

Scientific Literature and Lourdes: The Index Medicus - Notes for a Systematic Review

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ABSTRACT

Religious experience, since ancient times, has been associated with the receipt of "graces" or personal benefits, primarily physical health.

The beginning of a scientific observation of these situations can be traced back to the second half of the 19th century, with the experience of the catholic sanctuary of Lourdes.

At present there are not systematic reviews or "evidence based" papers about Lourdes healings.

This paper summarizes a preliminary research about the papers available on Index Medicus - PubMed (<https://www.ncbi.nlm.nih.gov/pubmed>).

By the keywords "Lourdes", subsequently associated with "Cure", "Heal" and "Case-control", 791 papers were extracted, of which 39 actually concerned the sanctuary and its related activities.

The papers have been classified by type. There are mostly low-level publications, also because many of them are dated (since 1910); quality seems to improve in recent years, even if there are good publications also in the past.

Studies classified as descriptive, more retrospective than transversal, are perhaps the most informative; meta-analysis is not possible, but a further step could be a "narrative" or "critical appraised topics" type review. Implications for practice and strategies are described to raise the quality of scientific literature on this topic.

Keywords: Lourdes, Cures, Healing, Religion, Faith, Systematic review, Evidence-based medicine

INTRODUCTION

Religious experience, since ancient times, has been associated with the receipt of "graces" or personal benefits, primarily physical health.

In polytheistic and animist religions, physical involvement is constant.

Talmud, Koran, Gospels report experiences of healers and healings.

The beginning of a scientific observation of these situations can be traced back to the second half of the 19th century, with the experience of the Catholic sanctuary of Lourdes.

In the assembly of AMIL (Association Médicale Internationale de Lourdes) held on February 11, 2018, 160th anniversary of Lourdes apparitions, commenting on the scientific literature proposed by Dr. A De Franciscis, chairman of Lourdes Medical Bureau, a discussion emerged about the presence of systematic reviews or "evidence based" papers.

This paper summarizes the current state of a preliminary research in this direction.

METHODS

At present there are many archives of medical literature, all available online; historically, the best known were Index Medicus (PubMed) and Excerpta Medica (Embase).

In this first approach, the research was conducted on PubMed, freely available (<https://www.ncbi.nlm.nih.gov/pubmed>).

In the database search, the main keyword was "Lourdes", subsequently associated with "Cure", "Heal" and "Case-control".

It should be noted that many important books, recent or not,

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mostly published in non-scientific editions (G. Bertrin (1912), G. Boissarie (1911, 1912, 1922), R. Cranston (1988), T. Mangiapan (1997), R. Harris (2008)), are not listed in PubMed.

On March 11, 2018, with the term “*Lourdes*” 791 papers were extracted, of which 38 actually concerned the sanctuary and its related activities.

The association with “*cures*” extracted 8 papers, all already included in the previous selection; the one with “*healing*”, 29, 15 relevant, of which only 1 was not included in the general selection.

Among the 64 articles extracted by associating “*Lourdes*” and “*case-control*”, no one was referred to the sanctuary.

For this reason, even if the attempt remains to select the best evidences, made aware of the difficulty of the research, the typology has not been further specified, and no paper was excluded, trying to include all possible material.

Therefore results concern all the 39 papers surveyed and mentioned in the references [1-39].

RESULTS AND DISCUSSION

Three publications were laboratory studies or comments on spring water [8,17,18].

One (5) shows images of an esophageal biopsy whose profile resembles a prayerful Bernadette Subirous.

Clinical studies have been classified by type, according with Grimes and Schulz [40]:

- A. *Background information*: 17: (1, 2, 3, 6, 9, 10, 12, 15, 20, 21, 23, 25, 29, 31, 32, 34, 38);
- B. *Expert opinion*: 9 (13, 19, 24, 27, 28, 30,35, 36, 37);
- C. *Case report*: None;
- D. *Observational case series (series or case revision)*:2 (26, 33);
- E. *Descriptive cross-sectional study*: 2 (7, 22);
- F. *Analytical cross-sectional study*: None;
- G. *Case-control study*: None;
- H. *Cohort study*: 3 (11, 14, 16);
- I. *Uncontrolled trial*: 1 (39),
- J. *Non-randomized controlled trial*: 1 (4);
- K. *Randomized controlled trial*: none.

They are therefore mostly low-level publications, also because many of them are dated; quality seems to improve in recent years, even if there are good publications also in the past [39].

The only study classifiable as controlled, although not randomized [4] and with non-quantifiable results, refers to three cases (doctor, psychologist, actor) experiencing different positions, and so becoming self-controls.

An uncontrolled study [39] dates back to 1982 and sequentially examines by rating scales a group of sick pilgrims, reporting significant improvements in anxiety and depression levels at 1 and 10 months.

Of the three cohort studies, two [11,14] concern a norovirus epidemic that occurred in 2008 during the pilgrimage to Lourdes; the other examines a series of semi-structured interviews aimed at caregivers of terminally ill patients brought on pilgrimage to Lourdes [16].

Studies classified as descriptive and indeed more retrospective than transversal [7,22] are perhaps the most informative; dealing with critical review of the cases of healings, they also provide summary tabulated data on the activity of the Bureau and the CMIL, even if they cannot be considered as real analytical epidemiological studies.

The other papers, which are the majority, limit themselves to report basic information and sometimes more or less organized and commented case studies.

Presently we are trying to make a further evaluation of the quality of the works.

It is clear from now that comparisons by meta-analysis are not possible; however, between a formal meta-analysis and a “*narrative*” review, it is possible to choose a qualitative systematic review as “*critical appraised topics*” type [41].

However, some indications for the practice are already presentable.

COMMENTS AND IMPLICATIONS FOR PRACTICE

A great part of the scientific literature on Lourdes is of low evidence, not so much for the lack of experimental studies, not even perhaps hypothetical, but for the lack of planned observational works, and of epidemiologically structured observations (the recent epidemiological study by Iuliano [42] has been published only in 2019).

Although the decrease over time in canonical healings is evident, considerations about the “*progressive extinction of Lourdes cures*” [7] still seem to be premature, especially looking at the number of statements to the Bureau: 103 in the 2013-2015 period, 22 in 2017 [43].

Strategies are therefore needed to raise the quality of scientific literature on this topic.

Apart from the epidemiological survey, begun on the canonically recognized healings [42] we propose to continue the revision of the literature and its extension beyond the borders of Lourdes,

Of course, it is unlikely that “unexpected healings”, by their very definition, can be studied in trials and even less randomized.

However, a discreet but also planned and eventually repeated observation of pilgrims and patients can generate cohort and even controlled studies, not only on unexpected healings, but, more concretely for the effects on patients, on the “perception” of healing, on quality of life and the other beneficial effects of religious experience, reported in literature, in the context of “complementary and alternative” therapies.

Medical Bureau itself could coordinate by providing material (i.e., protocols, questionnaires, scales and so on, including online) and collecting data.

The role of medical and also nursing volunteering can be important; it is relevant that five articles [2,9,10,12,25] and one of the few case studies [18], are published in nursing journals.

The most recent initiatives of the Bureau, such as the opening to other medical professions and to students [12], are going in this direction.

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CONFLICTS OF INTEREST

None

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