Medical & Clinical Research

ISSN: 2577 - 8005

The Bethsaida Plant-Based Program and Its Harmony with All Faiths in Indonesia

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Submitted: 29 May 2025; Accepted: 09 Jun 2025; Published: 20 Jun 2025

Citation: Mulijono, D. (2025). The Bethsaida Plant-Based Program and Its Harmony with All Faiths in Indonesia. *Med Clin Res*, 10(6), 01-05.

Abstract

In a time when chronic diseases and ecological crises are escalating globally, plant-based diets (PBDs) have emerged not only as a scientific imperative but also as a profoundly spiritual and ethical call. This article examines the striking convergence between ancient religious wisdom and modern nutritional science, focusing on how Indonesia's six officially recognized religions—Christianity, Catholicism, Islam, Hinduism, Buddhism, and Confucianism—each contain scriptural and ethical principles that support a plant-based diet. Far from being a Western health trend, the principles underlying PBDs have long been embedded in the moral teachings of faiths practiced by over 270 million Indonesians. Drawing on scriptural references, religious doctrines, and theological reflections, we uncover how compassionate eating, bodily stewardship, moderation, and environmental responsibility are universal themes that transcend faiths.

We also present the groundbreaking experience at Bethsaida Hospital, Indonesia, under the leadership of Professor Dasaad Mulijono, where a Christ-centred, plant-based lifestyle program has been implemented as part of mainstream cardiac care. Over the past seven years, this integrative model has delivered remarkable clinical outcomes, including the reversal of hypertension and diabetes, regression of coronary artery disease (CAD), improved renal and heart failure metrics, and a nationally leading restenosis rate of just 2% following drug-coated balloon (DCB) angioplasty, without reliance on expensive and aggressive pharmacological interventions.

By harmonizing faith, evidence-based medicine, and ethical nutrition, Bethsaida's model demonstrates how healthcare can transcend the transactional and become transformational. The article ultimately calls for a reawakening among both religious and medical communities: to recognize that food is not merely fuel, but a sacred tool for healing, justice, and renewal. We propose that the path forward in public health lies not only in policy or pharmaceuticals but in a spiritual and nutritional renaissance grounded in ancient truths and modern compassion.

Keywords: Plant-Based Diet, Religion and Diet, Christianity, Catholicism, Islam, Hinduism, Buddhism, Confucianism, Bethsaida hospital, Compassionate Eating, Prof. Dasaad Mulijono, Ethical Nutrition

1. Introduction

In recent decades, the global burden of chronic diseases—including heart disease, diabetes, obesity, and cancer—has surged, prompting renewed attention to lifestyle factors, particularly nutrition [1-17]. Concurrently, environmental concerns associated with industrial animal agriculture have made dietary reform a global imperative. Amid this crisis, PBDs have emerged as a scientifically supported health intervention and a moral and spiritual calling, deeply rooted in many religious traditions.

Remarkably, long before modern science confirmed the health benefits of whole PBDs, religious teachings had already endorsed moderation, compassion, and stewardship principles, aligning naturally with a plant-based (PB) lifestyle. This article examines how core scriptures and teachings across the world's major religions promote such diets through explicit prescriptions or ethical values that indirectly encourage plant-centric living. As a Christian-based practice following Christ's example, we also believe in loving our patients as ourselves—a principle that guides our mission to integrate faith, science, and compassion in healing [18-23].



1.1 Christianity

Christianity upholds the principles of love, stewardship, and respect for the body, all of which intersect with PB eating.

- Genesis 1:29: "Then God said, 'I give you every seed-bearing plant on the face of the whole earth and every tree that has fruit with seed in it. They will be yours for food." This Edenic diet was PB, symbolizing purity and harmony [24].
- Daniel 1: 12-16 [25]: "Give us nothing but vegetables to eat and water to drink... they looked healthier..." Daniel's experience is arguably one of the earliest comparative studies of dietary patterns, where PB intake resulted in measurable vitality.
- Romans 14:21 [26]: "It is better not to eat meat or drink wine or to do anything else that will cause your brother or sister to fall." This emphasizes communal responsibility and restraint.
- 1 Corinthians 6:19-20 [27]: "Your bodies are temples of the Holy Spirit... therefore honour God with your bodies." A diet that nourishes rather than harms aligns with honouring the divine presence.

1.2 Catholicism

Catholic teaching emphasizes moral living, simplicity, and respect for all creation.

• Catechism 2415 [28]: "The dominion granted by the Creator...

- cannot be separated from respect for moral obligations." Ethical stewardship encompasses the care and protection of animals and the environment.
- Fasting and abstinence, especially during Lent [29], reinforce spiritual discipline and self-denial, concepts echoed in PB practices.
- St. Francis of Assisi's deep kinship with animals and nature [30] remains a beacon of ecological and dietary compassion.

Islam

Islam encourages balance, gratitude, and mercy in dietary conduct.

- Surah Al-Baqarah 2:172 [31]: "Eat from the good things We have provided for you and be grateful to Allah..."
- Surah Al-An'am 6:141 [32]: "Do not waste; Allah does not love the wasteful." Overconsumption of meat, with its ecological toll, may contradict this ethic.
- Prophet Muhammad (PBUH) often chose dates, barley, and vegetables, and seldom ate meat [33], underscoring moderation and humility.

1.3 Hinduism

Ahimsa, or non-violence, is central to Hindu ethics.

- *Bhagavad Gita 17:7* [34]: Foods that are wholesome, pleasing, and nourishing are favoured attributes of plant foods.
- *Manusmriti* 5.49 [35]: Refraining from harming living beings

brings spiritual reward and purity.

• Vegetarianism is widely practiced as a spiritual discipline promoting inner peace and karmic alignment [36].

1.4 Buddhism

Buddhism cultivates compassion toward all sentient beings.

- *Dhammapada 130* [37]: "Putting oneself in the place of another, one should not kill nor cause another to kill."
- Lankavatara Sutra [38]: Advocates for the Bodhisattva's abstention from flesh as an act of compassion.
- Mindful eating is a form of meditation, supporting clarity, peace, and health [39].

1.5 Confucianism

Confucianism promotes ethical refinement through moderation and gratitude.

- Analects 7:36 [40]: "The superior man does not eat too much."
- Li Ji [41]: Food should be eaten in peace, fostering gratitude and order—an ethos supported by conscious, simple PB meals.

Bethsaida Cardiac Centre: Exemplifying Christ-Centred Compassionate Care Through a Righteous Physician Who Truly Walks the Talk

At Bethsaida Hospital, initiated by Professor Dasaad Mulijono, we have implemented PBDs as part of cardiac care for nearly seven years. This program, grounded in Christ-like love and compassion, has produced remarkable outcomes [42-60].

- **Hypertension Reversal:** Medication-free normotension achieved through high-potassium, nitrate-rich diets.
- Diabetes Control: Many patients discontinued insulin and maintained glycaemic control through fibre-rich, low-fat PBDs.
- LDL Reduction: Profound cholesterol reduction using combination PBDs with Statins and Ezetimibe without using Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) inhibitors.
- Sustainable Weight Loss: Long-term body mass index (BMI) normalizing without calorie restriction.
- **Renal Function Improvement:** Stabilization or recovery of kidney function in chronic kidney disease (CKD).
- **Heart Failure Outcomes:** Enhanced ejection fraction and symptom resolution in heart failure patients with reduced ejection fraction (HFrEF).
- CAD Regression and Low Restenosis: Just 2% restenosis with DCB treatment versus 10–20% nationally.
- Chronic Inflammation Modulation: Improvement in autoimmune and inflammatory diseases.

Despite initial scepticism, our model—rooted in faith, evidence, and compassion—has transformed lives and serves as an Indonesian exemplar of faith-based healing.

Discussion

Combining ancient religious wisdom with contemporary science provides a compelling case for PBDs. Across spiritual paths, the call to compassion, purity, and stewardship resonates with dietary patterns that eschew violence, nourish the body, and preserve the earth.

Furthermore, the Bethsaida experience affirms that religious values can be translated into measurable health outcomes. Integrating PBDs within a Christian framework of love and service empowers patients and practitioners to heal and undergo transformation. Faith-based institutions worldwide could leverage similar frameworks to combat the chronic disease epidemic while fostering spiritual well-being.

3. Conclusion

The convergence of plant-based dietary principles with the foundational teachings of the world's major religions offers a profound reminder: long before modern science affirmed the health benefits of PBDs, spiritual traditions had already called humanity to compassion, moderation, self-control, and stewardship of creation. From the Edenic blueprint in Genesis to the Buddhist and Hindu doctrines of non-violence, from Islamic guidance on moderation to Confucian ideals of restraint, these traditions provide not only moral legitimacy but also timeless relevance for contemporary nutritional reform.

The Bethsaida experience serves as living proof that such faith-aligned dietary philosophies are not merely idealistic or symbolic—they are transformative when applied authentically. Under the Christ-centred leadership of Prof. Dasaad Mulijono, the integration of a PBD into routine cardiovascular care has not only reversed disease trajectories but also redefined what compassionate, faith-driven medicine can achieve. With outcomes that surpass national benchmarks—such as a 2% restenosis rate post-DCB angioplasty, remission of diabetes and hypertension, and improved quality of life in heart failure patients—the Bethsaida model offers a replicable blueprint for global health systems seeking both ethical and practical care delivery.

In a world increasingly divided by ideology, inequality, and disease, a unified return to the sacred principles of food, health, and stewardship may be the healing force we so urgently need. Religious institutions, healthcare providers, and policymakers must recognize their shared responsibility to promote lifestyles that honour the human body, protect the earth, and uplift the soul. Let food become not a source of chronic illness, but a channel of divine healing and societal restoration.

We urge leaders from all faiths and health sectors to embrace this paradigm, not as a departure from tradition, but as a return to the sacred wisdom that has always been with us. Let us reclaim food as a covenant of care: for our patients, our planet, and our Creator.

Author Contributions

D.M.; Conceptualization, writing, review, and editing.

Funding

This research received no external funding.

Institutional Review Board Statement

Not applicable.

Informed Consent Statement

Not applicable.

Data Availability Statement

Data are contained within the article.

Conflict of Interest

The authors declare no conflict of interest.

References

- 1. Hacker, K. (2024). The Burden of Chronic Disease. Mayo Clinic proceedings. Innovations, quality & outcomes, 8(1), 112–119.
- 2. Holman H. R. (2020). The Relation of the Chronic Disease Epidemic to the Health Care Crisis. ACR open rheumatology, 2(3), 167–173.
- 3. Ansah, J. P., & Chiu, C. T. (2023). Projecting the chronic disease burden among the adult population in the United States using a multi-state population model. Frontiers in public health, 10, 1082183.
- van Oostrom, S. H., Gijsen, R., Stirbu, I., Korevaar, J. C., Schellevis, F. G., Picavet, H. S., & Hoeymans, N. (2016). Time Trends in Prevalence of Chronic Diseases and Multimorbidity Not Only due to Aging: Data from General Practices and Health Surveys. PloS one, 11(8), e0160264.
- Benavidez, G. A., Zahnd, W. E., Hung, P., & Eberth, J. M. (2024). Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area. Preventing chronic disease, 21, E14.
- 6. Oster, H., & Chaves, I. (2023). Effects of Healthy Lifestyles on Chronic Diseases: Diet, Sleep and Exercise. Nutrients, 15(21), 4627.
- 7. Mitrou P. (2022). Is lifestyle Modification the Key to Counter Chronic Diseases?. Nutrients, 14(15), 3007.
- 8. Ockene, J. K., Sorensen, G., Kabat-Zinn, J., Ockene, I. S., & Donnelly, G. (1988). Benefits and costs of lifestyle change to reduce risk of chronic disease. Preventive medicine, 17(2), 224–234.
- Katz, D. L., Frates, E. P., Bonnet, J. P., Gupta, S. K., Vartiainen, E., & Carmona, R. H. (2018). Lifestyle as Medicine: The Case for a True Health Initiative. American journal of health promotion: AJHP, 32(6), 1452–1458.
- 10. Jeong S. M. (2024). Primary Care Physicians' Important Role: Lifestyle Modification for Chronic Disease Management. Korean journal of family medicine, 45(5), 237–238.
- 11. Katz D. L. (2019). Plant-Based Diets for Reversing Disease

- and Saving the Planet: Past, Present, and Future. Advances in nutrition (Bethesda, Md.), 10(Suppl 4), S304–S307.
- Thompson, A. S., Tresserra-Rimbau, A., Karavasiloglou, N., Jennings, A., Cantwell, M., Hill, C., Perez-Cornago, A., Bondonno, N. P., Murphy, N., Rohrmann, S., Cassidy, A., & Kühn, T. (2023). Association of Healthful Plant-based Diet Adherence With Risk of Mortality and Major Chronic Diseases Among Adults in the UK. JAMA network open, 6(3), e234714.
- 13. Liang, J., Wen, Y., Yin, J., Zhu, G., & Wang, T. (2024). Utilization of plant-based foods for effective prevention of chronic diseases: a longitudinal cohort study. NPJ science of food, 8(1), 113.
- 14. Bansal, S., Connolly, M., & Harder, T. (2021). Impact of a Whole-Foods, Plant-Based Nutrition Intervention on Patients Living with Chronic Disease in an Underserved Community. American journal of lifestyle medicine, 16(3), 382–389.
- Almuntashiri, S. A., Alsubaie, F. F., & Alotaybi, M. (2025).
 Plant-Based Diets and Their Role in Preventive Medicine: A Systematic Review of Evidence-Based Insights for Reducing Disease Risk. Cureus, 17(2), e78629.
- Peña-Jorquera, H., Cid-Jofré, V., Landaeta-Díaz, L., Petermann-Rocha, F., Martorell, M., Zbinden-Foncea, H., Ferrari, G., Jorquera-Aguilera, C., & Cristi-Montero, C. (2023). Plant-Based Nutrition: Exploring Health Benefits for Atherosclerosis, Chronic Diseases, and Metabolic Syndrome-A Comprehensive Review. Nutrients, 15(14), 3244.
- Craig, W. J., Mangels, A. R., Fresán, U., Marsh, K., Miles, F. L., Saunders, A. V., Haddad, E. H., Heskey, C. E., Johnston, P., Larson-Meyer, E., & Orlich, M. (2021). The Safe and Effective Use of Plant-Based Diets with Guidelines for Health Professionals. Nutrients, 13(11), 4144.
- 18. Mullan, P. C., Zinns, L. E., & Cheng, A. (2021). Debriefing the Debriefings: Caring for Our Patients and Caring for Ourselves. Hospital pediatrics, hpeds.2021-006339. Advance online publication.
- 19. McLeod M. E. (2003). The caring physician: a journey in self-exploration and self-care. The American journal of gastroenterology, 98(10), 2135–2138.
- Bradshaw, J., Siddiqui, N., Greenfield, D., & Sharma, A. (2022). Kindness, Listening, and Connection: Patient and Clinician Key Requirements for Emotional Support in Chronic and Complex Care. Journal of patient experience, 9, 23743735221092627.
- 21. Farber, N. J., Novack, D. H., & O'Brien, M. K. (1997). Love, boundaries, and the patient-physician relationship. Archives of internal medicine, 157(20), 2291–2294.
- 22. Guidi, C., & Traversa, C. (2021). Empathy in patient care: from 'Clinical Empathy' to 'Empathic Concern'. Medicine, health care, and philosophy, 24(4), 573–585.
- 23. Sullivan M. D. (2024). Caring for patients with chronic illness: is respecting patient autonomy enough or must we promote patient autonomy as well? Family practice, 41(6), 863–866.
- 24. 24. Holy Bible, Genesis 1:29.

- 25. Holy Bible, Daniel 1:12-16.
- 26. Holy Bible, Romans 14:21.
- 27. Holy Bible, 1 Corinthians 6:19-20.
- 28. Catechism of the Catholic Church, Catechism 2415.
- 29. Visioli, F., Mucignat-Caretta, C., Anile, F., & Panaite, S. A. (2022). Traditional and Medical Applications of Fasting. Nutrients, 14(3), 433.
- 30. Caruana Sj L. (2020). Different religions, different animal ethics?. Animal frontiers: the review magazine of animal agriculture, 10(1), 8–14.
- 31. Holy Quran, Surah Al-Baqarah 2:172.
- 32. Holy Quran, Surah Al-An'am 6:141.
- 33. The Diet of the Prophet Muhammad (PBUH), Halal-N-Tayyib Meats, https://www.halal-n-tayyibmeatshares.com
- 34. Holy Mahabharata Book, Bhagavad Gita 17:7.
- 35. Manusmriti Book, Manusmriti 5.49.
- Leitzmann C. (2014). Vegetarian nutrition: past, present, future. The American journal of clinical nutrition, 100 Suppl 1, 496S–502S.
- 37. The Dhammapada Verses and Stories, Dhammapada 130.
- 38. The Lankavatara Sutra Book.
- 39. Nelson J. B. (2017). Mindful Eating: The Art of Presence While You Eat. Diabetes spectrum: a publication of the American Diabetes Association, 30(3), 171–174.
- 40. The Analects of Confucius, Analects 7:36.
- 41. Book of Rites, Li Ji.
- 42. Mulijono D, Hutapea AM, Lister INE, Sudaryo MK, Umniyati H (2024) Plant-Based Diets and Supplements in Mitigating COVID-19: Part 1. The Research Report. J Comm Med and Pub Health Rep 5(08):
- 43. Mulijono, D., Hutapea, A.M., Lister, I.N.E., Sudaryo, M.K., Umniyati, H. (2024). Plant-Based Diet and Supplements in Mitigating COVID-19: Part 2. The Mechanism behind Successful Intervention. J Comm Med and Pub Health Rep 5(08):
- 44. Mulijono, D., Hutapea, A. M., Lister, I. N. E., Sudaryo, M. K., & Umniyati, H. (2024). Saving High-Risk Cardiac Patients from COVID-19 Severity, Hospitalization, and Death with Plant-Based Diets and Dietary Supplements. Archives of Clinical and Biomedical Research, 8, 245-252.
- 45. Mulijono, D. (2024). Plant-Based Diets (PBDs): Challenges and Solutions. On J Cardio Res & Rep, 7(5), 2024. OJCRR. MS.ID.000672.
- Mulijono, D., Hutapea, A.M., Lister, I.N.E., Sudaryo, M.K., Umniyati, H. (2024). Mechanisms of Plant-Based Diets Reverse Atherosclerosis. Cardiology and Cardiovascular Medicine, 8, 302.
- 47. Mulijono, D. (2024). Plant-Based Diet in Regressing/ Stabilizing Vulnerable Plaques to Achieve Complete

- Revascularization. Archives of Clinical and Biomedical Research, 8(2024), 236-244.
- 48. Mulijono, D., Hutapea, A. M., Lister, I. N. E., Sudaryo, M. K., Umniyati, H. (2024). How a Plant-Based Diet (PBD) Reduces In-Stent Restenosis (ISR) and Stent Thrombosis (ST). Cardio Open, 9 (1), 01-15.
- Mulijono, D., Hutapea, A.M., Lister, I.N.E., Sudaryo, M.K., & Umniyati, H. (2024). Plant-Based Diet to Reverse/Regress Vulnerable Plaque: A Case Report and Review. Archives of Clinical and Medical Case Reports, 8 (2024), 126-135.
- 50. Mulijono, D. (2025). Bethsaida Hospital: Pioneering Plant-Based Diet and Lifestyle Medicine Revolution in Indonesia. Arch Epidemiol Pub Health Res (2025), 4(1), 01-03.
- 51. Mulijono, D.,Dasaad, M. (2025). The Plant-Based Guru Redefining Cardiology and Preventive Medicine. On J Cardio Res & Rep, 8(1), 2025.
- 52. Mulijono, D. (2025). Healing with Food or Managing with Injection? A New Era in Chronic Disease Care. J Biomed Res Environ Sci, 6(4), 373-377.
- 53. Mulijono, D. (2025). How a Plant-Based Diet and Ultra-Low LDL Levels Can Reverse Atherosclerosis and Prevent Restenosis: A Breakthrough in Heart Health. J Biomed Res Environ Sci, 6(4), 368-372.
- 54. Mulijono, D. (2025). Reclaiming Healing Through Nutrition: Resistance to Plant-Based Diets and the Biblical Call to Restoration. Arch Epidemiol Pub Health Res (2025), 4(2), 01-03.
- 55. Mulijono, D. (2025). The Pitfalls of Relying Solely on Guidelines for Chronic Coronary Syndrome: A Warning for Cardiologists. Cardiology and Cardiovascular Medicine, 9 (2025), 97-99.
- 56. Mulijono, D. (2025). What Was Meant for Harm. A Testimony of Healing, Faith, and Medical Revolution. Arch Epidemiol Pub Health Res, 4(2), 01-05.
- 57. Mulijono, D. (2025). Trained to Treat, Not to Heal: How Indonesia's Medical System Fails Lifestyle Medicine. J Cardiovas Cardiol, 3(2), 1-4.
- 58. Mulijono, D. (2025). Strategies to Prevent Restenosis After Drug-Coated Balloon Angioplasty. Cardiology and Cardiovascular Medicine, 9(2025), 150-158.
- 59. Mulijono, D. (2025). Wake Up Call: While We Sleep, China's Healthcare AI Revolution Quietly Overtakes the World-Leaving Indonesia in the Dark. Arch Epidemiol Pub Health Res, 4(2), 01-04.
- 60. Mulijono, D. (2025). Physicians as Faith-Aligned Educators: Integrating Biblical Nutrition and Artificial Intelligence in Holistic Chronic Disease Management. Recent Adv Clin Trials, 5(3), 1-5.

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