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“A Closeness to God, to Nature, and to Community”¹: Medical Medievalism in Contemporary Society*

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ABSTRACT

For several decades now, medical practices referred to as traditional or natural have been increasingly popular in Western society. These practices are often perceived, defined, and connoted as medieval, regardless of their characteristics and historicity. Attributing traditional medicine to a generic medieval time reflects one of the most relevant contemporary cultural phenomena: the pervasiveness of images, narratives, and references to the Middle Ages in popular culture. However, this Middle Ages is not the historical period interpreted through the sources; it is a dreamed, imagined, meta-historical time, represented according to the dual model of the Dark Ages and the ‘good’ Middle Ages of fantasy, fairytale, nature not yet subject to modernity and techno-science. The imagined Middle Ages is the field of study of a specific disciplinary area, medievalism. This paper aims to identify the representations of medieval medicine that this reshaped and imagined medieval world produces and disseminates in society.

Keywords: Medievalism - Healers - Nature - Medicine

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Medievalism: a short definition

For several decades now, medical practices referred to as traditional² or natural such as therapies, diets, potions, decoction, rituals, and mysterious preparations have been increasingly popular in Western society. These practices were attributed to an arcane wisdom handed down over time thanks to a nebulous but reassuring and centuries-old chain of transmission between men and women chosen to practise that wisdom. These practices are often perceived, defined, and connoted as medieval, regardless of their characteristics and historicity. Attributing traditional medicine to a generic medieval time reflects one of the most relevant contemporary cultural phenomena: the undeniable pervasiveness of images, narratives, and references to the Middle Ages in popular culture.

However, this Middle Ages is not the historical period interpreted through the sources; it is a dreamed, imagined, meta-historical time, represented according to the dual model of the Dark Ages and the 'good' Middle Ages of fantasy, fairytale, nature not yet subject to modernity and techno-science.

The imagined Middle Ages is the field of enquiry of a specific disciplinary area, medievalism, which identifies "the continuing process of creating the Middle Ages" and "is concerned with the remaining meanings, the study of the scholarship which has created the Middle Ages we know, ideals and models derived from the Middle Ages, and the relations between them"³.

Therefore, the imagined Middle Ages is the result of centuries-long rewriting processes that have generated a series of themes, tropes, images, and references perceived as medieval, even if they are not historically reliable: castles, knights, princesses, dragons, witches.... neither science and technology, "a medieval imaginary in which many of the popular ideas we have about the medieval period come to form a recognisable set of signs and ideas, eventually forming a reflection of the period that, although imaginary, was paradoxically perhaps more 'real' to the modern audiences"⁴. From a methodological point of view, medievalism adopts the perspective of *histoire croisée*, which investigates the objects of research through their mutual interaction by focusing on the consequences of their intersection and the theory of adaptations, as medievalism encompasses the ongoing processes of rewriting or adaptation of a historical period- the Middle Ages - over time. Finally, as a key to interpretation, medievalism makes use of the concept of nostalgia codified by Svetlana Boym as a model of interaction with the past in the two forms of restorative nostalgia - which seeks to recreate the past through tradition - and reflective nostalgia - which focuses instead on its irrevocability. In the study of medievalism, the former prevails as an active part in shaping the historical consciousness of communities since, through it, the past becomes a collective value for the present and the future⁵.

Medical medievalism

In the contemporary imaginary, medical medievalism intended as the “modern representation of medieval medicine intended for a popular audience”⁶, follows the dual model of the Dark Ages and the immersion in Good Nature; on the one hand, the scientific backwardness resulting from inadequate medical knowledge and the inability to address diseases considered characteristic of the Middle Ages, such as leprosy and plague⁷; on the other hand, the decoctions and potions of healers who were seen as witches and subsequently persecuted because they held knowledge rejected by modernity and scientific medicine. Therefore, as the scholar April Harper notes in a very recent essay “the medieval reality of hospitals (depending on time period and geographic location), educated practitioners, medication and even cleanliness must remain absent from this constructed medieval world entirely in order for the medieval imaginary to be fully constructed”⁸. However, what is of interest here is not so much recognising the scientific dimension of medieval medicine beyond stereotypes⁹ nor analysing the reliability of contemporary practices that refer to it; instead, it is of interest to identify the representations of medieval medicine that this reshaped and imagined medieval world produces and disseminates in society. The representation of the past through literary, artistic, audiovisual and digital forms, in fact, has a social-political function. On the one hand, it shapes the collective perception of the historical cadence depicted regardless of the reliability of the narrative; on the other hand, it disseminates and reinforces, among the ‘general public’, models of behavior suitable for the society concerning central issues such as ideological affiliation, national identity, gender roles and health as a common and global good. With reference to medical medievalism, the Dark Middle Ages, brutality, plagues, and backwardness appear, for example, in audiovisual and multimedia products: think about the brutal amputations performed by improvised surgeons that characterize episodes of TV series such as *Vikings*, also to enhance the strength and virility of the warriors¹⁰. Another relevant example is offered by the “Greyscale”, a dreaded disease that afflicts the kingdoms of Westeros and Essos in the well-known TV Series *Game of Thrones*¹¹. It manifests itself with a hardening of the skin on the extremities, slowly spreading throughout the body, stiffening the internal tissues and preventing normal vital activities until death occurs: “the skin cracked, flaking, and stone-like to the touch. Those who manage to survive a bout with the illness will be completely immune, but the flesh damaged by the ravages of the disease will never heal, and they will be scarred for life”¹². As can be seen, the “Greyscale” immediately recalls leprosy, the medieval disease par excellence alongside the plague, both in its pathological manifestations and in its social consequences: the exile of the sick, the so-called “Stone Men”, who were persecuted, hunted down, even killed and the consequential creation of lazarettos.

Nevertheless, when referring to the Middle Ages, traditional medicine practices depict it as the golden age of closeness and fusion with nature, as a pearl of ancestral wisdom now almost entirely lost due to the deceptive and perilous progress and the disenchantment of the world. By virtue of that natural wisdom, the Middle Ages became the place where the spiritual dimension was still a fundamental part of the treatment and healing processes. The sacred knowledge was the basis of good healing practices because they were natural and holy at the same time¹³. Indeed, “while brutality is one of the common ways in which medieval medicine is immediately identifiable to a modern audience, medieval imagery is often realized through a complete sacrifice of both logic and realism in the portrayal and acceptance of the fact that the only effective medieval medicine is related to magic and herbal knowledge”¹⁴ as the primary skill of physicians and healers.

The connection between magic/religion/medicine, magical thinking, and the biological and cultural origins of the patient/physician relationship are widely investigated topics from anthropological, philosophical, and historical perspectives¹⁵. Regardless of the different interpretations, in popular representations of medieval medicine, the relationship between the healer and the intermediary with the supernatural is recognised and linked to another important aspect: the role of women in the matter of continuity between medieval remedies and modern folklore or folk medicine.

Women’s role in medical medievalism

The centrality of the feminine in contemporary medical medievalism is undeniable. A widespread narrative postulates the equation woman = art of healing as a biological imprint and not just a cultural one. Thanks to the feminine characteristics of humility, respect, curiosity, and positive irrationality, as opposed to the control and violent appropriation typical of men, this narrative attributes to women an absolute fusion with nature and, therefore, the ability to use its gift. The transmission of traditional, magical, and therapeutic knowledge, the skilful use of herbs following precise ancestral rituals, the daily custom of preparing food and remedies for family ailments, enable women to be healers, priestesses, and good witches, the only ones holding the power to heal¹⁶.

In collective imagination, the equation woman = art of healing often implies another analogy: the healer considered as a witch, persecuted in the past precisely because of her ability to cure and heal thanks to her natural wisdom.

This image of the healing witch, keeper of ancestral knowledge, the priestess who cures and heals, the physician who alleviates the pains and sufferings of the body and spirit with her herbs and potions, reviving age-old practices, has its roots in the 19th century and the Romantic reinterpretation of the Middle Ages, particularly in the work of Jules Michelet, *La Sorcière*, published in 1862 and continuously reprinted since then¹⁷.

Michelet depicts the witch as a symbol of nature oppressed by the Church, which, fearing the revolutionary force expressed in female action – “Nature les fait sorcières” - would have implemented practices of exclusion and protection of the social order through persecution¹⁸. The French historian, in his desire for the “‘résurrection de la vie intégrale’ du passé, formule qui fait de Michelet une sorte de medium doublé d’un chamane et donne à son histoire une dimension superbement partiale”¹⁹, does not write a history about witchcraft but about the Witch in a medieval era still connected to antiquity, on the verge of becoming modernity. In his passionate interpretation, the witch becomes the protagonist of the progressive dichotomy between culture and nature and the opposition between Christianity and paganism. Michelet’s witches are the *bonnes femmes* who, thanks to their strong connection with nature, practised folk medicine and healed the minds and bodies of the communities in which they operated. Michelet’s witches are the healers turned into witches by the ecclesiastical and male power, and much of 20th-century feminist theory draws inspiration from them. The innate vocation for healing, the supernatural ability to cure and the legacy of an ancient female powers silenced by the rise of patriarchy, outline “a kind of pseudo-feminist Romanticism of the imagined medieval (pagan) past”²⁰ and along with herbal knowledge, represents one of the fundamental elements of medieval medicine and healers in popular perception.

Hildegard of Bingen is the sacred healer par excellence of the Middle Ages:

No actual or virtual library does not offer works such as Hildegard of Bingen’s Holistic Health Secrets: Natural Remedies from the Visionary Pioneer of Herbal Medicine, Hildegard of Bingen’s Medicine, St. Hildegard of Bingen’s Nutrition: Spelt - The Super Food depicting her as a gentle, good witch, gathering herbs along rivers and in places known only to her to prepare medicines and decoctions that are still effective, as evidenced by the offerings swarming the web. Moreover, it matters little that this oleographic flattening does not correspond to Hildegard’s image rendered by the sources contemporary with her and her works - the Rhenish Sibyl was one of the most prominent personalities not only of the 12th century but of the entire medieval era. She was a woman of power in the term’s broadest and most political sense. What matters is the contemporary perception of the healer that joins with nature and draws from it the principles of healing, spiritual and material²¹.

If in the popular perception the historical-political dimension Hildegard’s figure is absent, the image of the healer in harmony with nature recalls the connection between religion and medicine of medieval religious communities as repositories for medical knowledge, where they practised “remedies derived from plants found in the herbal or infirmary garden, special diet, surgical procedures, the application of amulets, and the uttering of formulaic words, often with religious overtones—cures representative of the natural and unnatural realms”²². Moreover, as Debra Stoudt points out, “along with medicines, surgery, and diet—the three types of treatment identified in the *Etymologiae* of St. Isidore of Seville (c.560-

636)—charms, amulets, and ritual healing remained commonplace as means to care for and cure the sick throughout the Middle ages. Reflexes of all of these methods are referenced among Hildegard’s healing arts²³.

Therefore, Hildegard’s contemporary image of the medieval healer is not misrepresented. Nevertheless, it is anachronistically normalized around the ability to cure and heal through ‘natural’ medicine – “ma come poteva essere, altrimenti, nel Medioevo?”²⁴ - and, by definition, pure, sacred and, above all, feminine and feminist²⁵.

The *Liber Subtilitatum diversarum naturarum creaturarum* - better known as *Physica* - and the *Causae et curae* are the works on which the saint’s reputation as a physician is based²⁶. These are encyclopaedic texts, which offer a combination of philosophical-theological reflections and empirical practices, remedies, rituals, chants, and prayers. They recall the holistic vision of the sick proper to medieval medicine, founded on the Galenic and Aristotelian concepts of complexion. As is known, the complexion is the mixture of the qualities of elements characteristic of each individual. Several factors influence it, such as the proportion of humours, sex, age, and environment, the alterations of which affect the state of health of each individual. Hildegard focuses primarily on the female body and, above all, by applying the individual nature of the medieval conception of illness, she proposes a ‘classification’ of human temperaments by gender²⁷.

As Michela Pereira remarks, Hildegard brings the power of feminine weakness back to the fore: in direct relation to the cosmic power of creation and the human task of governing it and bringing it to completion, it is not the strength of man that gives life to the whole humanity, but the weakness of woman; this is because the maternal function directly connects her to the divine creative force. Hildegard attributes female weakness to the mode of creation, as being derived from the earth makes man strong, while being derived from man’s flesh makes woman weaker. However, the derivation of Eve *de medullis* from the marrow of Adam’s bones, leads Hildegard to attribute to her an airy mind, “a merit, a fineness that makes woman, the last of creatures, the most accomplished of them. Being second in creation implies, therefore, in her eyes, a refinement of human nature rather than a deficiency: Hildegard finds herself here at the exact opposite of the conception of the naturalist philosophers of her time”²⁸.

This undeniable focus to gender, combined with the herbalist knowledge, has significantly contributed to the contemporary representation of the herbalist of God, the holy healer who encapsulates millennia of natural, sacred, and feminine knowledge, to the point that Hildegard is now referred to as the founder of gender-based medicine²⁹. Her harmonious and integrated vision of the interactions between body, soul, and environment - typical of medieval medicine as a whole - is reflected in the most recent approaches to health from a holistic perspective. Therefore, it characterises not only traditional medicine and its narrative, often played out in a controversial and alternative role compared to ‘official’ medicine, but also the scientific and institutional reflection on health as a common good. In fact,

contemporary medical practice and public health initiatives have begun to recognise the value of holistic approaches, of identifying the origins and social contexts of medical conditions, rather than simply prescribing treatments...critical medical humanities argues for the importance of clinical generalism, the need for practitioners to understand the person holistically, in terms of the interdependence of mind, body, and affect, and in wider cultural and social contexts. It also underlines the need to recognise the practitioner as embodied, and so stresses the complex interrelation of physical, mental, and affective elements of practice. The medieval thought world speaks to all these concerns³⁰.

Conclusions

The world of medieval thought addresses all these concerns: this statement also reflects an interpretation and adaptation to the contemporary age of a substantial aspect of the medieval period, namely medical and philosophical theory and practice. So far, medical medievalism, primarily identified in the colorful empirical galaxy of natural remedies, herbs, potions, signatures, and ‘natural’ food, expands to encompass scientific medicine, biomedical theory, the philosophy of health, and the complex relationship between them and traditional, complementary, and alternative medicine.

The topic is delicate since the political-cultural dimension is closely intertwined with the economic-social dimension – think of the marketing linked to the vast and sometimes opaque system of supplements and organic or natural products, without delving into the more burning issue of the relationship between doctor/healer and patient.

The topic is sensitive and goes beyond the scope of these brief considerations and my expertise, but it is interesting to emphasise the importance of medievalism as a cultural phenomenon that can provide valuable interpretative tools to investigate the contemporary world. Medievalism, by connecting the past and the present regardless of anachronisms and whether it adheres to actual medieval historicity, becomes a tool for understanding the dynamics of the context that produces it. On the one hand, it enables the transmission of its dominant contents and values, on the other hand, it encourages reflection on its critical nodes within society. The concepts of health and illness, their biological and cultural characteristics, the balance between the individual and collective spheres, the respect for social and cultural differences, and the awareness of social imbalances in managing health as a common good represent critical issues in society.

In a phase of evolution like the current one, marked by the recent global shock of COVID-19, these vital issues are even more evident, and their collective management and processing are even more delicate.

Medical medievalism, in reclaiming from medieval culture the holistic dimension of the individual as the union of mind and body in its interactions with the environment through figures like Hildegard of Bingen and traditional practices, reflects the challenges, fears, and hopes of the present.

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Non iso-4 abbreviations

Scientiarum Hist = Scientiarum Historia

Stud Medievalism = Studies in Medievalism

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 6. Barnhouse LC, Black W, Ref. 1. p. 4. See also Stahuljak Z, *Pornographic Archaeology: Medicine, Medievalism, and the Invention of the French Nation*. Philadelphia: University of Pennsylvania Press; 2013.
 7. Barnhouse LC, Black W, Ref. 1. p. 14: “This approach occurs not only in fictional genres, such as novels, movies, and video games, but even in recent historical texts intended for popular audiences. In most cases, the authors of these books aim to paint a sympathetic and historically accurate picture of medieval medicine, but their titles and covers tell a different story, one that aims to confirm many readers’ assumptions about medieval medicine as closer to fantasy potions than to modern therapeutics”. For a summary on the social dimension of leprosy and plague see Duranti T, *Ammalarsi e curarsi nel medioevo. Una storia sociale*. Roma: Carocci; 2023, pp. 149-97.
 8. Harper A, *Misdiagnosing medieval medicine ‘Magical’ Muslims, metanarrative and the modern media*. In: Alvestad KC, Houghton R, Ref. 3. p. 59.
 9. Duranti T, Ref. 7. pp. 21- 44.
 10. Harper A, Ref. 8. p. 59.
 11. On medievalism and *Game of Thrones*, see Carroll S, *Medievalism in A Song of Ice and Fire and Game of Thrones*. Woodbridge: Boydell and Brewer; 2018; Larrington C, *Winter is coming: The Medieval World of Game of Thrones*. London: I.B. Tauris & Co., 2016; Larrington C, Czarnowus A (eds), *Memory and Medievalism in George RR Martin and Game of Thrones. The Keeper of All Our Memories*. London: Bloomsbury; 2022. For a specific perspective on humanities, Álvarez-Ossorio A, Lozano F, Moreno Soldevila R, Rosillo-López C (eds), *Game of Thrones - A View from the Humanities Vol. I, Time, Space and Culture*. London: Palgrave Mc Millan; 2023; Iid. (eds), *Game of Thrones - A View from the Humanities II, Heroes, Villains and Pulsions*. London: Palgrave Mc Millan; 2023.

12. <https://gameofthrones.fandom.com/wiki/Greyscale> (accessed 15 september 2023); <https://www.ign.com/wikis/game-of-thrones/Greyscale#> (accessed 15 september 2023).
13. Duranti T, Ref. 7. pp. 73-100.
14. Harper A, Ref. 8. p. 60.
15. Corbellini, G, *Storia e teorie della salute e della malattia*. Roma: Carocci; 2014. pp. 43-52.
16. Duranti T, Ref. 7. pp. 100-7. The image of the woman-magician/curator in possession of medical knowledge or secret knowledge is also codified in medieval literature: think, for example, of the healing-magic arts of Isolde, see Altpeter-Jones K, Love Me, Hurt Me, Heal Me—Isolde Healer and Isolde Lover in Gottfried's *Tristan*. *The German Quarterly* 82 (1), pp. 5-23.
17. Michelet J, *La Sorcière*. Paris: Gallimard; 2016, pp. 424-34.
18. *Ibid.*, p. 29.
19. Millet R, Préface. In: Michelet J, Ref. 17. p. 9.
20. On magic, sorcery, and female power in TV series see Harper A, Ref. 8. p. 60: "In these productions, the inadequate medieval medicine practiced is the preserve of men whose patriarchy proves impotent in the face of real disaster. The only capable healers in these dramas are female, often greatly sexualized, pagan priestesses or witches, who wield true, though often dangerous, power"; see also De Rentis D, Houswitschka C (eds), *Healers and redeemers: the reception and transformation of their medieval and late antique representations in literature, film and music*. Trier: Wissenschaftlicher Verlag Trier; 2010. For a general overview of the healer witch, see Whaley L, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*. London: Palgrave Macmillan; 2011, pp.174-95.
21. Roversi Monaco F, A Few Remarks on Witchcraft and Medievalism. In: Maraschi A, Montanari A (eds), *Becoming a Witch. Women and Magic during the Middle Ages and Beyond*. Budapest: Trivent publishing; 2023. pp. 273-91, p. 281: "Hildegard of Bingen still confronts us, after eight centuries, as an overpowering electrifying presence - and in many ways as an enigmatic one...in the Middle Ages, only Avicenna is in some ways comparable: cosmology, ethics, medicine and mystical poetry where among the fields conquered by both of the eleventh-century Persian master and the twelfth-century 'Rhenish sibyl'"; Dronke P, *Women Writers of the Middle Ages*. Cambridge: Cambridge University Press; 1984, p. 144. The prophetic virtues have, however, overshadowed the complexity of her figure in the standard perception, flattening her into the cliché of the healer and ignoring both the cultural and scientific depth and the political and administrative role that the Rhenish Sibyl found herself playing with an authoritative and indeed not only mystical air. For a recent overview of the topic, see Embach M, *Hildegard of Bingen (1098-1179): A History Of Reception*. In: Mayne Kienzle B, Stoudt DL, Ferzoco G (eds), *A Companion to Hildegard of Bingen*. Leiden-Boston: Brill; 2014. pp. 273-304; Stoudt DL, *The Medical, the Magical, and the Miraculous in the Healing Arts of Hildegard of Bingen*. *Ibid.* pp. 249-72. On the contemporary success of Ildegardian medicine, see Moulinier-Brogi L, *Habemus sanctam! La vie sans fin de Hildegarde de Bingen/Habemus sanctam! The Endless Life of Hildegard of Bingen*. *Médiévales* 2012;63: "DVD, régimes de santé et sachets d'infusion sont donc les principaux avatars de Hildegarde dans la société occidentale actuelle".
22. Stoudt DL, Ref. 21. p. 250. See also Moulinier-Brogi L, *Hildegarde de Bingen, les plantes médicinales et le jugement de la postérité*. *Scientiarum Hist* 1994;20:77-95.
23. Stoudt DL, Ref. 21. p. 252. See also Moulinier-Brogi L, *La connaissance de la nature selon Hildegarde de Bingen, entre sagesse de Dieu et savoir d'une moniale*. In: Bartolomei

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24. Duranti T, Ref. 7. p. 107.
 25. Pereira M, ‘Feminea forma’. Le donne nello sguardo di Ildegarda. In: Bartolomei Romagnoli, A, Boesch Gajano, S (eds), Ref. 23. pp. 171-5; Ead., Ildegarda di Bingen Maestra di sapienza dal suo tempo a oggi. Verona: Gabrielli editore; 2017.
 26. On the complex tradition of Hildegard’s scientific work see Moulinier-Brogi L, Le manuscript perdu à Strasbourg. Enquête sur l’oeuvre scientifique de Hildegarde. Paris: Publications de la Sorbonne-Presses Universitaires de Vincennes; 1995; for the editions of *Liber Subtilitatum* e del *Causae et curae*: Hildegard von Bingen, *Physica. Liber subtilitatum diversarum naturarum creaturarum*, Hildebrand R, Gloning T (hrsg.). Berlin: De Gruyter; 2010; Hildegard von Bingen’s *Physica*: The Complete English Translation of Her Classic Work on Health and Healing. Trans. Throop P (transl.). Rochester VT: Healing Arts Press; 1998; Moulinier-Brogi L, Berndt R (eds), *Beate Hildegardis Cause et cure*. Berlin: Akademie Verlag; 2003. For the Italian editions: Calef P (ed.) *Ildegarda di Bingen, Cause e cure delle infermità*. Palermo: Sellerio; 1997; Ead., Campanini A (ed.), *Libro delle Creature. Differenze sottili delle nature diverse*. Roma: Carocci; 2011. See also Montesano M, *Malattie e rimedi negli scritti di Ildegarda di Bingen*. In: Paravicini Bagliani A (ed.), *Terapie e guarigioni*. Firenze: SISMEL-Edizioni del Galluzzo; 2010. pp. 215-32.
 27. Duranti T, Ref. 7. pp. 55-6.
 28. Pereira M, Ref. 25. p. 184: “in relazione diretta con la potenza cosmica della creazione e col compito umano di governarla e portarla a compimento, dando vita all’intera umanità, non sta infatti la forza dell’uomo, ma la debolezza della donna, in quanto la funzione materna la connette direttamente alla divina forza creatrice...La debolezza attribuita da Ildegarda alla donna in genere...è legata alla modalità della sua creazione: l’uomo, che deriva dalla terra, è più forte, la donna che deriva dalla carne dell’uomo, è più ‘aerea’... Ildegarda adombra ancora una volta la tradizionale etimologia di *mulier* da *mollior* (*mollis*), ma riportandola alla qualità più raffinata della sua origine de *medullis*, e connettendola dunque a un pregio, una finezza che fa della donna, ultima delle creature, la più compiuta di esse. Essere seconda nella creazione implica, dunque, ai suoi occhi, un raffinamento della natura umana, piuttosto che una manchevolezza: Ildegarda si trova qui esattamente all’opposto della concezione dei filosofi naturalisti del suo tempo”.
 29. See Malorni W, Melino S, *Ildegarda e la medicina di genere*. *Prometeo* 2023;41.162:56-61, p. 61: “Va infatti sottolineato che l’interazione uomo-ambiente come possibile fonte di disequilibrio e di patologia così come l’individuazione di elementi di ‘segnalazione’ all’interno del corpo umano oggi riconducibili agli ormoni, rappresentano intuizioni sorprendenti per l’epoca. ...le differenze tra donne e uomini, oggi definite dalla medicina di genere o genere-specifica, sono una ulteriore intuizione di Ildegarda. La Badessa, infatti, mostrando doti imprenditoriali di tutto rispetto, aveva dato vita a tre monasteri con relativa produzione di ‘agenti farmacologicamente attivi’ (diremmo oggi), aveva individuato le differenze di sesso (biologiche) e di genere (socioculturali) come elementi chiave per cure appropriate, un must della moderna farmacologia...alcuni aspetti della visione salutistica (stili di vita diremmo oggi) e biomedica di Ildegarda rappresentano una premonizione di molti aspetti della farmacia e farmacologia attuale, con una visione delle specificità di tutti gli esseri viventi (vogliamo dire non meramente antropocentrica) e delle differenze tra uomini e donne sia in sé (per la loro struttura) che per sé (per la loro

- interazione con l'ambiente che li circonda)"; see also Melino S, Mormone E, On the Interplay Between the Medicine of Hildegard of Bingen and Modern Medicine: The Role of Estrogen Receptor as an Example of Biodynamic Interface for Studying the Chronic Disease's Complexity. *Front. Neurosci.* 2022;16:745138 <http://www.frontiersin.org/articles/10.3389/fnins.2022.745138/full>.(accessed 1 September 2023).
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