



Christ as Physician: The ancient *Christus medicus* trope and Christian medical missions as imitation of Christ

Christoffer H. Grundmann^a

^a M.Th., D.Th., Professor in Religion and the Healing Arts, Valparaiso University, Valparaiso, Indiana, United States of America

Abstract

Only a few people will know that as early as the second century AD, Christ was called a physician. Not being scriptural, this nomenclature originally reflected the looming rivalry with the pagan Asclepius cult very popular in Hellenistic times. Yet, despite its polemic background, that designation grew into an accepted rhetorical trope for Christians since it was regarded as well-suited to illustrate the corporeality of salvation. It implied that redemption is as corporeal as the work of medical practitioners, an aspect crucial for Christian medical missions. This article first provides a sketch of the early occurrences of the *Christus medicus* trope documenting only some of the crucial texts (I). In the second part, the article addresses the *imitatio Christi* motif, that is, the call to imitate Christ, because *imitatio Christi* had become somewhat typical for arguing the cause of medical missions in their nascent stage. This had to do with breath-taking developments in medicine beginning in the latter part of the nineteenth century, which suddenly empowered physicians to effectively heal diseases plaguing people from time immemorial. Pious doctors, thus, felt urged to imitate Christ by going out on missions to share the Good News and to heal (II). Concluding remarks plead for reckoning the unique vocation and ministry of medical missions within and for the Church, namely to hold fast to the corporeality of salvation.

Key Words: *Christus medicus*, *imitatio Christi*, medical missions, Asclepius, Hippocrates, disinterested benevolence, healing, physician, Church.

Introduction

It might not be known to many outside the academy that in early Christianity the work of Christ was — among others — likened to, nay, identified with that of a physician. At a first glance, such comparison seems more than obvious given that Jesus went about Galilee “healing every disease and

every sickness.” (Mt. 9:35)¹ On a second look, however, things turn out to be not as plain as initially assumed since the trope speaks about *Christus medicus*, not *Jesus medicus*. Further, unlike God’s self-designation in Ex. 15:26 as “the one who heals,” Jesus is never referred to as “doctor” nor did he declare himself a “healer” despite several other allusions to who he is, notably so in the Gospel

according to John.² Rather than appealing to Jesus' healing ministry, the *Christus medicus* trope implies reference to God's ultimate redemptive sacrifice on the cross in Christ and his resurrection while simultaneously insinuating that redemption is as corporeal in nature as is the work of medical practitioners, an aspect pointedly caught by the North-African Church Father Tertullian (ca. 160 – 220) in his famed phrase: "The body is the pivot of salvation."³

Yet, while Christians throughout the ages and churches everywhere engaged in sometimes remarkable works of charity, they nonetheless increasingly lost sight of the bodily dimension of salvation.⁴ They narrowed their focus on the rescue of an undying soul from eternal damnation, regarding the frail, decaying body not fit for life everlasting — an attitude heavily indebted to philosophical concepts held by (Neo)Platonism and Stoicism, not to Scripture. Such an approach, however, was challenged to its core with the emergence of medical missions in the nineteenth century. But, unfortunately, that challenge was seldom realized and rarely properly understood.⁵ What follows attempts to remedy this crucial blind spot by first providing an informative sketch of the *Christus medicus* trope (I) before dealing in a second part with the call to imitate Christ — typical for medical missions in the early days and important for comprehending the corporeality of salvation more adequately (II). The exposition of the two topics — *Christus medicus* and *imitatio Christi* — will be followed by brief conclusions.

I. *Christus medicus* — Interpreting the redemptive work of Christ as healing

It is telling that as early as the second century, Christians could refer to Christ as "physician" (Cristo,ζ ivatro,ζ / *Christus medicus*). Even though this designation is found nowhere in the New Testament and, albeit, Hippocratic/Galenic medicine was regarded a pagan art⁶, this title, nevertheless, stuck. Originally prompted by apologetic

confrontation with the prevalent healing cult of Asclepius, speaking of Christ as physician became a frequently used rhetoric trope in latter centuries until it fell into oblivion during the eighteenth century.⁷

The first mention of the trope occurred in a letter to the Ephesians ascribed to bishop Ignatius of Antioch who died a martyr in Rome in 107 CE. The text stated, "There is one Physician who is... God existing in flesh... Jesus Christ our Lord."⁸ The same document also spoke of the Lord's Supper as "the medicine of immortality, the antidote to prevent... from dying... that we should live forever in Jesus Christ," a phrase still used in the eucharistic liturgy of Christian Eastern Orthodox churches today.^{9,10} In an apologetic treatise written later that century, Theophilus of Antioch (ca. 169-190) asserted: "This [*i.e.*, ignorance of God] is your condition, because of the blindness of your soul, and the hardness of your heart. But, if you will, you may be healed. Entrust yourself to the Physician, and He will couch the eyes of your soul and of your heart. Who is the Physician? God, who heals and makes alive through His word and wisdom."¹¹ Irenaeus of Lyon (ca. 135-200) in his extensive *Against Heresies* argued that "the Lord came as the physician of the sick," and declared, "Himself... saying, 'They that are whole need not a physician, but they that are sick; I came not to call the righteous, but sinners to repentance'."¹² Here Irenaeus, who like Ignatius, called the eucharistic host the "bread of immortality" (*panis immortalitatis*), made the first-time reference to Lk. 5:31 thereby establishing that verse (and its parallel in Mt. 9:12 while Mk. 2:17 did not figure at all) as the cardinal reference for the *Christus medical* trope.¹³

For theologians of the third century, the healing brought about in Christ aimed mainly at the cure of the passions of the soul, a topic of philosophical discourses of their day. The *medicus* thereby becomes an expert who cares for the well-being of the soul. Clement of Alexandria (ca. 150-215) writes: "Our Instructor, the Word... cures the unnatural passions of the soul by means of

exhortations. For... the help of bodily diseases is called the healing art — an art acquired by human skill. But the paternal Word is the only Pæonian [*i.e.*, godly] physician of human infirmities, and the holy charmer of the sick soul;... the all-sufficient Physician of humanity, the Saviour, heals both body and soul.”^{14,15} Origen (ca. 185-254) holds that Christ is the supreme physician: “For although, in the diseases and wounds of the body, there are some which no medical skill can cure, yet we hold that in the mind there is no evil so strong that it may not be overcome by the Supreme Word and God. For stronger than all the evils in the soul is the Word, and the healing power that dwells in Him; and this healing He applies, according to the will of God, to every man.”¹⁶

Another third century Church Father, Cyprian of Carthage (ca. 200-258), praises God’s philanthropy thus: “Many and great... are the divine benefits... for our salvation” because Christ “humbled Himself... was wounded that He might heal our wounds;... For when the Lord at His advent had cured those wounds which Adam had borne, and had healed the old poisons of the serpent, He gave a law to the sound man and bade him sin no more.” And Tertullian decrees: “The Lord had come... to save that which had perished; a Physician necessary to the sick more than to the whole... Who among men perishes, who falls from health, but he who knows not the Lord? Who is safe and sound, but he who knows the Lord?”¹⁷ Speaking of Jesus’ healings, Tertullian insists that these were corporeal indeed, because, “he [*i.e.*, Jesus] did himself before long touch others, and by laying his hands upon them — hands evidently meant to be felt — conveyed the benefits of healing, benefits no less true, no less free from pretense, than the hands by which they were conveyed. Consequently, he is the Christ of Isaiah, a healer of sicknesses: He himself, he says, takes away our weaknesses and carries our sicknesses.”¹⁸ Tertullian, thus, augments the already established reference to Lk. 5:31 with Isa. 53:4 (Surely, he has borne our infirmities and carried our diseases.),

something which stuck with the *Christus medicus* trope ever since.

Theologians of the fourth century — Eusebius of Caesarea (260-339), Athanasius (295-373), Cyril of Jerusalem (313-387), Gregory of Nazianz (ca. 326-390), Ambrose of Milan (333-397), Basil of Caesarea (329-378), and his brother Gregory of Nyssa (ca. 331-394), had no hesitation to call Christ “physician”, even a “spiritual Hippocrates.”¹⁹ They spoke of the Word of God as “medication for life eternal” and listed repentance, baptism, the eucharist, and, yes, martyrdom as other “means of healing.” Convinced that *Christus medicus* accomplished His mission in the Church through the priests’ ecclesial office, they compared the pastoral ministry to activities of doctors, too, who had to administer bitter medicines, and, especially, to surgeons, who had to cut and burn, pierce, and amputate in order to bring about healing; such comparisons not only referred to actual surgical practices of the day, but also to cruel tortures martyrs had to endure.²⁰ Around this time, it now became possible explicitly to compare Christ with Asclepius, something consciously avoided by previous authors due to the lingering conflict in Hellenistic times with Asclepius’ popular healing cult. Thus, Athanasius remarked: “[W]hat man ever healed such diseases as the common Lord of all? Or who has restored what was wanting to man’s nature, and made one blind from his birth to see? Asclepius was deified... because he practiced medicine and found out herbs for bodies that were sick... But what is this to what was done by the Savior, in that, instead of healing a wound, He modified a man’s original nature, and restored the body whole.”²¹

Cyril, archbishop of Jerusalem, agreed with others before him in diagnosing sin as “the sorest disease of the soul.”²² Cyril also advised sinners to turn to the Great Physician: “Thine accumulated offences surpass not the multitude of God’s mercies: thy wounds surpass not the great Physician’s skill. Only give thyself up in faith: tell the Physician thine ailment.”²³ To justify addressing Christ as *medicus*,

Cyril explained that “Jesus... means according to the Hebrew ‘Savior,’ but in the Greek tongue ‘The Healer;’ since He is physician of souls and bodies, curer of spirits, curing the blind in body, and leading minds into light, healing the visibly lame, and guiding sinners’ steps to repentance... If, therefore, any one is suffering in soul from sins, there is the Physician for him... If any is encompassed also with bodily ailments, let him not be faithless, but let him draw nigh; for to such diseases also Jesus ministers, and let him learn that Jesus is the Christ.”²⁴

For Augustine (354-430), who “easily holds the first place among those Patristic writers of the West who made use of the *Christus medicus* figure,” Christ is not only mankind’s “physician and savior,”^{25,26} but also the One who, “in healing man has applied Himself to his cure, being Himself healer and medicine [*medicus et medicamentum*] both in one.”²⁷ Augustine thereby transformed the *Christus medicus* trope into a soteriological statement. On the whole, however, to perceive of Christ as a physician for body and soul had become a well-established figure of speech by the fifth century. Sermons and theological discourses played with variations of the already known without saying anything really new. Hence, there is no need to go into further detail. Suffice it to mention that the writings of Augustine were instrumental in transmitting the *Christus medicus* trope to theologians of the Middle Ages, first and foremost to Bede the Venerable (ca. 673-735), Anselm of Canterbury (1033-1109), Bernhard of Clairvaux (1090-1153), Peter Lombard (1096-1160) and also to Hildegard of Bingen (1098-1179).

II. Medical missions as imitation of Christ (*imitatio Christi*)

Medical missions as the purposeful integration of professional medical, surgical, and health-care services into the mission of the Church represent a very specific vocation. As much as they are an expression of charity to show forth God’s unconditional love and mercy like other such endeavors — soup-kitchen, orphanage, shelter —

medical missions target a realm of human existence often experienced as life-threatening — disease — to prevent untimely death and assist in sustaining life by providing treatment in cases of acute infections or medication for chronic diseases. On the other hand, trying to heal or alleviate ailments and being concerned about disease prevention today is not distinctively Christian, because — thanks be to God — other humanitarian organizations do the same, as Doctors Without Borders or medical missions run by secular agencies and national health-care systems.²⁸ What is unique about Christian medical missions is the context in which such activities are performed: The Church. This requires some explanation.

Church, first and foremost, does not refer to any organizational local, national, or global support system that commissions medical missions nor to associations of well-intending, caring Christian individuals engaging therein. Church (with the capital “C”) refers to the body of baptized Christian believers past and present who heed the Word of God. Church refers to the “cloud of witnesses” (Heb. 12:1) for God’s revelation in Christ as testified to in Scripture by the Holy Spirit. This Church is universal, while the amazing multitude of churches and Christian traditions that currently exist are only dimmed, almost blind mirrors (1. Cor. 13:12) of the true community of saints that the Church is called to be (Col. 3:12; Eph. 2:19).²⁹ Therefore, to properly grasp what Church is, requires honestly acknowledging and overcoming the attitude of celebrating individual achievements and personal accomplishments. Instead, a new identity must be acquired, an identity beyond personal goals and communitarian loyalties, a genuine Christian identity which glorifies God, and God alone, by living an authentic personal response to the gift of salvation gracefully granted in Christ. Glorification of God everywhere at every time and in communication with everyone is not only the content of a genuine Christian life. The *Soli Deo Gloria* [to God alone be glory] focus is, at the same time, a key criterion to shield against all kinds of vested interests

pursued by churches or groups, by strategic masterplans or humanitarian ideologies.

How does one acquire an identity genuinely Christian? The answer given to this question since New Testament times is: imitate Christ, for did the Lord not say: “If any want to become my followers, let them deny themselves... and follow me” (Mt. 16:24)? And did Jesus not admonish his disciples “learn from me; for I am gentle and humble in heart” (Mt. 11:29)? Paul told the Corinthians: “Be imitators of me, as I am of Christ” (1. Cor. 11:1; 4:16). The Ephesians were emboldened to become “imitators of God... and live in love as Christ loved us” (Eph. 5:1), and a first century congregation threatened by persecution and martyrdom was counselled “to look to Jesus the pioneer and perfecter of... faith... so... not [to] grow weary or lose heart” (Heb 12:1-3).

To explain what imitation of Christ means, Church Father Gregory of Nyssa alluded in the fourth century to the art of painting, likening virtues to colors: “[I]t is possible for the virtues’ pure colors skillfully combined with each other to imitate beauty that we might be an image of the Image [that is: Christ], expressing through our works the prototype’s beauty by imitation.” Looking to Christ we “imitate those qualities we can assume while we venerate and worship what our nature cannot imitate.”³⁰ This is to say, imitation of Christ can never mean endeavouring to become a replica of Christ since Christ had “qualities” — being of God and without sin (Heb 4:15) — “which our nature cannot imitate.” Imitation, rather, means to live a life which is translucent for Christ as the Lord. Hence, the call to imitate Christ asks for authentic personal piety bearing as untainted a witness to Christ as possible. Many devout Christians heeded this appeal from the Church’s beginnings through the Middle Ages up to modern times and, somewhat surprisingly, those engaging in medical missions did as well.³¹ This is remarkable in so far as Christian missions conventionally justify their activities with the “Great Commission” (Mt. 28:18-20) not with *imitatio Christi*. However, that medical missionaries

perceived their work as an imitation of Christ had to do with developments in theological thinking as well as with medical discoveries.

When the influential North American theologian Samuel Hopkins (1721-1803) expounded the meaning of imitation for Christians, he did it along the lines of utilitarian tenets of doing good rather than Christ-likeness. Hopkins claimed that Christians “are called upon to imitate... that love which God exercised... in giving his Son” and maintained that “the holy love of God is represented as consisting in disinterested benevolence and goodness... and in nothing else.”³² Declaring *imitatio Christi* synonymous to disinterested benevolence and doing good left its mark. It “fashioned the missionary character of the American churches” by giving “birth to a passion to minister to the physical needs of people.”³³ It is, therefore, not surprising that American Christians were among the first to advocate and engage in medical missions.

In 1833, an *Appeal by Dr. John Scudder to pious physicians in the United States* appeared ending on the note: “No mission... should be sent out without one, who like his adorable Master, will go about ‘preaching the gospel of the Kingdom, and healing all manner of sickness and all manner of disease’ among people.”³⁴ Missionaries working in China lectured their home-boards in 1838 to “imitate Him whose gospel you desire to publish to every land. Like Him, regard not as beneath your notice the opening of the eyes of the blind and the ears of the deaf, and the healing of all manner of diseases.”³⁵ At Edinburgh, students of medicine, potential medical missionaries, were told by one of their eminent professors in 1848: “Every medical practitioner... is... to be an imitator of the Lord Jesus Christ... This great physician! This vanquisher of death!”³⁶ Further, when applying for medical missionary service, David Livingstone (1813-1873) declared: “I am a missionary heart and soul, God had an only Son, and He was a missionary and a physician. A poor, poor imitation of Him I am, or wish to be.”³⁷ Another person from Britain, a

colleague of Livingstone, admitted: “Deep in the make-up of [a] true medical missionary is implanted that divine urge to reproduce in his own life... a pattern of the Great Physician, albeit in an alien culture.”³⁸ And as recently as 2013, a seasoned medical missionary from the U.S. published an insightful book by the title *Heal in Imitation of Christ: Conversations on Medical Missions*.³⁹

Reference to imitating Christ, however, waned once medical missionaries were accepted as legitimate co-workers in the missionary enterprise. Other, more pragmatic arguments replaced it, especially strategic ones. This had to do with breath-taking developments in medicine empowering physicians effectively to heal diseases plaguing people since time immemorial. Discovery of anaesthesia in 1846 and of asepsis the next year led to the rise of safe surgery. By 1859 the importance of public sanitation to curb, even prevent, epidemics came to be understood correctly, followed by detection of cellular pathology and bacteriology as reliable diagnostic tools, thanks to which many disease-causing agents were discovered and, subsequently, potent drugs developed. Discovery of x-rays in 1895 paved the way for non-invasive diagnostics, and the identification of mosquitos as transmitters of malaria in 1897 allowed for effective means of protection in tropical countries.⁴⁰ In short, during the brief period of only fifty years, medicine turned from an art into a rational, effective science, proving by results its superiority over indigenous medical systems in places elsewhere, at least as diagnosis, surgery, and medication were concerned.

Unlike their colleagues serving ex-patriate populations in trading colonies and ports abroad, medical missionaries often worked as pioneers in remote interior regions of host countries. Their skill and medicines drew crowds of sufferers in search for relief whom native healers could not help. Since these patients were regarded by many as potential converts, mission societies began to support such work in the hope to win people otherwise not reached. But once home-boards realized the

enormous and ever-growing cost of running medical missions and the minimal number of neophytes actually won that way, they withdrew sponsorship for this “auxiliary,” redirecting funds to missionary work “proper,” namely to the care for “lost souls.”⁴¹ This, however, was opposed by some in the field who argued that medical mission work was “a constant corrective to the type of religion which is apt to think only of ‘precious souls’ and forget the medium by which alone those souls can express themselves and so become precious.”⁴² Unfortunately, this objection did not find a hearing even though persuasive. John Mott (1865-1955) also declared that: “Medical missionary work is the climax of the integrity of [the] all-inclusive Gospel. It gives us the most vivid apprehension of the real meaning of the incarnation and likewise the life of our Lord and Savior.”⁴³

Conclusions

Not fully grasping the unique ministry of medical missions as witness to the corporeality of salvation in Christ, societies and boards still continue to justify their respective engagement with strategic arguments or claim that the commitment of the devoted staff makes such work a tangible experience of God’s love. While well-intending personal commitment to the task is precious and must be honoured, it does not compensate for lack of means or poor professional performance, be it in a Primary Health Care program, a small regional or an upscale teaching hospital in the South, North, East, or West. Christians cannot hide behind their devoted commitment as an excuse for failure in professional performance. Also, while it is difficult to maintain excellence when working within the confines of a shoestring budget, Christian medical missionaries should be aware that more funds do not necessarily warrant the Christian character of their doings. Further, faith-based institutions nowadays not only compete in almost every country with secular agencies; they also have to meet the standards of the professions set by secular boards not concerned

about Christian values. Therefore, Christian medical missions cannot sufficiently be justified by personal devotion and commitment to the task nor with strategic considerations. Considerations like these fail to notice that exploiting human suffering as opportunity for evangelization and church growth compromises the integrity of both, medicine and the Gospel. Working under false pretence is neither reconcilable with professional ethos nor with Christian standards, one of which is refusing “to practice cunning” (2 Cor 4:2).

Granted that national governments, local churches, and private initiatives have taken over what once was begun by medical missionaries, one may ask if that branch of missionary work has not become obsolete today.⁴⁴ This, however, got disavowed resolutely by physicians and theologians who met for a conference addressing that very issue organized by the Lutheran World Federation and the World Council of Churches at Tübingen, Germany, 1964. The participants “were led,” to their own surprise, as they repeatedly said, to acknowledge that the “Christian Church has a specific task in the field of healing” which cannot be surrendered “to other agencies.” Reaffirming healing as, “an integral part of its [i.e., the Church’s] witness to the Gospel,” because healing is, “an expression of salvation,” and recognizing “that to ask whether or not the time has come for the Church to surrender its work in medicine... is to ask a theological question,” they demanded from all involved — churches, seminaries, hospitals, medical staff — to give “particular attention” to studying the topic of “Health and Salvation.”⁴⁵⁻⁴⁷

To bring about healing, Christians cannot ignore medicine. They must avail of it in such a way that all their medical activities and the churches’ health-care institutions become translucent for Christ and bear credible witness to the corporeality of salvation. Beyond that, Christian medical personnel have the potential to articulate this unique contribution — corporeality of salvation — to medicine at large and to all the health-care

professions. Not that they know more about healing than others; they probably may not. But those engaged in medical missions as the medical agency of the Church know — thanks to the Gospel — something essential for putting health-care and medical efforts into proper perspective since they glorify God, the giver of life, as *Christus medicus*, the sustainer and preserver of life. This is the sole, genuinely Christian, motivation for doing medical missions.

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Correspondence: Christoffer H. Grundmann, Vöchtingstr. 31 D - 72076 Tübingen, Germany.
Christoffer.Grundmann@valpo.edu

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