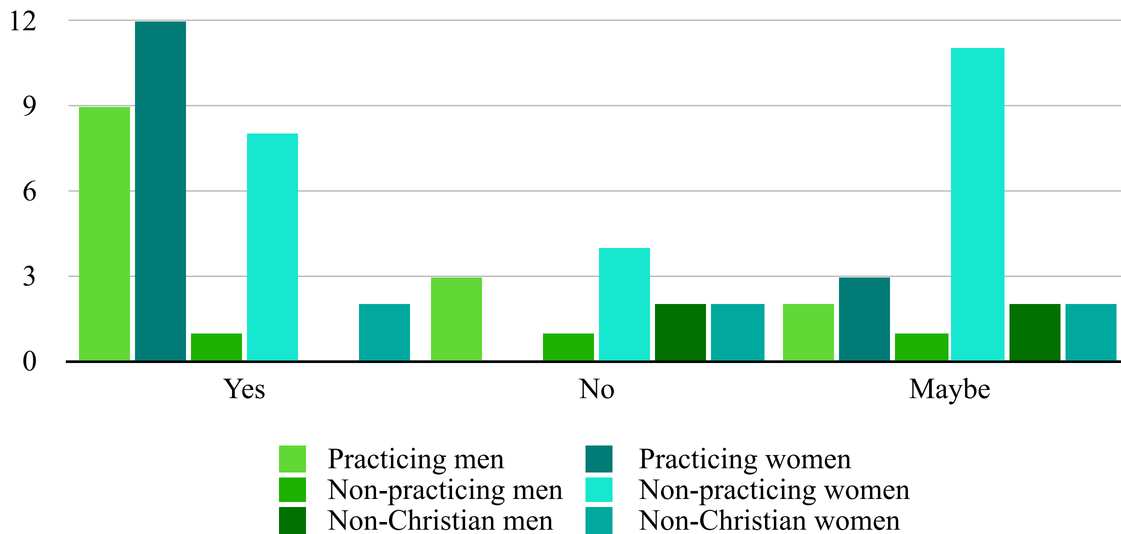
The second question was about the possibility that religion could help in the healing process while recovering from a pathology. In this instance, the term "help" is meant as providing guidance, and does not imply that religion could substitute any medical treatment.



As for the previous questions, group A had more faith than group B, where respondents were more skeptical and considered that religion had nothing to do with the recovery of patients.

The overall difference between group L and group S giving an affirmative response to this answer was minimal, 50% and 45%. However, there was a considerable difference between the

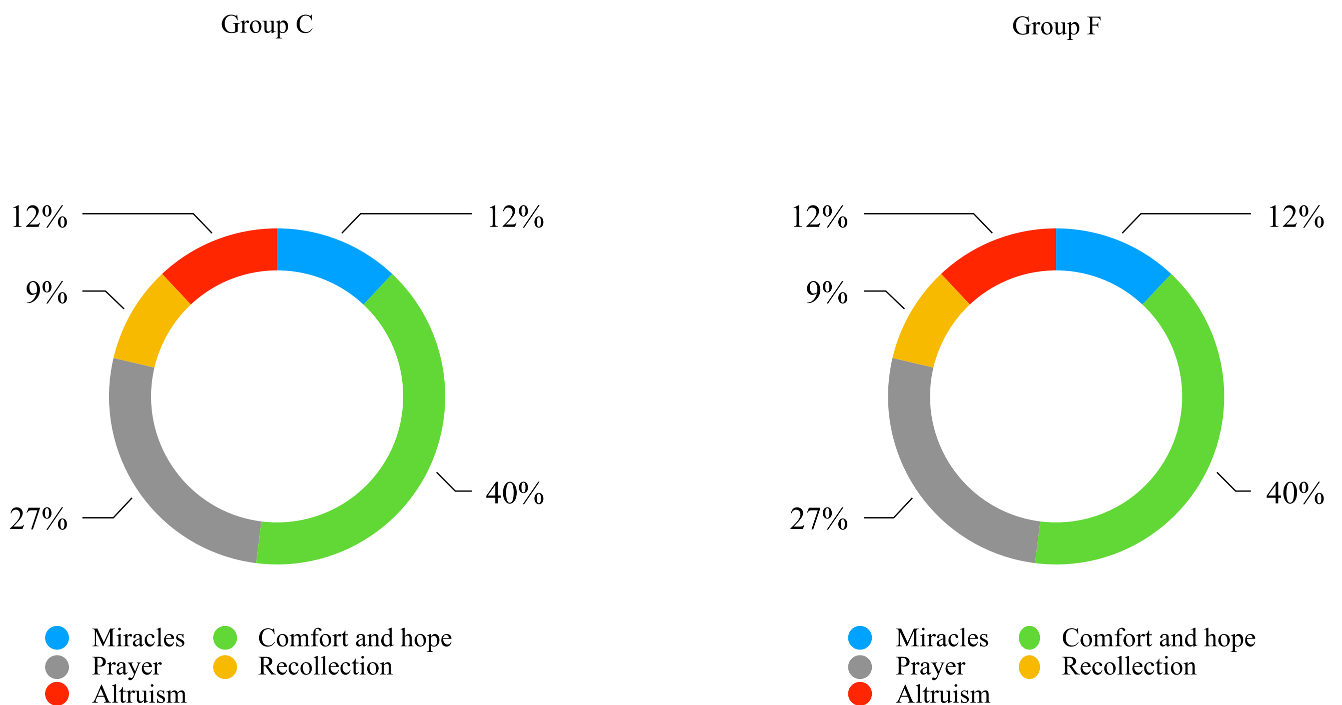
Table 8, question 2: Do you believe that religion could help in the healing process while recovering from a mental/physical illness?



number of PCs and NPCs. In group L, once again, eight NPCs attached great importance to religion, while in group S only one NPCs answered yes. While the other half of respondents in group L and S were uncertain or did not view Christianity as relevant for medical treatments. Finally, group C was more convinced than group L, and the same is true of group B over group S.

The third question asked to both group C and group F was to investigate the possible ways in which their faith supported them in the healing process while recovering from a physical dysfunction or a mental disorder.

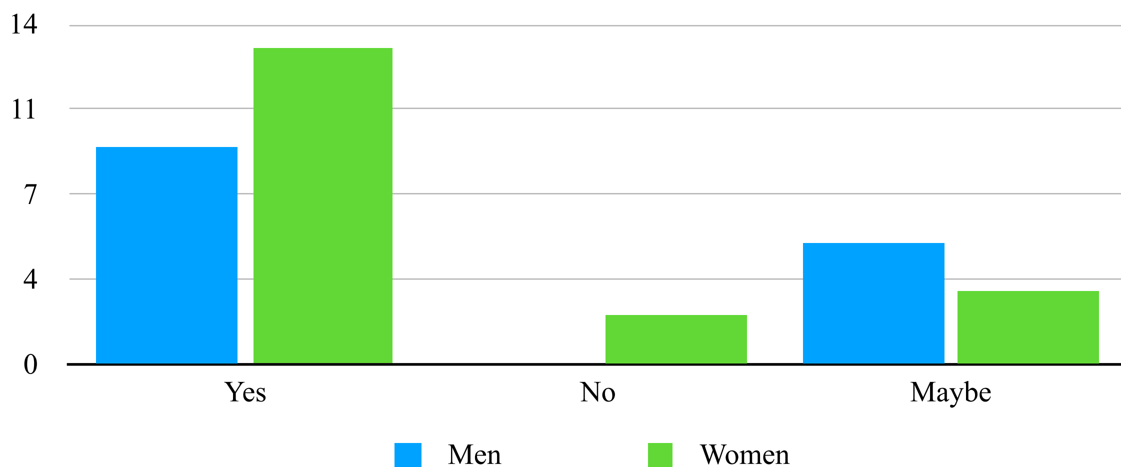
Table 9, question 3: In which ways could religion help in the healing process while recovering from a mental/physical illness?



The answer between group C and group F was almost the same, they both thought that faith could help in giving comfort and hope. The possible reason why prayer might have been chosen by the majority of participants in both groups are presented in the discussion.

The question asked to group C about the relationship between religious health and social workers and patients aimed at understanding the importance that elderly people can attribute to the human aspect of healing, which they still considered more a mission than an ordinary job.

Table 10, question 4: In your opinion, is a doctor or a nurse who is very religious better equipped to develop a more profound and trusting relationship with a patient?



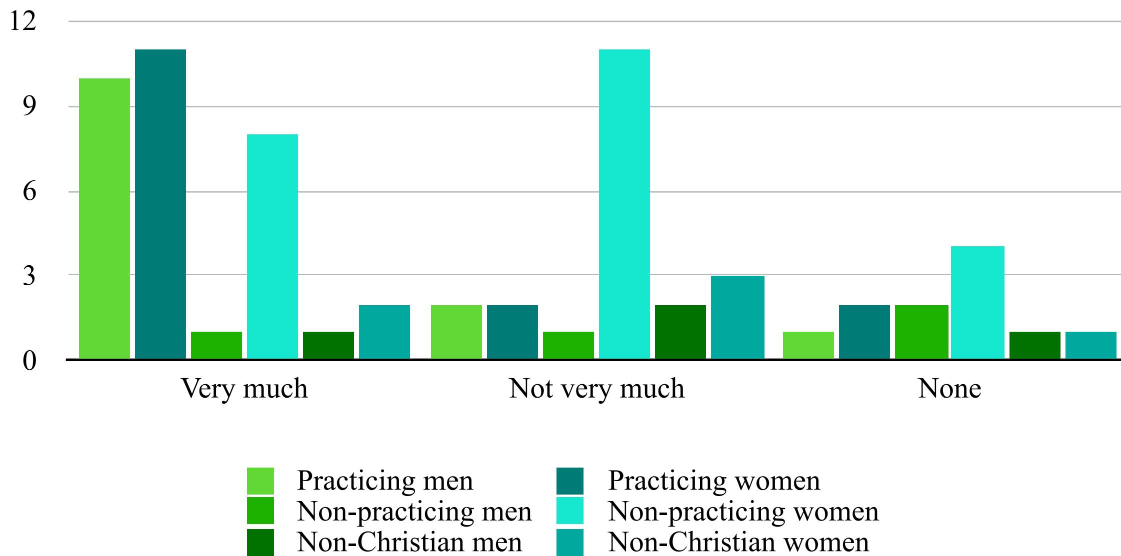
Men were generally more skeptical than women about the possible differences between religious professionals and non-religious professionals in terms of the quality of relationship that might develop between them. Indeed, only 64% of group B were of that opinion, while 72% of group A was more certain that the staff's religious beliefs could also contribute to the way they performed their job. However, in both groups, some respondents were unsure whether it could have an impact.

The fourth question asked to group F was aimed in order to analyze the impact that religious beliefs have on their job.

In groups L and S, there was almost the same number of PCs who thought religion had very much influence on their job. What's more, as with the former histogram, 8 NPCs thought religion had an influence on their job, but most NPCs thought it did not have much influence.

Finally, 51% of groups L and S regarded Christian religion as an influential element present in their job, while 49% of them considered it irrelevant or absent.

Table 11, question 4: How much influence does your religion have on your job?



During the interviews with group K, health and social were asked which were the essential characteristics necessary for their jobs, and 90% of them answered: empathy and professionalism.

One woman's answer somehow summed up these two descriptions: " knowledge, hard skills and soft skills". Having solid theoretical training and preparation is the foundation, but it needs to be put in practice, and last but not least politeness, kindness, attention and respect should always be present in the relationship between patients and doctors. However, in group K, a few of respondents viewed their jobs as a mission or a calling, but it was not the majority. This point was quite subjective. What was rather objective was the civic and professional duty of providing assistance to people who need it, in case of emergency, outside their working hours. Instead for all SOdCS their spiritual assistance was like a mission inspired by vocation.

In group K, 66% of health and social workers went on a pilgrimage, but only 58% of them believed in miracles. Instead all SOdCs went on pilgrimages and believed in miracles.

One doctor claimed that he believed miracles existed, and told me about the case of his patient, Annalisa, who had multiple sclerosis and could not walk anymore. She was wheelchair-bound and after they immersed her body in the holy water in Lourdes, she was healed and started walking again. He told me doctors had no clue how that happened, but what was certain is that she was healed. All the participants of group V went on pilgrimage sites and believed in miracles.

In 1948 the World Health Organization defined health as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Cattarmole 2020).

About this topic, during the interviews with health and social workers, they were asked to say their definition of healing. The answers were quite subjective, however for 50% of them healing meant the absence of symptoms or a pathology, many also said that it was the return to a state of

good health. There were even a few who talked about acceptance of a new condition, which might improve in time but never disappear completely. Only 30% of them talked about overcoming hardships and achieving freedom from suffering.

Participants from group C were asked whether they attended religious services at Trompone. The overwhelming majority did: 89% for group A and 79% for group B. Leisure activities organized to entertain group C, such as magic shows and small concerts, have been suspended in the last two years, and religious services have also been scaled back. Before Covid, dozens of people who visited their loved ones joined them to attend mass celebrated on the first floor on Sunday morning.

Figure 6. Celebration of mass in the first floor hall. Photo by the author.

During the fieldwork, on one Sunday I went to Trompone and listened to mass. There were more than 40 patients assembled in the dining hall[27], listening to Don Mahamadou's preach about love. It was blissful coming back to the first floor and observing such active participation, like when I was volunteering at the center.

[27] Many of them are not visible in these two photos because they were along the corridor.

Figure 7. and 8. Celebration of mass in the first floor hall. Photos by the author.

4. *Discussion*

Talking with patients, health and social workers, spiritual caregivers inside and outside Trompone made me wonder about the perception of the body and its connection with the perception of illness, that despite being physical or psychological, has also a spiritual aspect linked to culture, traditions, gender, education and many other elements (Diana et al. 2022).

Christian-run hospitals are free to provide religious assistance, like those offered by SOdCS, to patients and to promote the benefits of the prayer which is the most popular therapy used among all the CAM therapies (Tabish et al. 2008). They are also free to train students and workers to speak of Jesus. Normally there is no external opposition about those teachings, the disagreement with those teachings and methods may be expressed from within the hospital, particularly from staff with different priorities or understanding of religious beliefs.

However, there exists religious movements like the international Red Cross which developed a mission of humanitarian assistance based on four core principles: humanity, impartiality, neutrality and independence. Today, the Red Cross code includes a principle which claims that aid won't be used for political or religious reasons. Even if political propaganda and religious evangelization

may not be the direct objectives of those missions, it is unlikely that missionaries won't also provide spiritual guidance to people (Cattermole 2020).

In a medical center directed by a religious community, exactly like Trompone, generally there is an emphasis of spiritual commitment and involvement required from employees. Some directors might require all doctors or teachers to be Christian, others may not allow non-Christian staff to work in the clinic or school. However, while conducting the fieldwork at Trompone the Direction was not strictly concerned about the religious commitment of professionals, instead Doctor Cavallino was exigent about the quality of the health care that the staff should provide to patients.

Professionals were not required to take care of spiritual assistance, unless the health and social professionals were SOdCs which apart from Doctor Pierangela and Sister Hawa was rare.

Some health and social workers of group K viewed a division between their religious beliefs and their job. This aspect is relevant, because instead in TM middle aged and elderly *amchi* still viewed their religious faith as a necessary element to treat the patient's imbalances or illnesses (Czaja 2015). However, the new generations doctors do not consider spiritual faith as a necessary ingredient to provide efficient TM healthcares.

However, in TM the relationship between health care workers, particularly doctors, and patients is generally considered having a crucial importance (Gyatso & Kilty 2016). As well as the relationships with lamas can play a role in the recovery process.

At Trompone the responsibility of offering spiritual assistance is delegated to priests and SOdCs, the majority of them are non-health and social workers, instead some SOdCs like Abel work at the front desk in the entrance.

From the multiple-choice questionnaire it emerged that many patients seek for hope and solace in religion. However, the number who used prayer as a CAM was rather low and no evident reasons were found to explain it. My hypothesis is that the outcome derives from the fact that the majority of patients and professionals did not consider prayer as a regular activity. However, one paradoxical aspect was that during the interviews the majority of group K claimed that prayer could help in the healing process. The other controversial aspect was that almost all of the patients hospitalized at Trompone claimed to attend religious services. One explanation could be that community activities like those offered by SOdCs and priests are more attractive than individual prayer. During the interview with Don Luigi, he told me that going on pilgrimage sites gives people a particular energy and sensation, because despite the reasons behind that choice, everyone goes there for the same purpose: praying. They may pray for themselves or for others, thinking about those sites he said

imagine it is like a full stadium praying, it is indeed a powerful vision. Maybe this is one possible reason explaining why patients prefer participating in mass rather than individual praying.

Therefore, during the interviews with group K, I asked them if being in good health was only a physical condition or was also a mental and spiritual condition. All of them said it was a psychophysical condition, because the mind and the body can not be separated. Doctor Fabrizio said even from a biological and biochemical point of view it was impossible. He made an example about stress: when someone is anxious and stressed, cortisol is released from the adrenal glands and this can cause migraine and headache. There is a deep connection between the body and the mind. Some of the CPs and NPCs also added that being in good health also included a spiritual dimension, as well as a good psychophysical condition. In the interviews with group K, it was asked their opinions about the harmonious perception of the body in union with the mind and the spirit in other medicines like TM, TCH and Ayurvedic. Part of them was familiar with those CAM, while other participants were more familiar with homeopathy. The majority of them affirmed that if other medical treatments not used in biomedicine were beneficial for patients in accepting and facing an illness, there would be nothing wrong with trying them. However, some people added that those TAM should not substitute biomedical drugs for serious pathological conditions.

Face-to-face interviews with social and health professionals at Trompone revealed that only a minority of them believed that Western medicine could heal every illness, whereas the majority of them thought that even though Western medicine has made incredible progress in the last century, a lot of rare and chronic diseases still cannot be cured with Western treatments or other medical treatments, like Sowa Rigpa. One of the respondents said jokingly that if they could be cured, hospitals would be empty.

While discussing with group K, I asked them if they noticed any difference between religious and non-religious patients in accepting illness and going through the process of recovering, and also if they thought that there were some differences between religious and non-religious health and care professionals. Respondents told me they could only tell me their perceptions, because it was very subjective. Generally group K thought that religious patients may accept and face the illness with more hope and serenity. The majority of health and social workers told me they did not notice any relevant differences among their religious and non-religious colleagues. This opinion was also shared with SOdCs which thought it was very subjective the relationship between patients and medical professionals.

Moreover it was asked to the four priests and SOdCs, if they believed that faith has to do only with a spiritual dimension or it is present in other aspects of life, all of them answered that faith also

influences other aspects like relationships, interests, job and health. In order to understand if Christian clerics as well as Buddhist lamas shared a similar opinion about the causes that may trigger pathological conditions, which for them are linked to bad Karma (Czaja 2015, Craig 2012), it was asked to spiritual caregivers which may be the causes of illnesses, all of them pointed out the "weakness" and the limits of the body. Don Paolo told me that illnesses are hereditary and that they are dysfunctions. Moreover they told me that there are environmental and psychological factors which may provoke diseases.

However, they also spoke about certain kinds of psychological disorders which are triggered by the Devil. Among the four priests Don Angelo was the only exorcist. When I interviewed him, he welcomed me in a very small room where he is used to performing exorcisms. In the room, there was a slow bed and two benches along the wall where people could lay down and sit. The room was decorated with many holy images and a big crucifix. He told me that different people have visited him for consultation: women and men, young and elder people, religious and even non-practicing people.

He told me that there are differences between being disturbed and being possessed. When I asked him about how he recognizes those differences, he said he asked people to utter together with him some Latin formulas already used by Pope Leo XIII 1810-1903 — he told me, he was himself an exorcist—. If the person answers in Latin, without knowing it or starts speaking with altered tones of the voice or even vomits, the devil may be in possession of his body. I decided to quote a part of this particular interview, just to offer a perspective of how another kind of spirality continues to live, even if mainly underground, also in Italy. The differences and similarities of exorcism performed by priests and lams is not a topic developed in this research, however in the future some investigations about the practice of performing exorcism to "heal" the body and the spirit in the two cultures may be conducted.

During the interview with health and social professionals working at Trompone and also with Dr Danilo and Ms. Martina, I asked them to define biomedicine and to approximately date its validation as mainstream medicine across the globe. All of the participants, except three who could not provide a definition, told me that biomedicine is a Western method of treating illnesses and its spreading occurred after the second World War. Almost everyone mentioned some of the most useful and famous discoveries attributable to biomedicine vaccines and antibiotics. This narrative confirmed what is reported also by the scientific literature (Löwy 2011).

Doctor Danilo told me that in his opinion spirituality can undoubtedly help in the recovery, but it does not have the same efficiency as drugs. He also added that the roots of medicine are not only in

science and technology, and go back to traditional medicinal practices. They can be found in theology and philosophy —an opinion shared by the majority of group K and all the members of group V—. However, he insisted citing a scientific study (Sloan, Ramakrishnan 2006) that now Western medicine is based on experimental methods, scientific knowledge and technologies.

Moreover, Dr Danilo told me that Western medicine is efficient for treating the majority of pathologies, and even though he recognized the value of alternative medicines, he did not believe they could be as efficient as Western medicines for treating some serious pathologies like cancer. He added that Western medicine has been studied and practiced across the globe precisely because of its effectiveness. After our stimulating conversation, I started wondering about the possible origin of this dichotomic vision between a strong trust in biomedicine —which is often viewed by Western physicians as always the most efficient medicine to cure the majority of pathologies— and an attitude of mistrust towards other medicines like Sowa Rigpa —which are thought be less efficient —. Thus according to Dr Danilo and other four doctors I interviewed at Trompone, such medical practices could possibly be used as secondary treatments after surgery or a treatment cycle to help the patient recover, but they do not recommend turning to them as a first choice to treat severe pathologies. I suggest that instead of talking about primary and secondary treatments, which implies that one is better or more efficient than the other, we should rather focus on how biomedicine and Sowa Rigpa can both be used together to treat pathologies, providing benefits to patients. This holistic approach of combining Western practices and local medical practices is already in use in Arura Group in TAR and in Mentsikhang, as presented in the second subpart of chapter one.

It is reductive to consider Christianity the only legitimate religion to achieve "salvation" or "freedom" from pain — to be healed from our human condition, a concept that is further explored thereafter—. Much the same way, it is reductive to view other medical theories and practices as a secondary option, just in case Western treatments do not work.

Dr Danilo told me in a worried tone that over the last decade, there has been an "alarming" wave of people choosing alternative treatments instead of standard Western treatments. Why should alternative treatments be so "alarming"? And why are those medical practices defined as alternatives?

On page 20 of the Italian constitution the Article 32 reads:

"The Republic protects health as a fundamental right of the individual and in the interest of the community, and guarantees free medical care to the indigent. Nobody can be obliged to a specific

health treatment except by law. The law cannot under any circumstances violate the limits imposed by respect for the human person."[28]

At any rate, although the Italian national healthcare system is particularly good, because it guarantees a lot of free medical treatments to its citizens and all the other people on its territory, it does not guarantee people the right to choose how to be cured.

If a person is sick and decides to go to the hospital, they would receive standard Western medical treatments. Usually, medical staff in hospitals do not take care how people wish to be cured, thus patients are not completely free in their choices. In reality, they are free to choose whether to be treated or not, rather than the course of treatment offered to them.

However, before the arrival of antibiotics and vaccines, Western people, as well as Tibetans, could exclusively rely on CAM which may have not been 100% efficient, but they allow humankind to thrive and avoid extinction. Therefore, even if not all the CAM treatments are not yet proven with biomedical standards they have a validity which in the last centuries started to arouse some interest.

In 1872, British clergyman John Tyndall began a study on intercessory prayer (praying for others) (IP). Since the 1970s, scientific papers have been published about these topics, and the number of publications has increased in the last few years (Foraselli 2011).

In a paper published by Sloan and Ramakrishnan, the authors pointed out the difficulties of conducting studies about IP and common methodological issues found in some studies investigating the subject. They claimed that the topic could be out of the reach of science because of its metaphysical nature, the samples that were chosen —initially investigations on the effects of IP were smaller than today—, the results that are not exactly replicable, the issue of how to categorize IP without making it trivial, etc. In the conclusion of the study, they agreed that the existence of God cannot be proved or disproved by scientific methods, and they thought it was improbable that in the future any comprehensive theory about IP could be theorized, unless it is a comprehensive theory which include testable predictions and replications (Sloan & Ramakrishnan 2006, Foraselli 2011). The issue of evidence and replicability was also underscored by Dr Danilo during our meeting. He repeated several times that alternative medicines such as Sowa Rigpa, Ayurvedic and TCM were scientifically proven and recognized to have solid scientific merits. Therefore, there are

[28] Italiana, R., Martinelli, G. (2022). Costituzione della Repubblica Italiana: Edizione 2022 Aggiornata Legge Cost. n. 1 del 2022, 1 Febbraio 2022 - annotata (Italian Edition), p. 20. Independently published.

no alternative or non alternative medicines, but there are proven or not proven medicines (Tabish et al 2008). The main problem according to his forty years of experience —Dr Danilo also works as a teacher in an Ayurvedic center in Lombardy— is about the will to make those scientific studies using "serious methods". This specific phrase is a reference to the Western scientific methodology. But, what does serious mean? Homogeneous? Better? And can Western methods be defined as "serious" because they are historically based on the replication of experiments?

Such a statement does not take into consideration all the differences between biomedicine and Tibetan medicine, one of them is the translation and categorization of pathologies.

Another study available in the Journal of the American Medical Association (JAMA) made note that despite IP being an ordinary response to disease since the dawn of time, it has received little scientific attention. The authors of the study investigated cardiovascular patients who recovered without visible complications. Even though they said that no mechanistic explanation proved the benefits of IP, it was not the point because IP is not about mechanics, but they framed their research as the exploration of a phenomenon that was beneficial to reduce stress and cardiac morbidity. In conclusion, researchers working at the Mid America Heart Institute using Coronary Care Unit scoring system discovered that supplementary, remote, blinded, intercessory prayer produced a measurable improvement in the medical outcomes of critically ill patients. For this reason, they claimed that prayer may be an effective adjunct for standard medical care (Harris et al. 2000).

After having investigated the influence of Buddhism in Sowa Rigpa, in chapter one, and having researched Christian religious support in biomedicine, I wondered about Christian and Buddhists mindfulness. Are there any common points between prayer and meditation? Today people confuse the practice of meditation or prayer with mindfulness. Meditation and prayer can indeed be used to train mindfulness, but those practices belong to ancient religious traditions, while the word mindfulness can be translated as "awareness". Even if there is not a single definition of mindfulness, in fact there are many; in his chapter *Buddhism, Happiness and the Science of Meditation*, Edelglass affirmed that mindfulness could be viewed as an enduring trait which is to say a cognitive and an emotional disposition. Mindfulness is beneficial to bringing back the body, the mind and the spirit to a state of serenity by accepting the present moment with all of its thoughts, feelings and external factors without adding any form of judgment. Numerous psychologists claim that approximately half of our happiness is determined by genetics, less than half by intentional activities and only a minority by external circumstances and (Edelglass 2017). In his chapter, Edelglass does not specifically address those intentional activities, but he makes references to the lifestyle and also to the benefits of religious practice such as meditation.

Christian and Buddhist mindfulness are not the same because of cultural, traditional, religious monotheistic and non-theistic elements which characterized both Christian and Buddhist meditation (Timbers & Hollenberger 2022). However, both of them can bring good psychophysical benefits to their practitioners, including: pain management, (Jacob 2016), an increment of cognitive well-being and flexibility (Edelglass 2017, Newberg et al. 2014), and decrement in depression, anxiety, and psychological disorders (Chen et al. 2015, Edelglass 2017). In Christian mindfulness, prayer is used to improve the relationship with God, whereas in Buddhist practice, mediation is mainly focused on non-judgmental awareness (Timbers & Hollenberger 2022). The scientific literature states that mindfulness can play a role in regulating emotions once they have been activated, instead of refusing to feel and accept emotions (Linardon et al. 2017). Moreover, mindfulness contributes to developing gratitude (Edelglass 2017, Trammel 2018).

In his book *Ventuno giorni per rinascere: il percorso che ringiovanisce corpo e mente*, Franco Berrino (b. 1944), and the other authors discuss the function of meditation and yoga in activating telomerase[29]. Longer telomeres are associated with longevity, whereas shorter telomeres are associated with early death of the cell. According to his view, meditation and prayer can help to increase the sense of happiness, satisfaction and fulfillment and reduce the breathing rhythm and stimulate the vagus nerve, which controls the autonomic nervous system and diminishes inflammation (2019). Berrino affirmed in one interview[30] the success of modern medicine is owed to the formula: "get sick and do not die"; the majority of old people take drugs to manage their diabetes, triglyceride levels, blood pressure, cardiac arrhythmias and other pathologies. He states that this is a fantastic business model for pharmaceutical companies that produce drugs that work to chronicize certain diseases, keeping people alive longer but making them dependent on expensive treatments. He suggested people to dedicate more time and energy living in consciousness, like claimed by the monk Thich Nhat Hanh (2010) which Berrino mentioned during his interview, adopting healthy habits — eating a balanced diet, sleeping at least 7-8 hours, exercizing for 30 minutes everyday and cultivating their spirituality —, it would be an excellent way to prevent numerous deadly illnesses. However, regardless of the prevention, which remains crucial to be in good health, every year millions of people get seriously sick and require medical treatment to be healed.

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[29] Telomeres (from the Greek *telos* "end ", and meros "part", literally the ending part) are the terminal regions of chromosomes. Telomeres are made of repeated DNA sequences, which protect the chromosome from deterioration and help reduce the occurrence of mutations (Berrino et al. 2019).

[30] Cambia, I. C. (2016, May 16). *Berrino e l'importanza della psiche e della meditazione [4 di 4]* [Video]. YouTube. https://www.youtube.com/watch?v=r9RHEVp3Lp8&feature=youtu.be [April 14, 2022].

As traced in chapter one, Sowa Rigpa medical practices have been deeply influenced by Buddhist monks who were also doctors, therefore meditation, as well as visualizations and mantras can be viewed as an essential part of Sowa Rigpa expertise (Czaja 2015). Both patients and *amchi* meditate on a special deity in front of a small altar with a *thangka* portraying the tantric deity Hayagriva which has an important role for visualizations and healing purposes. While performing propitious rituals for healing, monks play music using drums and cymbals, and offer sacrificial cakes known as *torma, gtor ma* (Czaja 2015).

In TM, meditation visualizations are usually united with mantra recitation. However, visualizations per se is not a necessary prerequisite to recite mantras. Mantras are often employed to transform medicinal ingredients and to enforce their efficacy. However, mantras can be recited apart or be combined with other healing practices. A fourfold therapeutic process includes: 1. "taking refuge," 2. creating *bodhicitta*, 3. visualizing the tantric deity Hayagriva[31], and 4. repeating a mantra. During the practice the *amchi* visualizes himself as the divinity Hayagriva and meanwhile he utters a special mantra fifty or one hundred times. His visualization also involves natural elements, in fact he visualizes the pathology as snow or butter and the mantra as a fire or a sun, if he spits during the visualization all the illness will melt like snow and exit the body via the anus. What's more, meditation and recitation of mantras can differ depending on the doctor, however these practices need to be performed to ensure the efficacy of precious pills (Czaja 2015).

Apart from continuing to use meditation in TM, there is also interest to expand its practice to non-religious people who could enjoy mindfulness. Professor Sara Lazer and her colleagues of General Hospital of Massachusetts in Boston used electric resources to compare the increasing thickness of the cerebral cortex studying two groups: non-meditating group and experienced-meditating group. They have concluded that the increasing thickness of the cerebral cortex is not due to new neurons, but to the blood vessels appearing larger and increasing cerebral connections. In 2012, she published a scientific article entitled *Effects of mindful-attention and compassion meditation training on amygdala response to emotional stimuli in an ordinary, non-meditative state*. Her research proved that the regular practice of meditation has the power to alter the functions of the amygdala, that is the center of deep emotions. Another scientific paper, *Mindfulness practice leads to increase in regional brain gray matter density*, published in 2011 in the review Psychiatry Research: Neuroimaging, outlined the discovery of the increase of gray matters (essentially

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[31] A horse-headed figure who first appears in the Mahabharata and the Puranas. He is assimilated to the eighteenth avatar of Vishnu himself. HayagrÄ«va. (n.d.). Oxford Reference. https://www.oxfordreference.com/view/10.1093/oi/authority.20110803095925433

neurons) in the left hippocampus, which is involved in memory processes and self-awareness (Desbordes 2012).

The key point is that unlike medical care, meditation and prayer can be practiced by people of any age, education and cultural background (Timbers & Hollenberger 2022). If one person does not have any religious belief, but still wants to try CAM like meditation and prayer, he could possibly experiment with a different perspective: the equilibrium between the body, the mind and the spirit.

In TM the pathological condition can be caused by environmental factors and by negative deeds committed in the past lives. However, the perception of the body, the mind and the spirit is viewed in TM as sort of "pureness" or "impurity", this concept also concerns ingredients used to manufacture drugs (Czaja 2015, Gerke 2021, Saxer 2013).

This kind of "internal" contamination is also influenced by modern lifestyle which puts aside spirituality, viewing it as old-fashioned, useless or a simple curiosity. By internal contamination, I mean a strong disequilibrium brought on by external factors which may trigger internal poisonous processes or a disease. In both Western and Eastern societies, most people live fast-paced lives, they invest money, time, energy in chasing their materialistic wishes and objectives —money, fancy clothes, big houses, etc.— and in the end once they have obtained them, they do not know why they feel unfulfilled (Chancellor & Lyubomirsky 2011). Religions may offer an accessible and popular way to consume goods, socialize and savor experiences in a mindful manner.

Recently, scholars created the expression "ecological mindfulness" to propose a new approach of encouraging social and environmental sustainability (Brown & Kasser 2005). Along with the social and environmental engagement of modern Christian and Buddhist, both religious people could promote the benefits of Buddhist and also Christian mindfulness, extending it also to non-religious people.

The French otolaryngologist Alfread Tomatis (1920-2001) proved with his studies, which lasted more than 25 years, that listening to Mozart (in particularly the violin concertos) and Gregorian Chant equally to consolidate the renewal of energy, exactly like reading aloud for 30 minutes a day. He explained that through sounds, the functions of the ear are stimulated to activate the cortex that responds animating the body and the spirit (Tomatis 1992). Using this research Dr Tomatis succeeded in restoring brain activity through specific frequency of music, his study showed that the monotony Gregorian chant incredibly empowered the mind. He used Gregorian chant together with Mozart's concerts to treat autistic and dyslexic children to facilitate reading and writing. Today his methods are used in centers, schools, and organizations across the world (Tomatis 1992). What's more, this doctor truly believed that music could help to develop spirituality and improve the mood.

There is a study by Trammel (2018) showing reduction of the perception of stress, using MP3 audio recordings of Christian-based mindfulness practices that are based on elements of centering prayer, especially Lectio Divina (a contemplative approach to reading scripture), and guided imagery focusing on sacred images (Trammel 2018).

This enforce the comparison between singing and praying drawn by Don Paolo: a song is like a double prayer, one for God and one for ourselves. Studies prove that Christian mindfulness can provide both positive effects. At Trompone, SOdCs animate the celebration of mass singing and one Sister plays the guitar. Before Covid-19 pandemic Sister Lilly used to organize events and small concerts for patients. Music can offer a moment of joy and sharing among people, and has valid effects for therapy.

Today meditation is practiced in workplaces, in jails, in the US army, in hospitals, in schools and in all kinds of institutions (McMahan & Braun 2017). According to the data of the National Comorbidity Study Replication, it was estimated that between 2000 and 2003 31.9% of US adolescents aged 13-18 had an anxiety disorder, with higher figures for girls 38.% than for boys 26.1%. If children, young teenagers and teachers were given the opportunity to practice mindfulness through activities organized by the school including meditation and yoga, they would probably feel calmer and happier. As a consequence, it is likely that they would develop more self-confidence and feel more enthusiastic and involved in class, which may lead to better learning, more interest and better results.

Despite the beneficial effects of meditations and its integration in public and private institutions, in Western countries CAM —mantras, prayer, meditative visualizations, rituals and others— are regarded as “non-medical” or “religious,” whereas they an integral part of medical expertise in TM (Czaja 2015), and in some clinics like Trompone run by the SOdC community .

However, the desacralization of meditation brought this practice to a larger public, but its religious traditions and message was transformed into a fashionable practice and a thriving industry. There are countless classes available online or in gyms, institutions, clubs or other private structures. Some even offer weekend or week-long spiritual retreats in nature for hefty prices. In some cases, meditation is the excuse for an alternative holiday. This is far from the original Buddhist approach, which does not consider meditation a hobby, but an effective healing practice.

5. Conclusion

In conclusion, this study aimed to prove that Christian and Buddhist religions can both be viewed as relevant elements which bring value to biomedicine and TM, as they can help people to better accept and face an illness. There exists a huge scientific literature proving their many psychophysical and spiritual benefits (Berrino et al. 2019, Cattermole 2020, Desbordes 2012Diana et al. 2022, Edelglass 2017, Harris et al. 2000, Timbers & Hollenberger 2022, Tomatis 1992). Patients hospitalized at Trompone and health and social professionals working in the clinic, as well as SOdCs and those interviewed outside Trompone agreed that faith gives comfort and hope during illness. For Christian believers as well as for Buddhist believers, it may be useful to have religious assistance from priests and lamas while facing a pathological condition.

The challenges of today's Western doctors in not only discovering a drug that will change human life, but rather taking more care about the relational aspect which play a crucial role in all medicines, including biomedicine and TM. It may be difficult to find professionals who understand patients in their entirety. This investigation attempted to prove that the recovery process is not only physical, but psychological and spiritual (Diana 2022).

The responsibility in providing culturally informed approaches in therapy, including patients' religious beliefs is not compulsory, but it is ethical. The sensibility of the director of a clinic like Dr Cavallino at Trompone or Dr Ao Tsochen at Arura Group can be a key point in opening new encounters among different medicines, like biomedicine and CAM, as well as a place where religious services can offer benefits to patients.

At Trompone SOdCs provide religious assistance to patients trying to convey them some hope and comfort. The union between biomedicine and religion support, it is similar to the approach used in TM which combines Sowa Rigpa practices with Buddhist practices and also biomedicine.

From this investigation emerged that patients —especially female patients— still attach a lot of importance to spirituality and its benefits in the healing process, whereas female health and social workers were less religious than them. Moreover, even though the majority of male patients and health and social workers were religious, nearly half of them were skeptical about the effective benefits added by religious assistance recovering from an illness. However, there were some consistent differences between patients and health and social workers such as the importance of religion in their life and the benefits of Christianity in the recovery of an illness.

Another key point that emerged from this investigation is that the majority of the participants who took part in the face-to-face interviews recognized that CAM like TB, TCM and Ayurvedic medicine could help patients in accepting and facing an illness, however the majority of them pointed out their doubts about using CAM to treat serious pathological conditions.

Today there is a polarized vision of medicine which separates Western approach —which includes both biomedicine and also CAM like prayer— from other medicines like Sowa Rigpa —which are based on local TM and Buddhist practices—. Trompone offers healthcare treatments which are not very common in Western clinics and in my opinion this holistic perspective of taking care of the body, the mind and the soul is similar to the approach used in TM which promotes medical and religious cures.

The main issue between the dialogue of these two coexisting medicines, biomedicine and Sowa Rigpa, could be caused by a strong cultural prejudice that biomedical practitioners may have for other medicines. Sowa Rigpa does not integrate all the modern methods, practices and teachings used in biomedical clinics. However, in Arura Group in TAR and MTK in India, *amchi* and patients do not refuse biomedicine in its totality, instead they integrate some part of it together with their ancient medical practices and the Buddhists religious elements. Doctors should not only try to heal the body, instead they should take care of all the aspects which form a human being: the body, the mind and the spirit.

The Director of Trompone promotes health care treatments which do not only consider the physical dysfunctions of the patient's body, instead they also consider their soul which is also cured by spiritual caregivers.

Investigating the influence and the benefits of religion in medical practices, mirrors investigating the role that religions have in modern Western and Eastern society and culture. Observing in which directions the scientific and technological progress is moving and what is leaving backwards, like millenarian spiritual traditions which risk to be uprooted from both biomedicine and TM.

In the investigation, a personal approach was used, thus the answers of the questionnaires and the fascinating testimonies reported in the interviews are very subjective. The research was conducted based on analysis of answers from a small sample of patients and professionals, and it was quite limited given the particularities of the establishment where it was conducted.

In the future, further studies are needed to investigate these themes in other similar religious medical complexes, as well as public hospitals. Examination of a larger and more diversified sample in terms of age, nationalities, and different religious beliefs could be interesting to see how these factors may inform the findings of this research.

Chapter 3

3.1 *Religious Modern Guides*

The topics of this subchapter concern the religious relationships between humans and the environment and also the use of plants for therapeutic benefits, as well as the role that religious institutions can play in encouraging environmental awareness and promoting religious missions to contribute in providing healthcare assistance. Face-to-face interviews done with SOdCs, health and social professionals working at Trompone, Doctor Danilo and four priests Don Leonardo, Don Paolo, Don Luigi and Don Angelo deeply inspired me to write this part. Before discussing some of the interesting perspectives which emerged from the interviews, I want to give an overall overview of the actual context in which modern Christians and Buddhists live.

Even though Christianity and Buddhism do not share the same historical and cultural roots, and each of these doctrines has its own local religious beliefs (Timbers & Hollenberger 2022), according to Thich Nhat Hanh Christianity and Buddhism do share numerous universal common values such as: love, understating, and compassion. Therefore, religions have the capacity of attracting religious and non-religious people to approach those values through mindfulness practices (Cattermole 2020, Hanh 2007, Timbers et al. 2022).

It was Alessia, a health and social worker who is very interested in Buddhism, who firstly introduced me to the work of this Vietnamese monk. After our dialogue, I was interested in discovering his view about Buddhist mindfulness, environmental awareness and the points of encounter between Christianity and Buddhism.

In his book *Living Buddha Living Christ*, the monk says that those universal values make Dharma appear like an "island of refuge" for human existence to light the path of life (Hanh 2007, p. 85). Moreover, in his publication he revealed that "just as a flower is made only of non-flower elements, Buddhism is made only of non-Buddhist elements, including Christian ones, and Christianity is made of non-Christian elements, including Buddhist ones" (Hanh 2007, p. 38). Although he did not specify all the non-Buddhist elements of Buddhism, nor all of non-Christian elements of Christianity, however he pointed out that Buddhism is indeed more focused on a own internal research to awake the divine which already live inside us, while in his opinion the focal

point of Christianity is more about the relations that the faith can develop with God. His idea is also supported by the different approach that the two doctrines have with mindfulness (Timbers & Hollenberger 2022). However, before embracing the universal values promoted also by Christianity, in his text, Thich Nhat Hanh recounts his first negative impression about Christians, which he formed during the French occupation of Vietnam. At that time, in the country there was a strong Christian influence against Communists (Watson Andaya 2018), to the point that in 1963 President Diêm (1901-1963) approved a law prohibiting Vietnamese from celebrating the Buddhist national holiday. The population perceived it as a sign of French cultural and political authority, supported also by Christian missionaries (Hanh 2007, p.17, Watson Andaya 2018). Therefore, he associated Christians missionaries to political and powerful figures, and not as only clerics. During the years, in his numerous travels to the USA and Europe (including Italy and France), he met some priests who were open about having a dialogue with Buddhism doctrine, gradually he changed his view about Christian missionaries (Hanh 2007).

Christians medical mission began with European colonial expansion across the globe. However, the expression "medical missionary" was used many centuries later, starting from the 19th century (Cattermole 2020). Western governments defined their colonial regimes as a "civilizing mission," including Christianity as an important teaching to promote Western cultures, religious beliefs and languages (Taussig 2010, Watson Andaya 2018). However, using religion to justify violence and domination contradicts the values that religions promote.

During the centuries, there were also positive influences of Western missionaries in regard to medical care. For example in China, they helped to increase the numbers of nurses and doctors receiving medical training. In 1897, there were about 300 doctors who had graduated from missionary medical schools (Watson Andaya 2018). Moreover, also through medical missionaries they continue to spread the world of the Gospel and today the overall number of Protestants and Catholics in China is between 67 and 100 million people, but it is estimated to reach 247 million in 2030, this will transform China into the world's largest Christian nation[32].

One central truth of Christian evangelization is that Christian doctrine is the only way leading to salvation, whereas Buddhism does not preach such a belief about salvation, which clouds other religions' authenticity (Hanh 2007). This superiority of Christianity is echoed by other fields, such as medicine. The patient's religious beliefs, as well as behaviors, and values are shaped by

[32] Phillips, T., (2014) China on Course to Become 'World's Most Christian Nation' within 15 Years, *The Telegraph,* https://www.telegraph.co.uk/news/worldnews/asia/china/10776023/China-on-course-to-become-worlds-most-Christian-nation-within-15-years.html

numerous factors such as ethnicity, gender, language, mental ability, nationality, occupation, race, religion, sexual orientation, and socioeconomic status (Diana et al. 2022). Cassandra, a social professional, working at Trompone told me that in Piedmont there are not many other medical centers providing religious services like those offered by SOdCs in the complex. This may be because providing such spiritual services would require a particular training of the staff to better approach other religious and cultural traditions.

During the interviews with the four priests and SOdCs, I briefly discussed with them the Tibetan Buddhist vision about the body composition which was formed by natural elements. I was interested in knowing their opinions about viewing natural elements as an integral part of the human body. All of them make reference to this biblical verse "God formed the man of dust from the ground and breathed into his nostrils the breath of life, and the man became a living creature"[33] . Continuing talking about Genesis, they told me that God trusted men to look after His creation and did not order to cause any environmental damage to nature and its creatures. All of the interviews showed disapproval about the unstable exploitation of natural resources and the enslavement of other people. Moreover, while talking about the environmental and the social engagement promoted by the Church I asked SOdCs and priests if the Vatican could really inspire people to return to a simple life not so conditioned by the capitalistic system. Some of them told me that the Church not only encourages this process but is really taking part in it, but according to them religious people are not following these teachings. However, respondents did not precise in which way the Church is proving a renunciation to the current economic and political system. Only one participant said that despite Saint Francis and Pope Francis being homonyms, the first was a hermit and he really spent a life renouncing to richness, in contact with nature and needy people, whereas Pope Francis led a more comfortable life.

The four priests and SOdCs shared their ideas about the effects of natural ingredients in treating illness, the majority of them thought local medical practices could contribute to the recovery process, however they also expressed their reluctance about the possible limits that some natural remedies could have in their efficiency.

Sister Hawa comes from the Republic of Congo, she had been trained at Trompone where she works as physiotherapist. During the interview, she told me that some years ago she moved to Cameroon to work in the medical center opened by SOdCs. While working in the clinic, she not

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[33] Bible Gateway.(2011). Genesis 2:7 (NIV).https://www.biblegateway.com/passage search=Genesis%202%3A7&version=NIV

only worked as physiotherapists but also as nurse, doctor, and social worker at once. Because there was not enough medical staff taking care of the patients. Part of the personnel working at Trompone went some months to Cameroon to help to train new social and health workers.

According to Sister Hawa's view, natural ingredients can be valid to treat illnesses, for instance she told me that in her local community, in the Republic of Congo, they produced an oil using the seeds of margousier/margosier plant (*Azadirachta indica*) to treat scabies. She acknowledged that oil was indeed very good for treating that disease. However, in her opinion there are three serious problems about this kind of local treatments: the first is about the doses which are generally not precise or measured, the second concerns the effects which are likely to be slower than pharmaceutical drugs and third those ingredients can be harmful to human health.

However, she revealed to me that native people try to cope with the tools and ingredients they dispose of in that place. She saw patients having fractures and being put into plaster with the trunk of trees.

One osteopath with whom I discussed more times was Franco, told me about his three months experience in the medical center in Cameroon. He described it like another world and he claimed to have appreciated that experience. During our discussion, Franco told me that in his opinion the majority of people he visits at Trompone —apart from elderly people—do not have real physical dysfunctions, but psychological troubles which contribute to create physical tensions and constructions. Talking about himself, he described his job at Trompone not as a classical osteopath cracking patients knuckles, instead he works using massage and doing manual pressotherapy. He uses a chronometer or counts in his mind the necessary minutes to press the parts that hurt, normally around one or two minutes. Franco is indeed favorable to the inclusion of CAM together with biomedicine therapies.

When he was younger, Pietro —the responsible of the speech therapists— studied Ayurvedic medicine in Turin. He told me he uses some yoga exercises to treat vocal disfonias, which may be dysfunctional if the voice problem originated from the incorrect use voice or organic if there was a surgery or a alteration in the laryngeal organ (polyps, nodules, epidermoid cysts and granulomas). With his patients he uses yoga techniques to do breath work, relaxation and exercise sound emissions. Moreover, he told me to teach patients some mantras which help patients to gradually recover from disfonias.

Some of the social and health workers I interviewed at Trompone like Sister Hawa, Pietro, Franco, Dr Marta and Dr Fabrizio were very favorable in the integration of CAM into standard

biomedical methods and drugs. While others, like Dr Massimo said that CAM should interfere with the “scientific” research.

Although none of the people who took part in the investigation ever mention specify names such as Anthropocene[34], Capitalocene[35] or Plantationocene[36] to call the historical and perhaps also geological period that the human kind is living, everyone was aware of the environmental and social challenges of the 21st century which were mentions both by social and health workers, priests and SOdC spiritual caregivers.

Discussing with the religious and health and social participants, I told them to have recently read *Laudato si’: Enciclica sulla cura della casa comune* —it is the second encyclical by Pope Francis— some of them, especially SOdCs and the four priest knew the text and even read it. I discussed with them their vision about the environmental and social engagement promoted by the Church. All the respondents, except one participant, told me that they were not surprised that the Pope has tried to raise more awareness about environmental and social issues. However, many of them pointed out that what is really needed are less words and more actions to solve those problems. Moreover, I discussed with health and social workers how they perceived the loss of spirituality that has somehow been replaced by material goods. The majority of them replied that they thought that it was negative that people stopped taking care of their spirituality. Today there is a clear division between “us” humans and “them” non-humans. Therefore people are more interested in a material contentment instead of an inner containment.

Thich Nhat Hanh wrote many books, among all of them there are these two publications *La pace e l’ecologia secondo l’etica buddhista* and *Letters to Earth*. These two texts together with the book by Pope Francis[37] are addressed to both religious and non-religious people in order to rise environmental and social awareness.

In 1974 the general director of the World Health Organization, Halfdan T. Mahler (1923-2016), invited the Christian Medical Commission to collaborate in providing healthcare assistance, and in 1978 the World Health Organization declaration at Alma Ata brought attention to equitable,

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[34] Anthropocene is the name proposed by the Dutch Nobel Prize winner in chemistry Paul J. Crutzen (1933-2021) and the American biologist Eugene F. Stoermer (1934-2012) to refer to this new epoch (Crutzen, 2002),

[35] The American environmental historian Jason W. Moore proposed Capitalocene.

[36] In one conversation with Professor Gregg Mitman, the American scholars Anna Tsing and Donna Haraway discussed the possibility of using Plantationocene rather than the other two names (Mitman 2019).

[37] In their publications Pope Francis and Thich Nhat Hanh do go into details about scientific and human explanations of environmental problems, because it is not the purpose of the books. The objective of their divulgative publications is instead raising environmental awareness, promote universal cooperation and solidarity and encourage new simple habits to have less impact on the environment and others (Hanh 2010, Pope Francis 2015).

essential, and universal health care for everyone. There was a particular emphasis on social justice, their slogan was: “health for all by the year 2000” (Karpf 2014). Modern Christians (Cattermole 2020) and Buddhists (Samuels et al. 2017) are no longer living isolated from the world inside convents and monasteries, but they have their missions outside. For instance, Doctor Cavallino encourages SOdCS or staff working at Trompone who want to do a mission or try an enriching work experience to go visiting other SOdCS communities abroad like the one established in Cameroon.

In April, I interviewed three Christian missionaries all of them living in the Province of Vercelli. The first was Don Leonardo who moved to Brazil at the end of the 1980s, the second Don Paolo who moved to Kenya at the end of the 1960s, where he lived for more than 30 years before moving in Mozambico for another mission, and the third was Don Luigi who moved to Kenya where he stayed for ten years to help Don Paolo. Despite their missions being in two different continents, the priests experienced similar difficulties due to the poor living conditions, the precarious transports, the absence of electricity and running water and also the lack of educational and health facilities. I was touched when Don Paolo told me that once he left for his first mission, his family did not receive any news from him for four years, he said: “It was impossible to communicate there were no phones and not even the postal service”. Despite the initial cultural adaptations, the three clerics told me they were welcomed and accepted by the local communities. All of them learned the spoken native languages and became active members of the community. Their missions were not purely religious but also practical. Don Leonardo explained me his engagement in building houses and establishing the pastoral assistance to healthcare, and Don Paolo narrated me his huge efforts in setting up a small hospital and finding a doctor who was willing to work there, as well as his project of building schools in Mozambico which are still open today and welcome more than 1000 middle school and high school students.

With their engagements in providing not only spiritual assistance, but also health care assistance and other forms of assistance like educational facilities, missionaries could personificate the concept of global health which is all about crossing boundaries: only geographical boundaries, but also physical, mental, social and spiritual boundaries (Cattermole 2020).

Concerning healthcare, as the medical conditions of those places were unstable and unsafe, the three missionaries told me that in case of emergencies it happened that they had to take over the role of doctors and obstetrics. What could give them such courage to intervene? Probably the worlds of the Evangelist Luke guided them in those difficult moments “The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom

for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favor."[38]

I was impressed listening to the detailed story that the almost ninety years old Don Paolo told me about having assisted a woman who had complications after delivering. Some of the placenta was still in her womb and there was already an ongoing infection, he said he could smell the odor even before stepping in the hut. Once there, he removed the remaining placenta with his hands and after some days the woman was able to recover.

Don Leonardo also assisted some women during childbirth, but among all of his fascinating memories I was more captivated by the story of a woman who was bitten by a poisonous snake. He and other people saved her leg using a local medical plant, which he described as similar to a sage. They tore off the twig and then put the sap of the plant over the bite. He said that due to the lack of ready-made drugs, it took them several hours to pull all the poisons away from her leg and medicate her wound. Finally, they applied some aloe to cicatrice the injury and wrapped her leg with bandages. Their care spared the woman's leg from being amputated.

One interesting aspect is that those three missionaries were honestly interested in local traditions, including medical wisdom and practices, and also local religions. Don Leonardo and Don Luigi talked to me about the importance of transmitting medical traditions from one generation to another, particularly making reference to the male lineage. Moreover, they emphasized the key roles that plants played in those communities who did not have access to other drugs apart from aspirin and chloroquine. The environment was for better and for worse the only "accessible pharmacy", like for all the civilizations across the globe during millennia (Hager 2021, Minois 2016).

Don Paolo told me that in the community where he lived in Kenya, Christians and Muslims were not in conflict. He actually had a very good relationship with the local imam to the point that he was invited to the mosque to listen to the celebration and in his turn he invited the imam to church to listen to mass.

The three priests kindly shared with me some adventurous experiences that occurred during their stays. During our dialogues, they animated themselves remembering those years spent in missions, and their old faces seemed rejuvenated a bit. From the light emanated from their eyes and smiles, I could see how much those memories still brought them joy.

Sowa Rigpa missions are not only humanitarian missions like Christians missions, but there is the possibility of getting some material benefit from them. Western Buddhist organizations are

[38] Bible Gateway. (2011). Luke 4 (NIV). https://www.biblegateway.com/passage/?search=Luke%204&version=NIV

important contributors to the cost of camps, in which Tibetan doctors offer their services. Camps can be enormous, in 2017 the MTK established four medical camps for nearly 100,000 people. In traditional Buddhism, power and money are frowned upon, however today they are part of the medical industry (Craig et al. 2019).

About this point of material benefits, I asked more information to Abel who explained me that actually today Christians missionaries might be payed, it depends if they are missionaries working for community like Trompone (which does not provide a salary, but economically support them) or if the missionaries depend on the diocese, in that case they will receive a salary. Although material benefits are not the purpose of the missions, Christian missionaries also are not exclusively financed alike, apart from the Vatican economic support, missions may also be supported by organizations, municipalities and citizen's donations.

Christians (Cattermole 2020) and Buddhists (Craig et al. 2019) are both active in promoting missions to needy people, to the point of moving to live in another country or crossing the globe to provide healthcare and spiritual assistance. This is without any doubt a merit, and also an improvement compared to the first missions done by Christians. The same is for doctors who put their lives at the service of others going where there are the poorest health conditions and trying to help people to recover and heal.

However, aside from this huge mission which involves a lot of changes in terms of travel, culture, languages and life, there is another important mission that missionaries as well as male doctors should care about, and that is equality between women and men. I am not referring to equality in terms of tasks. In the case of religion, this could be more arduous to achieve and take longer. Rather, I am referring to a kind of equality that has to do with legitimacy and mutual respect for the other. Maybe in 50 years, or even less time, nuns will enjoy the same rights as priests and they can finally celebrate mass again. Just as in the next decades more women across Italy will finally have the opportunity to show their skills for holding managerial positions. Even though at the moment more women than in the past have the same rights as men — including the right to vote, the right to education, the right to refuse an arranged marriage —, women still do not enjoy the same freedom: the freedom of putting aside family pressure to choose a career instead of another, of deciding to become a doctor or to take the vow (Patou-Mathis 2021). The calling, if we do not want to call it a mission, to have the same rights and freedoms, for which generations of women have fought, needs to be echoed, picked up by the wind and taken everywhere.

3.2 *Women: the Bright Shadow in Religion and Medicine*

During the two months of investigation at Trompone, I had the opportunity to spend time observing some female health workers and SOdCs Sisters taking care of patients on the first floor of CRRF. The first proving them medical treatments and the second proving them spiritual support. The dialogues with some of these women in particular with Doctor Marta, Giovanna, Cassandra, Doctor Cavallino, Sister Amina, Sister Hawa and Sister Lilly stimulated me to investigate the parallel history of the contribution of female nuns and doctors in both Christian and Buddhist religions, as well as Western medicine and TM.

Until the 20th century, female mystics in Christianity (Frugoni 2012, Regolo 2012) and Buddhism doctrines (Allione 2000, Gyatso & Havnevik 2005) as well as female doctors, have often been overlooked in the history of Western and Tibetan medicine.There are historical and cultural factors which, except for some rare exceptions, caused women to be kept away from exercising religious authority and from working in the medical field (Allione 2000, Craig 2012, Frugoni 2021, Gerke 2021, Gyatso & Havnevik 2005, Palmerini 2020, Patou-Mathis 2021, Ruether 2014).

Firstly, this subpart presents a background about women in both religions, because religious beliefs had a major influence in limiting the role of women in past and in modern-day societies, and secondly it offers a presentation of female European doctors (Frugoni 2021, Palmerini 2020, Patou-Mathis 2021) and Tibetan *amchi* (Craig 2012, Gerke 2021, Gyatso & Havnevik 2005).

Although women were represented celebrating mass in Paleochristian art of the 3th and the 4th centuries, as exemplified by 19 frescoes found in the Roman Catacomb of Priscilla, the Church denied that women ever had such a role in Christian celebrations (Patou-Mathis 2021).

The Vatican had inherited from Greek traditions a misogynous bias toward women (Frugoni, 2012, Ruether 2014). Unlike Plato (428-348 BC) who in his dialogues *Republic* and *Laws* promoted the progressive ideas of equal education and roles for both women and men, the Greek philosopher Aristotle (384-322 BC) claimed that women only served two purposes: having children and taking care of the household. Similarly, Hippocrates showed very little consideration for women: he criticized women's bodies claiming that their brains were smaller than men's brains, that their intelligence was influenced by their menstrual cycles, and that their flesh was "soft", meaning weak. Many centuries later, St. Augustine (354-430) seeked to resolve this problem by proposing a distinction between the religious capacity of women' soul and their physical condition. Women are made in the image of God equally with men, and the soul does not have a gender (Ruether 2014).

This damaging idea was later taken up not only by clerics, but also by other doctors and philosophers like the French doctor Pierre Roussel (1742-1802), Jean-Jaques Rousseau (1712-1778), and also Darwin negatively influenced the image of women in his theory of evolution. He reduced prehistoric women to a weak body, in contrast to the virile and vigorous masculine body. He implied that evolution was not as an equal process because men contributed more hunting, fishing and gathering food than women taking care of their offspring and keeping the fire alive in the caves (Patou-Mathis 2021).

In the Bible, there is no lack of negative and sexist comments on women, such as this one associated with menstrual blood: "When a women has her regular flow of blood, the impurity of her monthly period will last seven days, and anyone who touches her will be unclean till evening." (Leviticus 15:19). In Genesis, we might also think of the telling portrayal of Eve who is not only inferior to Adam, as she was not created in God's image, but is described as the biggest sinner that ever existed. Enticing Adam into eating the forbidden fruit, she bore the burden of condemning the whole of humankind (Frugoni 2021, Ruether 2014).

A big paradox about femininity is rooted in Christianism. On the one hand, women are considered despicable, evil, superficial beings like Eve or Salome —in Mark's Gospel, it is written that Salome ordered the killing of John the Baptist, and asked be to served his head on a silver tray —, on the other, there is the Madonna who is endowed with opposite characteristics, which make her respectable, good and merciful. This duplicity is also recorded in accounts about the life of Jesus and his disciples. Luke's Gospel also features episodes where Jesus showed kindness to women: speaking to a Samaritan women even though it was contrary to common customs —the episode is represented on a mosaic frontispiece at St Mark's Basilica in Venice—, showing respect to his mother and to other women including Mary Magdalene and Lazarus' sisters Mary and Martha. Conversely, his disciple Paul took the opposite view, as illustrated by the first Letter to the Corinthians in which he ordered women to cover their head and keep silent during the celebration of mass (Frugoni 2021, Patou-Mathis 2021, Ruether 2014). Essentially, the Church divided women into three categories: virgins, brides and widows. Towards the 11th century, the Vatican imposed celibacy on its members, and from then on marriage was perceived only as a procreation act.

As with Christian texts, Tibetan Buddhist religious texts were mostly written by men and considered being born a woman a form of bad karma (Gerke 2021, Gyatso & Havnevik 2005). According to Tsultrim Allione —one of the first Tibetan nuns in the US who devoted all her life to the practice of Buddhism, and is today one of the foremost Western female educator on Buddhism —, there was and remains in Tibetan culture a deep division about women: on the one hand, women

are idealized by the spiritual tradition, and on the other they still struggle to achieve the same status as men in the Buddhist hierarchy.

As is true of many other countries, including Italy, Tibet has a strong patriarchal culture. As explained in chapter one, Tibet was influenced by the Indian Buddhist tradition. However, the image and role of women are not exactly the same in Tibetan and Indian Buddhism. While in Indian Buddhism, yogis' mothers could also teach, it was less common in Tibet. In the Indian tantric tradition, women's sexuality may have been less repressed than in Tibetan Buddhism, and it was not entirely unusual for a teacher to impart tantric teachings to their students through sexual congress in India, whereas this practice was very unusual in Tibet. Monks tended to refrain from any intimate contact with women, as well as nuns avoided contact with men (Allione 2000).

The Catholic Church also set down rules discouraging any intimacy between priests and nuns. Moreover, clerics were expected to remain forever celibate. However, the practical reality may not have been the same as that imposed by dogma. One example of this can be found in the second novella for the tenth day of the Decameron, a collection of short stories written by Giovanni Boccaccio (1313-1375), and subsequently recounted in the eponymous movie Decameron, written and directed by Pier Paolo Pasolini (1922-1975).

Allione practiced Dzogchen Buddhism (from *dzogs chen*, Great Perfection or Great Completion). It is a very old school which originated from the Nyingma tradition. In her book, *Women of Wisdom*, she claimed that the Dzogchen school had high esteem for feminine spirituality. In her text, she praises and celebrates female Buddhist practitioners. She is clearly a feminist Buddhist. In her book, she covers the story of six female Tibetan mystics: A-Yu Khadro (1839-1953), Machig Labdron (1055-1145), Nangsa Obum (11th century), Jomo Memo (1248-1283), Maching Ongjo (12th century) and Drenchen Rema (14th century). These women left their families and their duties to self-isolate —sometimes with other female practitioners— and practice the dharma, exploring a deep sense of interior awareness, peace and joy (Allione 2000). In the introduction and preface of her book, she describes the features of *dakini*, in Tibetan *mkha' 'gro ma*, i.e. female human being, goddess or demoness. Even though she idealizes these divine spirits as independent and empowered women mainly guided by great energy, in reality it is quite hard to demonstrate that *dakini* could be this self-sufficient without any kind of support (Gyatso & Havnevik 2005).

In past centuries, Tibetan monasteries and Christian convents could both be viewed as "safe havens" of sorts for women. Women who took the vows had their basic needs for drink, food and shelter met. However, in the majority of cases, taking the vows was not a free choice. Well-off families often chose the fate of their young daughters without even minimally considering their

wishes, aspirations and happiness. And whenever it was indeed the daughter's choice to take the vows, so as to avoid being forced into an arranged marriage, dying in childbirth or being reduced to a life of meaningless pleasure, the family would then often disapprove of her decision of becoming a nun and "marrying" God or Buddha instead of a wealthy older nobleman who could bring territories, properties, alliances and power to the family. As for women from poor families, they clearly had no option, their life was entirely dedicated to their family and hard field work (Power 1999).

However, not all Buddhist and Christian nuns led spiritual lives in monasteries. On the contrary, it is quite possible that many of them were actually outside monasteries living a life of pilgrimage, although no historical sources mention their numbers.

In Tibet there were "solo meditators", nuns who traveled with only a few belongings —a staff, a tent, and minimal religious paraphernalia, such as texts, a drum and a bell— and walked for miles and miles looking for the right cave where to meditate. Such religious retreats could last a few days, weeks, months or even years (Gyatso & Havnevik 2005).

In the history of Western medicine there are scarce examples of female doctors, however some of them are still remembered today, such as Trotula or Trocta De Ruggiero (name uncertain) from the 11th century. Her husband, Giovanni Plateario as well as her two sons were also doctors. Trotula was an expert of the female body, her practice was somewhat akin to a modern-day gynecologist. She worked and taught at the Scuola Medica Salernitana, which at that time was also open to some female students and teachers, the famous *mulieres salernitanae*. Subsequent historical works tended to minimize their roles in the school as nurses, or experts in make-up and cosmetics, but they probably received similar training as male doctors, thus they would have possessed medical knowledge that was on the same level and would have performed the same medical services. Trotula is credited with founding the first European gynecology school (Palmerini 2020).

Another woman who was ahead of her times was the German Benedict abbess Hildegard of Bingen (1098-1179). She devoted her life to studying theology, and writing texts about herbalism and medical practices. She defined good health as having balanced energies —which she called *subtilitates*, subtleties in English— between the soul and the body. Hildegard thought that illnesses were caused by a deep melancholy which doctors would now call depression. Marie Noelle Urech, who wrote the book *Ildegarda di Bingen. Ieri, oggi e domani*, claims that Hildegard was indeed right, and that the psychological dimension as well as the environment can play a role in triggering the appearance of a disease.

In the video entitled *Dall'antica arte medica di Hildegard von Bingen alla nuove visione in medicina*[39], the Professor Marie Noelle Urech says that the therapy suggested by the abbess was the "therapy of joy". She defined this joy as a state of equilibrium, like homeostasis, between the body and the spirit which contributes to happiness. Hildegard also claimed that fasting was helpful in taking care of the body, because it boosts the immune system. Fasting was a usual practice in Greek medicine. Hippocrates suggested fasting to his patients when they were sick. Fasting and dieting were also common in Tibetan medicine to diminish and heal patients' discomforts. This ancient and innate survival practice inherited from our ancestors has been scientifically proven as an effective remedy to improve and even heal some pathologies such as obesity, diabetes, rheumatism. The French documentary *Le jeûne, une nouvelle thérapie ?*[40], produced by Arte, looks at two clinics which practice therapeutic fasting the first in Siberia, the sanatorium of Goriachinsk, and the second in Germany, the Buchinger clinic near Lake Constance. At the end of the video, a study by the biogerontology professor Dr Valter D. Longo is presented. Longo conducted an experiment on two groups of mice that had cancer. He injected them with very poisonous substances, and found that the group that fasted for 48 hours survived, while only 30% of those that did not fast survived. Following that experiment, a group of cancer patients were asked to fast before chemotherapy at the Norris Comprehensive Cancer Center in Los Angeles. It was proven that fasting 24 hours before chemotherapy was useful in reducing side effects from the therapy.

Although women formed part of the Church and were allowed into Buddhist orders, Christian and Buddhist institutions'androcentrism limited women's access to education and did not encourage them to practice medicine. However, there was also folkloristic medical knowledge and women practiced medical activities at home, but there are not precise accounts of it. According to Tsering's research in Sowa Rigpa, it is almost impossible to retrace female medical practitioners before the premodern times, as there is limited information about the non-monastic family traditions of medical houses from the 13th to the 19th century (Gerke 2021). However, Tsering did find some historical evidence of the existence of female doctors in the past in Tibet (Gyatso & Havnevik 2005).

The first reliable sources about female Sowa Rigpa doctors have been documented since 1963, the year when equal education was offered in the Astro-Medical Institute. Nowadays however the

[39] La Cura. (2017, May 15). Marie Noelle Urech - Dall'antica arte medica di Hildegard von Bingen alla nuove visione in medicina [Video]. YouTube. https://www.youtube.com/watch?v=J6PQK5rYR2g&feature=youtu.be [May 15, 2020]

[40] Arte. (2022, February 23). Le jeûne, une nouvelle thérapie ? | ARTE [Video]. YouTube. https://www.youtube.com/watch?v=hPXQH6gOuJM&feature=youtu.be [May 25, 2022].

majority of leaders at Mentsikhang are men (Craig 2012), and only a few women really have such important positions.

Traditionally Tibetan doctors and oracles had complementary functions, and today in some modern medical institutions there are still doctors who encourage patients to visit lamas and oracles. However, some doctors consider visiting lamas irrelevant and unscientific because they believe that the power of lamas is only based on their reputation (Gyatso & Havnevik 2005).

One interesting Tibetan female figure is that of Jomo Menmo, a nun who lived 700 years ago (Allione 2000, Craig 2012, Gyatso & Havnevik 2005). It is told that she was the inventor of a formula that is still used today to help women give birth. It is known as the "birth helping pill", *kyesu rilbu* or *zhijé 11* — the number stands for the 11 ingredients used to manufacture the pill (Craig 2012). In Tibetan medical theory, this medicine can help "expel wind" *thursel lung* —one of the *Three Causal Factors*— from the body. In practice, the pill causes the uterus to contract, speeding the delivery and placental expulsion (Craig 2012, Gyatso & Havnevik 2005). The advantages of taking these pills are that they are cheap and make it easier for women to deliver at home, but it could be dangerous for women when used without supervision from a medical professional, especially if unexpected medical complications arise during delivery.

In both the West and the East, we find religious and non-religious texts —medical and philosophical texts— that use extremely negative words to describe women's bodies, especially the vulva. Reducing someone's intelligence, whether they be female or male, to their biological sex is extremely limiting and unfair.

Probably one of the most harrowing commentaries about the vulva was that written by the Indian Buddhist monk Vasubandhu who lived between the 4th and 5th centuries:

> like an excrement-hole, a cruelly foul-smelling, dark pool of ordure, the home of many thousands of families of worms, permanently oozing, constantly in need of cleansing, hot, slimy, and drenched in semen, blood, mucus, and impurities, terrifying to behold, covered by a thin, perforated skin, the great ulcer-like wound in the body, produced from the result of previous karma[41]…

Gampopa Sönam Rinchen (1079–1153) was a doctor and Buddhist monk. He also contributed to women's very bad image, describing gestation as extremely painful for the child-to-come, and viewing the foetus as a victim imprisoned in an inhospitable place, the uterus, for nine months (Garrett 2008).

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[41] Translation by Kritzer (2004) quoted in Garrett book *Religion, Medicine and the Human Embryo in Tibet* (2008, 76).

In the Christian religion, apart from the Virgin Mary who was proclaimed by Pius IX (1792-1878) “without sin” before, during and after childbirth, other mortal women are all seen as sinners and dirty (Frugoni 2021). The French Saint Odo of Cluny wrote:

> The beauty of the body lies wholly in the skin. If men could see beneath the skin, with the power of the Boeotian lynx to penetrate visually within, the mere sight of women would be nauseating to them: this feminine charm is naught but saburra, blood, humors, gall. Consider what is hidden in the nostrils, in the throat, in the stomach: filth everywhere... And we are repelled to touch vomit or manure even with our fingertips, how then can we yearn to embrace this very sack of excrements?[42]

However, not all men, whether religious or not, had such bad opinions about women, who were also recognized for their primordial and vital feminine energy which was thought to be at the basis of fertility and procreation.

The French sociologist Émile Durkheim (1858-1917) theorized that “the supernatural virtues attributed to menstrual blood prompted the sexes to separate, forming a society based on this type of social division”. Furthermore, according to his view the division between men and women could not be attributable to any biological differences. The French neurobiologist Catherine Vidal claimed that 90% of neuronal connections are not determined by biology but by the environment, culture, family and education (Vidal 2015). However her theories are still debated and rejected by other neurobiologists like Jacques Balthazart, Claudine Junie, Franck Ramus and others.

Tathagata is a Pali word used to refer to Buddha. Indian Tathagatagarbha sutras belong to the Mayahana tradition, in which the womb is described positively almost like a powerful and holy place, thanks to which every human has the possibility to reach Buddhahood (Allione 2000).

In her publication *Taming the Poisonous*, Barbara Gerke dedicated chapter 5 *Blood and Semen: Women and Mercury* to analyzing the connection between the female gender and *tsotel*, i.e. mercury. In Sowa Rigpa tradition, the processing of mercury is mainly performed by men. This gender-specific task is an area of Sowa Rigpa that remains hardly accessible to women today. However, beautiful women’s menstrual blood is the missing ingredient for the detoxification of mercury (Gerke 2021). This concept came from Sanskrit alchemical texts, including one composed by Rasaratna Samuccaya between the 13th and 16th centuries, and other manuscripts discussing the effectiveness of menstrual blood in the alchemical transformation of mercury. It was believed that sulfur was a powerful substance that was synthesized during menstruation, thus the blood took on

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[42] Frugoni, C. (2021). *Donne medievali*. Il Mulino.

more power in the process. In the Indian tradition, mercury is the symbol for Shiva and sulfur represents the goddess Parvati. Their symbolic union and the association of the two substances was thought to achieve detoxification and make mercury safe (Gerke 2021).

The cultural notion that women could spoil ingredients by touching them was also very much present in Christianity, especially in the *Decretum Gratiani* issued in 1234 by Pope Gregory IX (1145- 1170), in which he prohibited women, even nuns, from touching the sacred chalices and the cruets. He viewed women's hands as dreadful, destroying and rotting everything they touch (Frugoni 2021).

However, the female body and its fluids were and are still regarded in a dichotomic way in Sowa Rigpa. Women have divine qualities and powers, and at the same time they are "polluting" and disturbing, thus should not be present during the transformation of mercury. Isn't it a paradox that the missing ingredient for the mercury transformation came from women, but they were not allowed to take part in the process?

Even though Professor Gerke wrote that there are more women teaching and performing the *tsotel* transformation in India than in Tibet, male doctors generally continue to hold the cultural view that women could spoil the precious pills if they take part in the mercury transformation process. Women practitioners are against this unfounded idea, but often they do not dare to expose it in public. However, it is very likely that the practice will decline in the future, even though it could continue in private settings where GMP standards about cleanliness are not enforced (Gerke 2021).

Today, in Italy as well as in TAR, women generally have more opportunities than in the past to access education and become doctors. However, there are still substantial differences between Tibetan and Italian women in terms of possibilities, and the decision to enter medical school depends on family, cultural and social background. Craig reveals that, during her fieldwork in TAR, female *amchi* often shared with her their struggles to balance the demands of marriage with family pressure to choose the medical career. Other female practitioners she met decided not to marry (Craig 2012).

In the Global Gender Gap Report, many Western countries are ranked among those with smaller gender gap compared to Asian countries. According to Marylène Patou-Mathis, equity between men and women will not be achieved until the next century. In Europe women generally have more freedom to choose their studies and their career, but female doctors are struggling to reach the same positions as their male colleagues, as is the case with female *amchi* in Tibet.

The study *A Leak in the Academic Pipeline: Identity and Health Among Postdoctoral Women* shows the disproportionate challenges that affect female postdoctoral candidates in academia. The researchers used this metaphor of a "leak" in the academic pipeline to encompass the various barriers faced by women in academia: sexism, gender pay inequity, and fewer chances for promotion. In the 21st century, women still need to choose between having a career and having children. A woman with one child has 33% less chances of achieving the same position than a childless woman. Moreover, maternity leaves have an impact on the way women consider their careers. Indeed the study highlights that 44% of female researchers decide not to pursue a professorship with a research focus after giving birth (Ysseldyk et al. 2019).

During the investigation, all the doctors I talked with were men, except for Doctor Marta, but the majority of health and social workers who took part in the multiple-choice questionnaires were women as well as patients. At Trompone there are still more male doctors than women doctors, however there is a slight difference. Moreover, there are more women than men working at Trompone. This medical center tries to offer the same opportunities to both women and men to have a career in health and social professionals without discriminating the gender. Probably also because of the politics adopted by the direction.

3.3 *Future Care: Only based on Scientific and Technological Knowledge, or a Balance Between Medicines and Spiritualities?*

The author of *Ten Drugs: How Plants, Powders, and Pills Have Shaped the History of Medicine* revealed in the last chapter of his book that even though no one knows about the next discoveries that will be made during this century, "great things" will happen in the future. I do not precisely know what he meant by this phrase, but reading his final chapter, I imagine he was alluding to the discovery of new efficient treatments that could be used to cure rare and as yet untreatable diseases. During the last century biomedicine has contributed to improving the living conditions and increasing life expectancy, which remains higher in the Global North than in the Global South.

One interesting phenomenon is the increasing popularity of CAM in Western countries. Despite today there are many new drugs that did not exist last century, before the development of

biomedicine, both Tibetans and Western people also continue to choose using CAM for preventing, improving and treating psychological pathologies, like depression and anxiety, and physical dysfunctions of the cardiovascular system and many other pathological conditions that were listed in chapter two. In the last 20 years, the use of CAM has indeed become very popular, particularly in the USA, where the most practiced CAM therapies of 2002 were: prayer (45.2%), herbalism (18.9%), breathing meditation (11.6%), meditation (7.6%), chiropractic medicine (7.5%), yoga (5.1%), body work (5.0%), diet-based therapy (3.5%), progressive relaxation (3.0%), mega-vitamin therapy (2.8%) and visualization (2.1%), (Barnes et al. 2002). As the internal demand for CAM is high, the number of universities accredited Naturopathic colleges and other CAM have increased in the last years (Tabish et al. 2008).

In TM, biomedicine and local practices are both used by Tibetans. The combination between standard medical treatments and CAM is also very popular in the USA to have a more holistic effect on taking care of the body, the mind and the spirit. Although the placebo effect may have a role in the benefits obtained from alternative therapies, these do not reduce their efficacy. Actually, a lot of people think that alternative medicine may help them in coping with chronic illnesses for which biomedicine offers no definitive cure, only management (Tabish et al. 2008). The outcomes of my interview show that health and social workers recognize the validity of officinal plants, but the majority of them thought that CAM were less efficient than pharmaceutical drugs. The health and social workers generally thought that biomedicine was the most efficient medicine to treat pathologies. However, more than half of them told me preferring to combine pharmaceutical drugs with CAM like homeopathy, prayer, meditation, yoga, acupuncture and massage techniques.

At the beginning of the 2000s, there was excitement among doctors, scientists and pharmaceutical companies about the alleged polypill, a “prodigious” pill which, as the name suggests, had multiple functions. In practice the pill essentially combined three drugs into one: a blood pressure regulator, a statin and an aspirin (Hager 2021).

Even though initially the idea of taking a drug that has several benefits can seem appealing, it would be preferable to consider possible risks and side effects, which may be manyfold due to the pill’s complex chemical composition, before starting the treatment. What’s more, I suppose it would be counter-intuitive to exclusively rely on one pill to have several actions at once. It would be like skipping meals when one lacks time to properly cook food and eat it, and then taking one strong supplement — which contains all macro and micronutrients — to have a balanced diet.

Which are the benefits of taking one single pill to treat multiple pathologies instead of many? Is it because of the convenience in terms of cost, quantity and for the sake of practicality? And isn't it too ambitious thinking that a single drug can effectively substitute several remedies?

Despite the fact that in his publication Hager affirmed that after some years of research, scholars were disappointed to discover that the polypill did not give the "miracle results" they were expecting, there are still ongoing studies about the polypill and its benefits to treat cardiovascular diseases. And it has been proven that the polypill reduces systolic blood pressure and LDL cholesterol level (Muñoz et al. 2020, Roshandel 2019). One advantage of the polypill is precisely the lower cost and the ease to remember the schedule for taking one drug instead of more. Thus, the promotion of the polypill in communities having less financial possibilities to buy multiple drugs would be very advantageous.

This project of choosing one polypill containing fewer ingredients to cure pathologies is somehow epistemologically distant from Sowa Rigpa traditional medical practices, which include a large variety of ingredients to manufacture drugs. What's more, as discussed in chapter one Tibetan formulas used for drugs are not the same, and depend on the patients' health conditions. Nevertheless, one common point between the polypill and the precious pill, may be about the wider effects that the polypill and Tibetan precious pill have compared to standard drugs which mainly have a local target effect.

In the last decades Sowa Rigpa has had to adapt more to Western practices and Western hygiene standards (Schrempf 2007), like those enforced by the GMP (Saxer 2013, Gerke 2021), which I referred to in the first chapter. If Tibetan medical drugs and practices failed to adapt to Western standards, they would be viewed by Western doctors as scientifically invalid and empirically not proven, which may cause a bad reputation of Sowa Rigpa (Craig 2012).

Apart from medical drugs used to cure the body, the mind and the spirit, when these are exhausted or ill, there are some basic remedies that could possibly be adopted to have some long-term benefits: a proper diet, good quality sleep, regular exercise and meditation or prayer (Berrino et al 2019, Edelglass 2017). However, modern medicine aims at finding remedies which can successfully cure diseases as quickly as possible. If illness were considered like an alarm giving a red signal about the possible risks threading the body, the mind and the spirit, maybe people would spend more time taking care of themselves, instead of finding quick remedies to alleviate symptoms (Urech, 2017).

Even though high-tech tools are not equally distributed and accessible among nations, today scientists have access to devices, such as supercomputers to do calculations, models for simulating experiments and databases to share data, which facilitate the advancement of research.

It has never been as easy as today for researchers to explore the human body and mind, going beyond what it has already been studied. Technological and scientific development has allowed experts to change their approach in treating psychophysical dysfunctions, going from chemical to biological treatments. Apart from using drugs, it is now possible to manipulate genes, cells and microorganisms to treat disorders. In the last chapter of his book, Hager offers some examples of the manipulation of genetic material and the important role of microorganisms in the human body, by discussing the success of monoclonal drugs and the beneficial effects of a healthy microbiome.

However, even though some people can afford these kinds of expensive medical services, would it be worth spending thousands of euros to have a complete genomic mapping or a balanced diet designed based on our microbiota? If a patient discovered he had a predisposition to an untreatable hereditary disease, what would knowing about it before the symptoms manifested change? And what is the chance that the predisposition will manifest symptomatically? I believe it is hard to answer these questions, however I suppose being aware of a predisposition to an illness may cause more anxiety and stress than benefits.

Sowa Rigpa *amchi* also rely on technological devices. Those they use in their clinics and hospitals, like Arura and MTK, may be less sensitive and advanced — they may have less financial capital available — than those used in medical centers like Trompone, yet they are able to conduct research, carry out experiments and take care of a patient's condition.

Today young Sowa Rigpa doctors rely less on mnemonic techniques taught in the *Gyüshi*, instead they prefer to use computers for keeping track of diagnoses and treatment courses, while older practitioners preferred to write their diagnoses by hand (Craig 2012). Having such access to technology, in particular computers, has pros and cons. One huge advantage is that there are less paper documents which may more easily be lost or destroyed, and another is that having all the data on a computer is useful to centralize and systematize records, making it easier to manage and share them. However, a great disadvantage is that technology makes it easier to breach data privacy, for instance to sell patients' private medical data to pharmaceutical companies or use it for research without previously consulting patients and seeking their consent.

Some substantial problems about the Western approach of doing medical and pharmaceutical investigation are: the high costs and the length of the studies (which may take decades). However, the research and development of drugs do not constitute the biggest part of the capital invested by

Big Pharma which does greater investment in the marketing and advertising campaigns to promote their products. Moreover, today the majority of new drugs sold in the market are not very good because they are substitutions of older drugs still sold in the market. These variations are called "me-too" drugs, and they attempt to capitalize on the success of "blockbuster" drugs[43] (Angell & Relman 2002). Furthermore, launching one new drug on the market is a huge investment for a company not only in terms of research and production costs, but also in terms of reputation. If the market does not respond well to the new medicine, the company can run the risk of huge financial losses (Hager 2021).

In 2002 Professor Arnold Relman, former editor of the New England Journal of Medicine, and his colleague Professor Marcia Angell wrote in the article *How the drug industry distorts medicine and politics: America's Other Drug Problem*: " It [the pharmaceutical industry] has also, with the acquiescence of a medical profession addicted to drug company largesse, assumed a role in directing medical treatment, clinical research, and physician education that is totally inappropriate for a profit-driven industry."[44] This sentence sums up one major issue that radically influences biomedicine medicine, the power of pharmaceutical companies on drugs, research and doctors (Hager 2021). Furthermore, the pharmaceutical industry's main target is selling as many drugs as possible, sometimes with less interest in potentially harmful side effects than in profit. And the side effects that these medicines can cause to people may trigger other pathologies, which will be treated with other medicines. It is a vicious cycle. Whereas Tibetan medicine may have less side effects than Western medicine (Adams 2011, Craig 2012). However, a significant issue is that Sowa Rigpa is adapting to Western biomedical models (Schrempf 2007) and now Western medicine standards and models largely depend on the pharmaceutical company. In biomedicine ingredients like mercury are considered unsafe and harmful for the production of drugs, whereas in Sowa Rigpa mercury became a safe and harmless substance for human health because its toxic power is "tamed" (Gerke 2021). However, the side effects of drugs should not be overlooked both in biomedicine as well as in Sowa Rigpa because they may cause other diseases.

Today besides theocracies, there are technocratic forms of governments based on technological and scientific development. In theory, states guarantee the right to health, but aside from Italy, medical care in many countries is not a free right, but an onerous or even unaffordable privilege.

[43] Blockbusters are defined here as drugs with over $500 million in annual sales. (Angell, M., Relman A., 2002).

[44] Angell, M., Relman A., (2002). How the drug industry distorts medicine and politics: America's Other Drug Problem. *The New Republic*, vol 227. https://facultystaff.richmond.edu/~bmayes/pdf/relmanangell_Rxdrugs.pdf

Recently even in Italy, a policy change toward increasing privatization of healthcare has gained ground.

Over the course of the 21st century, medicine has assumed elements similar to religion because of its solid scientific basis. Doctors have finally succeeded in “dethroning” priests (Minois 2016). Now doctors have almost total control over medicine, and some of them may be regarded as indisputable figures of authority, somewhat similar to ancient priests. As we saw in chapter one, in former times, clerics discouraged doctors from taking care of people’s health because according to them life and death were determined by God’s will. Now the situation has been reversed. It seems that doctors generally prefer that people who are not medical, scientific or pharmacological experts avoid becoming involved in their practices, and different opinions may sometimes be viewed as irrelevant and unwelcome.

If people working inside the medical system have recognized and publicly admitted the main problems of the Western system, wouldn’t it be vicious perpetuating it and even more arrogant expecting other doctors, like *amchi,* to totally embrace our model despite all of its shortcomings? For the time being, it probably seems idealistic or almost impossible, to think that a drastic change in Western medical practices will ever occur in the future, but without ideals, values and hope there probably would not be democracy, scientific and technological advances, and many other beneficial developments.

Except for some medical centers like Trompone where medicine and religion still cooperate, in Italy the majority of (mainstream) clinics and hospitals offer standard medical care that is mainly based on pharmaceutical treatments. Local medical practices including local folkloristic and religious care are almost nonexistent or overlooked. Whereas in Sowa Rigpa medical practices still include traditional and Buddhist elements, but due to globalization, modernization and the pressure to “fit” into Western models (Schrempf 2007), local knowledge and practices may be forgotten because they will no longer be imparted on the next generations. This phenomenon occurs because there is an absence of a longer perspective and a lack of real interest in providing possibilities to future generations (Saxer 2013). Instead there is a strong will to achieve homogenization across diverse cultures and societies.

The political changes of the last decade have had significant impacts on the rich cooperation between Western universities, NGOs and research centers (mainly European and American) and Tibetan institutions (Hofer 2018). Today, the situation has changed and the future prospects of Sowa Rigpa suggest that its system of knowledge will probably continue to develop further outside TAR and beyond the control of Tibetans (Saxer 2013). Therefore, further investigations on Tibetan

medical practices should be undertaken with the Tibetan community living in exile in Nepal, India, the USA and other countries in the years to come.

Maybe the choice between keeping local medical and religious traditions alive or abandoning them to create a new medicine — deprived of any form of spirituality and cultural traditions — has already been overcome. Despite the increasing interest of Western people in non-Western medicines, discussed with Dr Danilo and four other doctors at Trompone, it is probable that in future decades, non-scientific elements like religious beliefs and local traditions will receive even less attention than they do today. The exacerbated separation between scientific and humanistic knowledge may mirror another separation between practitioners who are legitimate because they have received medical school training and those who are no longer legitimate because they are the recipients of knowledge imparted through traditional channels.

Why would doctors have the right to choose to progressively get rid of some ancestral and millenarian medical traditions? Is it because these medical practices are not yet scientifically proven? Or is it because innovation cannot be "hindered" by ancient wisdom?

As we saw in chapters one and three of this thesis, doctors are not the only ones who have actively contributed to the improvement of modern medicine (Sournia 1994). There have been thousands of people — the majority of whom remain anonymous, forgotten by History — including religious women and men who helped improve medical practices. Therefore governments, pharmaceutical companies and doctors should also consider the cultural importance of medical practices beyond their scientific validity and results.

A major success of modern medicine is surely based on good hygiene habits which prevent serious infections (Sournia 1994). The Hungarian doctor, Ignace Semmelweis (1818-1865), discovered the importance of hand hygiene and asepsis before the delivery in preventing the transmission of infection. However, despite the development of medicine, in Sournia's opinion people haven't changed much since ancient times, when our ancestors lived in caves. I disagree with his opinion, because human lifestyles have changed a lot over the course of centuries, and there has been progress in numerous fields, including medicine and education. The only point I could agree with him on is that our basic needs — drinking, eating, sleeping, and copulating — have remained unchanged for thousands of years and probably will be the same for hundreds of years.

Returning to the progress of technology, new discoveries have been made in the medical field thanks to it. However, the prolonged use of technology devices like smartphones and computers can have a negative effect on human health causing addiction, poor eyesight, headache, insomnia,

stress, anxiety and other health problems. Therefore, technology is indeed a double-edged sword: its benefits and harms depend on whether it is used in a way that is healthy and virtuous.

What's more, certain technological devices provide the perfect home for bacteria. For instance, I am referring to the deadly pathogen *legionella pneumophila*, which cannot only develop in taps, but also in air conditioning systems in offices, cars, stores, etc. This pathogen can cause serious cases of pneumonia, which can leave long-term damage or even lead to death, as evidenced by the recent death of former Italian President of the European Parliament Mario Sassoli (1956-2022)[45].

However, the future of Western and Sowa Rigpa medicines will not only be determined by technology, but also by how climate change will affect human life in the next decades. Climate can play a major role in the development of diseases and in the development of epidemics (Sournia 1994). As natural disasters — tsunamis, earthquakes, tropical cyclones — are expected to become more frequent in the future, some diseases will most likely become more widespread in the future, including: diarrheal diseases, acute respiratory infections, malaria, leptospirosis, measles, dengue fever, viral hepatitis, typhoid fever, meningitis, tetanus and cutaneous mucormycosis (Kouadio et al. 2011). Beside physical pathologies, psychological trauma and psychiatric disorders may also be caused by natural hazards. Human exposure to extreme incidents can cause anxiety, depression, distress, trauma and even suicide (Doherty & Clayton, 2011). Mass migration and forced displacement increase homelessness and the number of climate refugees (Black et al. 2011).

Today, even though scholars and the general public know and understand that humans depend entirely on the natural environment and its resources to thrive, a deeply rooted separation between culture and nature persists. Maybe urban environments, with their pollution, concrete buildings, and countless cars, have led inhabitants to forget that cities have not always existed as we know them today, that they formed from smaller gatherings of people, and simply did not exist once. Before massive industrialization and urbanization, humans were not isolated from the natural environment as they are today. In fact, our primate ancestors led risky and adventurous lives sharing their environment with dangerous animals and unknown toxic plants (Moura et al. 2018).

Now, after the Covid-19 pandemic, it has become even more evident that people have a desperate need to be more in touch with nature. When this contact is lost, people may feel more anxious and depressed (Sournia 1994). One issue is that nature is still perceived as innate, while culture is artificially constructed. However, such a polarized division between nature and culture is

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[45] Resta, L. (2022, January 11). *David Sassoli morto per disfunzione del sistema immunitario: il suo calvario iniziato a settembre*. La Gazzetta Dello Sport. https://www.gazzetta.it/salute/news/11-01-2022/david-sassoli-morto-per-disfunzione-del-sistema-immunitario-il-suo-calvario-iniziato-a-settembre-salute-58039.shtml

a construct, because culture is shaped by the geophysical and climatic conditions of the natural environment and the environment is also shaped by how human societies use its resources (Ingold 2018). Moreover, the human body is endowed with natural responses determined by the sympathetic nervous system, i.e. the “fight-or-flight” response, which is a survival mechanism that allows people and animals to react immediately to life-threatening situations[46].

The biological process of ontogenesis begins from two gametes that generate the first cell, then there is a progressive and continuous transformation —from cells to tissues, from tissues to organs, from organs to apparatus— and at the end of nine months the embryo is totally formed. However, the metamorphosis of the body continues throughout life, as well as the construction and the deconstruction of tastes, memories, behaviors and habits. This is because the mind is constantly shaped by the environment, family, education and experiences. Abilities are directly stimulated from the external world, however the majority of humans are sort of innately equipped with some capacities which will develop while growing, for example the language acquisition device (Ingold 2018).

Through centuries, medical practices have improved methods and tools to take care of the body and the mind. However, initially all the medical practices including Sowa Rigpa and Western medicine were mainly based on: natural drugs obtained from plants, animals and minerals, innate practice like fasting and the placebo effect (Minois 2016). Today apart from relying on themselves and their innate capacities of self-healing, people can consult doctors and get benefits from natural or chemical treatments, or both of them.

Together with self-healing, in the past human beings used to rely on supernatural entities like Gods, divinities and spirits. Usually there were figures who were mediators between the terrestrial and the celestial worlds: those were priests, monks and shamans. By trusting them, people trusted divinities and put their lives in the hands and in the will of God. Our ancestors were fideistic, whereas today many people are agnostic or atheists, and fortunately there is no need or obligation to believe in any divinity to receive care and be cured (Minois 2016). Even if millions of individuals are not religious anymore, yet people need to believe in something or in someone to live. It is part of human nature, thus it is not only a cultural construct, without believing in anything or anyone human existence would be deprived of its colors and flavors.

As it emerged from the face-to-face interviews, non-Western medical practices have become more present in Western countries and people are more interested in experiencing them. However,

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[46] Harvard Health. (2020, July 6). *Understanding the stress response*. https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response

the technological and the scientific approach of Western medicine seems to be far from being slowed down by other medicines. Even if the future of medicine may not be predicted with certainty, there are high probabilities that in the next few years knowledge like Sowa Rigpa will lose some of its traditional medical practice like using blood in the mercury transformation (Gerke 2021) and religious practices like blessing of drugs, Sowa Rigpa risk to be transformed into an oriented medical business culture (Saxer 2013).

In the future it will be interesting to see how the religious component which is still present in some medical centers like Trompone and in Tibetan clinics like Arura and MTK may transform to survive modernization or how it will be engulfed in modern medicine and totally lose Christian and Buddhist traditional religious influences.

Conclusion

The epistemological starting point of this essay was not biomedicine, but Sowa Rigpa which firstly stimulated me to learn about the dialogue between biomedicine and Tibetan medicine inside and outside of TAR, and secondly it inspired me to investigate about religious services still present in Western medical facilities like Trompone which are directed by the religious community of SOdC and also to learn about the coexistence of Buddhist guidance in Sowa Rigpa medical institutions and companies together with biomedicine like in Arura and I MTK.

Although Sowa Rigpa medical practices continue to be based on teachings contained in the *Four Tantras* —the three *nyépa*, the five elements, and the rest— as a primary source for diagnosis and treatment of illnesses, however, apart from them and the Buddhist spiritual support, biomedicine has been integrated along with the local traditional medical practices in Sowa Rigpa clinics as a standard medical approach which provides efficient methods and drugs to treat pathological conditions (Adams et al 2011, Craig 2012, Gyatso & Kilty 2016, Saxer 2013). Medical anthropology has for many decades been one of the few academia branches which attempted to narrate the broad frame within which biomedicine operates along with Sowa Rigpa (Adams et al 2011).

According to anthropologists, among the multiple challenges of Sowa Rigpa in nowadays Tibet, there are two main difficulties: the disparity between the conformation of Tibetan medicine and the Westerner medical narrative about standard modernization, and also the classification and translation of knowledge from these two diverse medical practices (Hofer 2018, Saxer 2013). Individuals, both *amchi* and patients, still have needs which cannot be properly translated in biomedicine, but remained anchored in traditional Sowa Rigpa practices and in Buddhist beliefs (Craig 2012).

Western doctors tend to overlook the complex combination of physical, physiologic and environmental factors which apart from hereditary predisposition also contribute to trigger a pathological condition. This is partly due to the prevailing rational thinking on the emotional and spiritual dimensions which instead strongly characterize human beings. Biomedicine is inclined to separate the body and the mind which instead need to be in harmony for having a good psychophysical health, therefore spirituality can be viewed as a key element overcoming this discrepancy and promoting the communication between the body and the mind based on love and compassion (Hofer 2018).

Despite the non-stopping and rapid modernization of science and technology in biomedicine, there still exist a coexistence between biomedicine and Christian religious assistance, as well as in Sowa Rigpa survives a Buddhist guidance which has not yet been totally alienated by the arrival and adoption of biomedicine practices together with local medical traditions.

The history of Sowa Rigpa and Western medicine has been traced in chapter one through a lens based on the powerful and influential role that Buddhism and Christianity have had on the development of both medicines (Adams et al. 2011, Bellinger, 1986, Craig 2012, Craig et al. 2019, Découverte 2022, Garret 2008, Gyatso & Kilty 2016, Hager 2021, Le Goff. & Sournia 2004, Minois 2016, Samuels 2017, Saxer 2013, Sournia 1994, Williamson et al. 2019). My intention was to highlight that the spiritual element is not external and irrelevant in medicine, as it may seem today, instead both these religious doctrines affected the way of approaching and studying medicine. What's more, during the flow of centuries, monks and clerics enriched their religious theories seeking to explain the causes of disequilibrium and illness, this may have helped suffering people to accept their poor health condition. Besides when it was not possible to recover or heal someone's illness, having a religious belief that gave solace and hope for a better existence in the new or eternal life was reassuring. In this sense the meaning of the term *Sowa Rigpa*, is to remind people of a treatment that "make well and complete" (Adams et al. 2011).

Offering a broader care not only based on drugs, but also laid down on religious assistance is also the purpose of the Director of Trompone Pierangela Cavallino. In chapter two, I tried to evidence how the investigation at Trompone made me realized how much patients who are over 50 years old, in particular women, still mainly rely on Christian religion to accept and face illnesses, not because they necessarily believe that thanks to their faith a miracle will occur and heal them — like it was for Domenica Millianotto who was prodigiously cured by the Virgin Mary—, rather because the religious belief help them to embrace their health condition and be hopeful. What's more, religion is a way to avoid suffering alone and being isolated. Apart from having care and attention from socio-health workers around the clock, patients are listened to and supported during their stay by SOdCs brothers and sisters.

Even if for the majority of social and health professionals their job is neither a mission, nor a vocation, instead the fact that the workplace is religious influenced them to have deeper relationships with patients which may have not only been based on their religious belief. Inside Trompone is encouraged a quality care assistance instead of a therapy based on the quantitative consumption of drugs which are palliative and cannot bring a comprehensive benefit on the psychophysical health of the patient.

The scientific literature proving the physical and psychological benefits of meditation (Berrino 2019 et al, Desbordes 2012, Edelglass 2017, McMahan & Braun 2017) helps to promote the practice of meditation, which has already been adopted across the globe in the workplace, in jails, in the US army, in hospitals, in schools and in all kinds of institutions. Although it appears to be more complicated proving physical benefits connected to prayer than those connected to meditation, this may be probably because meditation is already extensively practiced as a non- religious practices to relax the body and the mind and rise self-awareness (Edelglass 2017). However, from my outcomes I could observed that Christian faith and prayer are still viewed by patients as elements contributing in accepting and healing an illness. Their vision is not naive, they are aware that in some cases the body cannot recover, however they are confident that faith may help them to deal with the intimate discomfort and pain caused by the disease.

Some Western doctors like Doctor Danilo and the Director of Trompone are very religious, and as a consequence they work paying attention to the spiritual sensibilities of patients, similarly like *amchi* do with their patients (Schröpft). In both cases, the purpose is creating healthy conditions for the body, the mind and the spirit to cooperate together. Differently, biomedicine tends to catalogue the body functions and dysfunctions like it was a machine. The body is way more than a machine, and religious beliefs can incredibly impact the mind and the spirit of people with can be mirrored in their lifestyle. The issue for professionals working at Trompone and for *amchi* working in Arura and MTK may be quite similar in terms of reasoning: the huge discrepancy between biomedicine versus local medicines and religious traditions.

The environment and nature's innumerable ecosystem services have always played a key role in human survival: supplying nourishment for basic needs, supporting the function of ecosystems, regulating biogeochemical cycles, and offering a fertile soil for the flourishing of diverse cultures (Ingold 2018). In chapter three, I tried to show how Christian and Buddhist leaders can position themselves to raise environmental awareness and encourage people to engage in environmental protection. All the interviewers were not surprised that the Church promoted environmental protection and a sustainable consumption of resources and goods.

Through my interviews with clerics, SOdCs and health and social professionals, it emerged that even if people viewed officinal plants as important for treating illnesses, however participants would tend to mistrust their use in non-Western medicines like Tibetan medicine. Doctor Danilo and other social and health professionals recognized Ayurvedic, Sowa Rigpa, TCM to have solid scientific basis, but they pointed out the limits of their efficiency in treating serious pathologies. All the three missionaries I discussed with Don Leonardo, Don Paolo and Don Luigi had similar

opinions. However during their missions, like native people facing the lack of other medicines, the missionaries, too, had to cure themselves using local methods and drugs. Therefore, they did not express negative judgments on medical local practices which they told me to be still very common along with biomedicine treatments in rural places.

I asked priests and SOdCs their opinions about the portrayal of women in the Bible. In most cases they underlined that the screw writing has been misinterpreted and that it is important to consider the historical context in which it had been written. Even though there have been changes and progress in the relationships between female and male members, however Christian and Buddhist nuns still cannot exercise the same role and positions of priests and monks. In Sowa Rigpa this reflects also in the non-access of women in some medical practices like the transformation of mercury, which is mainly still done by men because of the influence of Buddhist traditions and other misconceptions about the women's body during their period (Gerke 2019). In chapter three, it was narrated how some brave and enlightened women succeed in bringing their contribution to medicine despite hostile environments in which they lived (Allione 2000, Craig 2012, Frugoni 2021, Gerke 2021, Gyatso & Havnevik 2005, Palmerini 2020, Patou-Mathis 2021, Power 1999). Hopefully, in the future women will enjoy the same possibilities and positions as their male colleagues, and also the faithful Christians and Buddhists nuns will have the opportunity to express more their talents, creativity, knowledge and ambitions inside Christianity and Buddhism institutions. One day, optimistically there will be more women like Dottor Pierangela Cavallino directing both a medical center and a religious community.

However, the future is unpredictable, major events like natural disasters (Kouadio et al. 2011) and innovative medical discoveries (Hager 2021) have the power to completely change the life of millions of people. The modernization of science and technology which led to the development of biomedicine completely impacted Western medicine as well as Tibetan medicine: in the circumstances under which medical knowledge is transmitted —particularly in Sowa Rigpa—, in the production of drugs which now need to follow strict hygiene standards required by the GMP — about ingredients, manufacturing and conservation— and also in relationships between doctors and patients (Adams et al. 2011, Craig 2012, Gerke 2021, Saxer 2013). Moreover, the transmission and practice of Tibetan medicine have been adopted from single households to monastic colleges and from state universities to private schools (Craig 2012).

During the last decades, Chinese, Tibetan and even foreign investors have made huge financial contributions in order to build new infrastructures, mainly industries and clinics. Sowa Rigpa drugs have been intensely promoted by companies through marketing campaigns: countless

advertisements about the benefits and purity of these medicines have been broadcast on TV and on the radio (Saxer 2013). Companies have exponentially increased their production and seen their income rise as a result, transforming Sowa Rigpa into a flourishing business. In fact, between 2003 and 2017 in TAR only, its development has grown from 32.5 to 236 million USD (Tidwell 2020). This domestic and partly international business has radically changed Sowa Rigpa teachings, methods, manufactures of drugs and practices.

The great abuse of drugs in biomedicine has caused more expensive prices for steady and new drugs and have also contributed to an increasing inflation. Governments, private insurance companies as well as individuals pay the cost of those treatments (Angell & Relman). However, ultimately suffering people are those who pay more and may have to face unaffordable treatments.

It will be interesting to see how in the future the spiritual assistance offered at Trompone continues to cooperate with biomedicine, and how the patients admitted in the center and the professionals working there will perceive the religious services offered by SOdCs. As young generations are less religious than older generations, the acceptance and the embrace of spirituality will probably be different than those found in the outcomes of my investigation which were still high among patients, also because patients may have been deeply influenced by traditional religious education that Piedmont people used to transmit from previous generations to the next generations. Likewise it will be fascinating to discover how in the next decades Sowa Rigpa *amchi* will be able to negotiate the survival of Buddhist spiritual guidance and medical knowledge along with biomedical practices and to know what the Tibetan medicine of the future will look like. If next generations of *amchi* who received both theoretic Sowa Rigpa and biomedicine knowledge would still be experts in Tibetan materia medica, in traditional local practices and would give some relevance to Buddhist traditions (Schröpft 2007). The purpose is not to preserve ancient medical and spiritual knowledge and practices in the sole purpose of maintaining traditions, rather to give them the opportunity to trace creative horizons for meeting the health needs of all who live in today's global society (Adams et al. 2011).

Appendix

Mons. Luigi Novarese's life

Mons. Luigi Novarese's parents were religious, particularly his mother Teresa Sassone who was deeply devoted to the Virgin Mary. She taught him all the most important prayers, insights about Jesus's life, Christian teachings like the Ten Commandments, etc. Mother and son have always had a special relationship, maybe because he was the last of nine children.

His mother was a tailor and she worked tirelessly to pay for her son's medical treatments. Finally, out of despair, she even went so far as to sell their property and the family's vineyard to continue curing him, even though some of her other children disagreed with her choice. Although the doctors kept telling her there was not much hope left for her son, she remained confident and found solace in her Christian faith which brought her some comfort.

In the biography *Luigi Novarese. Lo Spirito che cura il corpo*, Mauro Anselmo described Mons. Luigi Novarese's stay in the hospital making a reference to the story of *Seven Floors*. The text appeared in one of the first collections of short stories published by renowned author Dino Buzzati under the title *The Seven Messengers*.

The story is about a lawyer, Giuseppe Corte, who goes to a sanatorium because he has a slight medical problem to solve. As the title suggests, the medical center has seven floors: the patients who are not very sick — essentially in good health — are on the seventh floor, and as they progress down the building, patients present increasingly serious conditions with diminishing chances of recovery. In the beginning, the protagonist is on the seventh floor, but due to some logistical problems is moved to a lower floor. From that moment on, his tragic destiny is sealed. He does not want to be moved downstairs because initially he does not feel sick, but in the end, despite his protests and screams, the medical forces him to change floors and eventually his health declines. At the end of this tragic story, the reader finds him dead on the first floor.

Even though this is a romanticized account, it may be considered an honest representation of the situation inside Italian sanatoriums during the 1930s. Medical treatment and nurse care was provided to the best extent possible, but patients were not viewed as subjects affected by a disease, rather as objects to be cured. The psychological dimension was not taken into consideration at all, everything was designed and delivered for healing the body.

Mons. Luigi Novarese enrolled at the seminary in Casa Monferrato, and after less than one year he moved to Rome to study at Almo collegio Capranica. In 1938, he was eventually ordained a priest in Basilica di San Giovanni in Laterano, in Rome.

Throughout his apostolate, he often accompanied sick people to major pilgrimages sites such as Lourdes and Fatima (both particularly inspiring for the founder from a young age), and also to smaller sanctuaries like that of Oropa in the province of Biella in the region of Piedmont.

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