

Comments on the article "Evidence of Jesus' Hematidrosis on the Turin Shroud?"

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Dear Editor,

I would like to submit some observations relating to the article "Evidence of Jesus' Hematidrosis on the Turin Shroud?" by Giulio Fanti and Carol Gregorek, published in the "Medical & Clinical Case Reports Journal", Vol. 3 No. 1 (2025) <https://urfpublishers.com/open-access/evidence-of-jesus-hematidrosis-on-the-turinshroud.pdf>

The authors are to be commended for their passionate testimony of their religious faith. However, they begin from unconfirmed historical and exegetical premises, and come to propose results that are not correct by current scientific standards.

The critical points of the article in question are as follows.

a. Philological analysis: Luke the Evangelist (22:44) states: "...and his sweat became like drops of blood falling to the ground".

The verse in the original Greek "καὶ γινόμενος ἐν ἀγωνίᾳ ἐκτενέστερον προσήχετο· καὶ ἐγένετο ὁ ἰδρῶς αὐτοῦ ὡς εἰ θρόμβοι αἵματος καταβαίνοντες ἐπὶ τὴν γῆν", is unanimously considered to be original, free from any interpolations. Luke uses the comparative conjunction ὡσεὶ (ὡς εἰ) ten times. In the New Testament, this conjunction precedes a noun with the meaning of "as if/almost as if" nine times, while in Luke, it precedes a noun in only two cases (24:11 ὡσεὶ λῆρος; 22:44 ὡσεὶ θρόμβοι). Consequently, the interpretation that Luke intended to describe the drops of sweat as drops of blood is not acceptable. It is very likely that he wanted to propose a similarity, comparing the density of sweat to that of blood, similar to how Aretèo di Cappadocia, a doctor who

lived between the first and third centuries AD, describes it, without any reference to the crucifixion of Jesus: "dense and congealed like clots" (of blood) (Lagrange P.M.-J, 1921).

- b. Physiological analysis: We should point out that Luke was not present in the Garden of Gethsemane, and therefore could not describe a clinical condition, even if he had known about it, without having seen it himself. None of the other evangelists mention this. Moreover, the phenomenon of haematohidrosis, i.e., the production of slightly bloody, pink sweat (figure 2 of the paper in question), is not easily recognisable at night. In fact, at night human vision is scotopic, i.e., it occurs mainly through the rods, which have a reduced ability to distinguish colours compared to the cones. In addition, the lighting available at the time (torches or bonfires) emitted light with a spectrum centred on red and yellow wavelengths, so that the light diffused by objects illuminated by a torch would be predominantly dark grey if the object was blue, and yellow-orange-red if the object was light in colour. As a result, any pink spots on the skin of the face would have had poor contrast and would, therefore, not have been recognisable. It is the same diffusion of light from a torch that can induce the false sensation that the face is covered with pink or orange substances, and it is possible that an eyewitness reported to Luke the sensation of a pink-coloured face and Luke reported this sensation as an analogy of haematohidrosis. An analogy and not a clue, for the philological reasons summarised in point a).
- c. Blood analysis on the fabric of the shroud: The desire to prove that there are traces of haematohidrosis on the shroud is implausible. The shroud image is the imprint of a corpse

and the blood stains are imprints of clots. Blood cells are almost non-existent (Adler A.D.,1986). The attempt to assimilate microscopic elements of an undeterminable nature to erythrocytes reduced in volume due to the severe uremia suffered by the man of the shroud is implausible. The alleged uremia cited as the cause of erythrocyte deformation (classified by the authors as type A blood) is not acceptable, because: 1) the serum value of urea nitrogen and creatinine was not determined on the serum halos of the shroud cloth; 2) the acclaimed state of acute uremia does not evolve over a period of about 15–18 hours (the time of the Passion); 3) uremia causes a state of clouding of the senses, even leading to coma, a condition contradicted by the lucidity of the historical Jesus on the cross.

For the sake of completeness, we can add that the psycho-characteral profile of the historical Jesus is not included in the case studies in the international literature relating to the mental fragility of the subjects studied (Kluger N., 2018; Bhagwat P.V. et al., 2009; Praveen B.K. et al., 2012; Holoubek J.E., Holoubek A.B., 1996).

In conclusion, in view of the above, contrary to what is written in the abstract of the article in the paper in object it is not true that “The Gospel of Luke [22:44] describes a clear case of haematidrosis”. Furthermore, a philological analysis of the passage in the Gospel of Luke suggests that Luke is reporting an analogy, and not a diagnosis of haematohidrosis. Such a diagnosis could not have been made, both because Luke was not present at the time, and because any witness could easily have been deceived by scotopic vision and the reddish spectrum of the lighting. The alleged uremia cited as the cause of erythrocyte deformation is not clinically acceptable. The conclusions of the article are highly dubious and are not supported by sufficiently robust data.