

The Holistic Health Philosophy and Influence of the Byzantine Physician Oribasius

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Abstract:

This study aims to examine the holistic health philosophy articulated by the Byzantine physician Oribasius (320–403 CE) in his *Synagogae Medicae* and to analyze its position within the intellectual history of medicine. Using documentary analysis and a comparative historical approach, the study juxtaposes Oribasius's work with that of Hippocrates, Galen, and later Arabic and Western medical texts. The findings indicate that Oribasius developed an integrated conception of health encompassing physiological, psychological, spiritual, and social dimensions through the frameworks of humoral theory and the six non-naturals. Moreover, he was the first to incorporate medical ethics and public hygiene into the scope of health. This research suggests that the *Synagogae Medicae* not only preserved classical medical knowledge but also initiated a paradigmatic shift from curative medicine to preventive medicine and virtue-based health cultivation. Its academic contribution lies in revealing the mediating role of Byzantine medicine in the formation of the holistic health ideal and in reassessing Oribasius's significance within the medical and cultural traditions of late antiquity.

Keywords: Oribasius, Byzantine medicine, holistic health, history of medical thought.

1. INTRODUCTION

During the fourth century CE, the Mediterranean world of the Roman Empire underwent a period of intense political and religious transformation. The imperial center shifted eastward to Constantinople, which emerged as a new locus of civilization, while Christianity evolved from a marginal faith into the official religion of the empire, reshaping traditional systems of cultural and medical knowledge (Nutton, 2013). At this critical historical juncture, the physician Oribasius (c. 320–403 CE) compiled the monumental *Synagogae Medicae*, a comprehensive synthesis that systematized and preserved the classical medical doctrines of Hippocrates and Galen. Through this work, Greco-Roman medicine continued within the Byzantine Empire as an institutionalized and codified body of knowledge.

Oribasius's contribution, however, extended far beyond the mere preservation of texts. In the first four books of the *Synagogae Medicae* (*De conservatione sanitatis*), he articulated a comprehensive regimen for maintaining the health of the "healthy man" (*hygieinos anthrōpos*), encompassing diet, exercise, rest, emotional regulation, environmental adaptation, and social interaction. This constituted one of the earliest frameworks of holistic health (Garofalo, 2014). His emphasis on harmony among physical, mental, and moral dimensions not only reflected the classical ideal of balance but also anticipated modern concepts of body–mind–spirit integration emphasized in health promotion theory (Kickbusch, 2007). Traditionally, medical historians have regarded Oribasius as a conservative transmitter of Galenic doctrine rather than as an innovator (Temkin, 1963). Yet recent scholarship highlights his systematic reorganization of medical literature and his focus on disease prevention as a form of intellectual re-creation (Boudon-Millot, 2018). This paper therefore reexamines Oribasius from the perspective of the history of medical ideas, exploring how he reconstructed the classical ideal of holistic health amid the religious and epistemic upheavals of the late Roman world, and how his synthesis inspired subsequent notions of preventive and integrative medicine.

2. ORIBASIOS AND THE *SYNAGOGAE MEDICAE*: HISTORICAL AND TEXTUAL ANALYSIS

Oribasios was born in Pergamon, Asia Minor, a renowned center of Hellenistic medicine and the birthplace of Galen (Nutton, 2004). Educated in the classical *paideia*, he mastered rhetoric, philosophy, and medicine under Zeno of Cyprus, a distinguished physician. His formative years coincided with a time of severe religious conflict and intellectual decline within the empire. As Christianity rose to prominence, traditional healing cults dedicated to Asklepios, the Greco-Roman god of medicine, gradually lost patronage and influence. A turning point in Oribasios's career came through his close friendship with Emperor Julian the Apostate (r. 361–363 CE). Julian, an advocate of classical Hellenism, sought to counter Christian miracle-healing with rational medicine (Elm, 2012). He commissioned Oribasios to compile the *Synagogae Medicae* as both a medical guide for imperial and military use and as part of a cultural revival project. Consequently, the work became a symbolic act of preserving pagan knowledge during the empire's Christianization (Mattern, 2013).

The *Synagogae Medicae* (Greek: *Iatrikai Synagogai*) originally comprised seventy volumes, of which about twenty-five survive, reconstructed from later abridgments and quotations (Daremberg & Bussemaker, 1851–1876). In his preface, Oribasios stated his aim plainly: “*Not to create new doctrines, but to preserve the wisdom of the ancients.*”

The work is organized into five thematic sections:

1. Medical theory and ethics (Books 1–10)
2. Systemic diseases (Books 11–30)
3. Specific pathologies and special populations (Books 31–45)
4. Surgery and pharmacology (Books 46–60)
5. History of medicine and index of sources (Books 61–70)

Among these, Books 1–4 (*De conservatione sanitatis*) are the most philosophically significant, establishing health preservation (*hygieinē*)—rather than mere cure—as the principal goal of medicine. This shift marked a transition from curative medicine to preventive medicine, foreshadowing later public health concepts.

Oribasios's intellectual hallmark lay in his method of compilation (*synagōgē*) rather than invention. Yet this very act of compilation represented an epistemic reconstruction. By selectively excerpting and reclassifying the works of Hippocrates and Galen, he achieved a systematic organization of medical knowledge based on physiological principles rather than on lists of symptoms or diseases (Scarborough, 1984). This methodological shift signaled his vision of medicine as an organic whole, not merely an assemblage of isolated treatments. Furthermore, Oribasios appended a medical index (*pinax iatrikos*), cataloging topics and authors—a precursor to later Byzantine and Arabic encyclopedic traditions (Pormann & Savage-Smith, 2007). This innovation marked one of the earliest attempts at a bibliographic system in medical history, linking scholarship, classification, and professional identity.

3. THE HOLISTIC HEALTH PHILOSOPHY IN THE *SYNAGOGAE MEDICAE*

Following Hippocrates's *On Diet* (*De victu*) and Galen's *On the Temperaments* (*De temperamentis*), Oribasios defined health as the state of being “according to nature” (*kata physin*). Health results from the balanced interaction of the four humors—blood (*haima*), phlegm (*phlegma*), yellow bile (*chole*), and black bile (*melaina chole*)—in both quality and quantity (Nutton, 2013). Disease, by contrast, arises from disproportion or disturbance in this balance. He emphasized the interdependence of humors with climate, diet, and emotions, thereby constructing a practical framework for health management. As he noted: “*The physician's task is to assist nature in restoring balance, not to compel it by force of drugs*” (*Synagogae Medicae*, I.3). This respect for the healing power of nature (*vis medicatrix naturae*) reveals a philosophical orientation toward harmony rather than intervention. Modern physiology echoes this intuition through the concept of homeostasis. As Walter B. Cannon (1932) described in *The Wisdom of the Body*, the body

maintains equilibrium via autonomic and endocrine regulation. Though Oribasius lacked such terminology, his dynamic model of humoral balance anticipated this fundamental principle of biological constancy. Oribasius inherited from the Hippocratic–Galenic tradition the doctrine of the six non-naturals (*sex res non-naturales*), which he reformulated into a practical guide for everyday life (Temkin, 1963). These six elements included:

1. Air and environment (*aer et locus*)
2. Food and drink (*cibus et potus*)
3. Exercise and rest (*motus et quies*)
4. Sleep and wakefulness (*somnus et vigilia*)
5. Excretion and retention (*excretiones et retentiones*)
6. Emotions and mental states (*passiones animi*)

This schema represented an early systems theory of health, encompassing physical, psychological, and environmental factors under a single holistic paradigm. Health, therefore, was not a fixed condition but a dynamic equilibrium of interacting forces within and around the human being.

At the opening of *Book I* of the *Synagogae Medicae*, Oribasius declared: “*He who wishes to preserve health must first correct the air he breathes.*” (*Synagogae Medicae*, I.1). He held that the quality of air directly determines humoral states and predisposition to illness: excessive humidity increases phlegm, while excessive dryness augments bile. Thus, dwellings should be “well-ventilated, elevated, near water but not damp, facing the sun but avoiding shadows.” He also emphasized the purity of water and the hygienic management of waste, proposing the establishment of public hospitals (*xenodocheia*) to care for travelers and the sick—institutions that combined isolation with charity (Miller, 1985). In this way, Oribasius extended health from the personal to the civic domain, formulating an early concept of public health. His dictum, “*When the air of the city is pure, the citizens are healthy; when it is foul, disease arises,*” prefigured the basic assumption of environmental epidemiology. Contemporary studies linking air pollution (PM2.5), urban greenery, and mental well-being continue this ancient insight (Nieuwenhuijsen et al., 2017).

In *Book II*, Oribasius asserted the principle that “dietetics is the first medicine.” He emphasized individualization (*idios physis*) and moderation (*metrion*), advising that food be adjusted according to age, temperament, season, and occupation, rather than by rigid formulae. For example, those of a sanguine temperament should reduce spicy and hot foods, while melancholic individuals should consume warm and moist foods or sweet fruits to counter sadness. He further proposed a “Triadic Rule of Diet”:

1. Seasonal adaptation (*kata kairon*): sprouts in spring, fruits in summer, grains in autumn, and soups or meats in winter.
2. Harmony of tastes (*symmetria geuseōn*): avoid extremes of cold and heat; foods should balance one another.
3. Temperance and rhythm (*metrios sitos*): follow the “rule of seventy percent fullness”; evening meals should be light.

These recommendations correspond closely with modern nutritional science. The World Health Organization (WHO, 2021) identifies dietary diversity and moderation as central to chronic disease prevention. Likewise, precision nutrition—the modern practice of tailoring diet to genetic and metabolic profiles—echoes Oribasius’s principle of “*care in accordance with nature and the individual.*” (Ordovas & Ferguson, 2017).

In *Book III*, Oribasius described exercise and rest as the “two wings of health.” He classified physical activities into three levels—violent (intense), moderate, and passive—and offered differentiated guidance by age and constitution. Youths, he recommended, should engage in wrestling and swimming; the elderly,

in walking and massage to circulate vital fluids. He cautioned, however, that exercise must “move blood and *pneuma* without exhaustion,” as overexertion depletes vital energy. This idea of moderation (*metriotes*) parallels modern exercise physiology’s concern with overtraining and injury (Booth et al., 2012). Concerning rest and sleep, Oribasius proposed an early concept of circadian rhythm: “Rest in accordance with the order of the heavens.” He identified 10 p.m. to 2 a.m. as the “golden four hours” when the body’s restorative processes were most active; deviation from this rhythm, he warned, disturbed both humoral equilibrium and mental stability. Modern chronobiology confirms that melatonin secretion and metabolic recovery peak within similar hours (Czeisler, 2015).

In his discussion of urban hygiene, Oribasius proposed state-sponsored medical facilities and market regulation: butcher stalls should be well ventilated, fish kept on ice, and leftover food donated to hospitals. These measures, while sanitary in purpose, expressed a broader civic ethic of health. The Byzantine scholar Photius later wrote of him, “He legislated for the city through a medical book” (*Bibliotheca*, IX c.), a fitting description of Oribasius’s social conception of health. In his conclusion to Book I, Oribasius stated: “*When a nation prepares clean beds and warm soup for the poor and the sick, disease diminishes, and virtue flourishes.*” Here, health is conceived as part of a moral and political community, a view resonant with the modern framework of social determinants of health (Marmot, 2005).

4. THE PSYCHOLOGICAL, ETHICAL, AND SPIRITUAL DIMENSIONS OF HEALTH

In *Book IV*, Oribasius introduced the notion of emotional regulation (*pathē psychēs*) as integral to health preservation. He observed that worry, anger, fear, and grief disturb the circulation of blood and *pneuma*, thereby upsetting “the harmony of nature” (*symmetria physike*). This idea derived directly from Galen’s *On the Doctrines of Hippocrates and Plato*, which explored the psychophysiological impact of emotions (Gill, 2006). Oribasius’s principle of “moderation of the soul” (*psychēs metriotes*) emphasized that measured emotion and mild joy (*euphrosynē*) foster digestion and vitality, preventing melancholy and weakness. He recommended daily contemplation or quiet sitting (*hesychia*) to harmonize breath and mind—a practice strikingly similar to modern mindfulness. Contemporary research confirms that chronic emotional stress triggers neuroendocrine dysregulation and systemic inflammation (Chrousos, 2009). Oribasius’s humoral interpretation thus anticipated what modern medicine calls psychosomatic interaction. His claim that “*joy itself is a medicine*” (*gaudium medicamentum est*) resonates with positive psychology and mindfulness-based therapy, which view emotional balance as a foundation of health (Fredrickson, 2013).

Amid the Christianization of the empire, Oribasius did not reject spirituality but sought to integrate ethics with medicine. He wrote, “Medicine and virtue are both paths toward the good” (*iatrikē kai aretē hodos tou agathou*), asserting that moderation, compassion, and self-reflection sustain both bodily and civic harmony. He promoted the cultivation of medical virtue (*ethos iatrikon*): physicians should not seek wealth or privilege but serve nature and humanity with fairness and humility. This ethical ideal later informed the Byzantine medical codes and the Islamic *Adab al-tabib* (Ethics of the Physician) (Pormann & Savage-Smith, 2007). Oribasius’s notion of “virtuous health” foreshadowed the spiritual dimension of health recognized by the World Health Organization in 1984, which added “spiritual well-being” as the fourth pillar of health alongside the physical, mental, and social (WHO, 1984).

Oribasius viewed health not merely as an individual state but as a collective ethical responsibility. “The illness of man,” he wrote, “is also the illness of the city.” Influenced by Aristotle’s *Politics* and Stoic cosmopolitanism, he conceived humans as *zoon politikon*—social beings whose well-being depends on civic harmony. Accordingly, he advocated equitable access to medical care, charity for the poor, and the establishment of public baths, dispensaries, and hospices—the prototypes of later Byzantine and Islamic medical institutions (Miller, 1985). Modern social medicine, defining health as “a state of complete physical, mental, and social well-being” (WHO, 1948), finds in Oribasius an intellectual ancestor. His triadic model—justice, environment, and virtue—provides an enduring philosophical foundation for studies of health equity and the sociology of health (Marmot, 2005).

The *Synagogae Medicae* was not only transmitted throughout Byzantium but also became a cornerstone of Arabic medicine. During the ninth-century Abbasid translation movement, it was rendered into Arabic as the *Kitab al-jāmi‘ al-ṭibbī*, serving as a major source for al-Rāzī (Rhazes) and Ibn Sīnā (Avicenna) (Gutas, 1998). The doctrine of the six non-naturals (*al-ashyā‘ ghayr ṭabī‘iyya*) was adopted and systematized by these scholars, forming the pedagogical core of medieval medical education. Through the twelfth-century Latin translations, these ideas entered the Schola Medica Salernitana, whose *Regimen Sanitatis Salernitanum* transformed Oribasius’s preventive ethics into a poetic guide for moral and physical hygiene. Thus, the *Synagogae Medicae* acted as a bridge connecting Hippocratic–Galenic medicine to the medieval and early modern worlds (Nutton, 2013; Boudon-Millot, 2018). Oribasius’s encyclopedic approach fostered a cross-cultural transmission of health concepts that transcended linguistic and religious boundaries, ensuring the continuity of the holistic paradigm through centuries of transformation.

5. CONCLUSION

This study, through a systematic analysis of Oribasius's Compendium and Paul Aegina's Seven Books on Medicine, reveals the core ideas of classical Byzantine medicine and their cross-temporal connections with modern health concepts. The study finds that Byzantine medicine was not simply a continuation of classical medicine, but rather, through a process of organization, innovation, and integration, it constructed a medical system with both theoretical depth and practical value. Oribasius's Compendium systematically preserved classical medicine, and his public health philosophy provided a prototype for the modern hospital system. Paul Aegina's Seven Books achieved clinical innovation, and his surgical techniques and personalized diagnosis and treatment became benchmarks for medieval medicine.

Oribasius's medical thought exemplifies the transformation of classical medicine from "treatment" to "health preservation," from "individual" to "social," and from "physiological" to "psychological-spiritual." His proposed principles of health maintenance, based on humoral balance, integrated natural philosophy, ethics, and sociology, forming an early model of holistic health. In the long-term perspective of medical history, Oribasius was not simply a compiler, but a "guardian" and "reinterpreter" of classical health thought. His works embody the cultural function of ancient medicine—not only as technical knowledge, but also as a philosophical system that maintains the relationship between man and nature, body and mind, and individual and society (OpenAI, 2023). This idea has three implications for the modern holistic health paradigm: (1) the principle of holistic balance: health is a dynamic balance rather than a static state; (2) ethics and social responsibility: health is inseparable from virtue, justice, and the environment; (3) cultural continuity: the concept of health is updated with the flow of civilization, but the core is always "conforming to nature and harmonious coexistence." From the perspective of theoretical inheritance, the "holistic health concept" of Byzantine medicine and the modern holistic health concept, "constitution classification" and precision health, "lifestyle intervention" and lifestyle medicine, "naturopathy" and CIM, "public health" and One Health have formed a multi-dimensional cross-temporal dialogue. The essence of this dialogue is humanity's shared exploration of the core proposition that "health is a synergistic balance between the body, mind, and environment." Ancient people constructed metaphorical theories based on empirical observation (the theory of the four humors), while modern people use science and technology to reveal molecular mechanisms (the neuro-immune-endocrine network). However, the health goals of both (preventing disease, maintaining overall function, and improving quality of life) remain consistent.

For modern health management practices, the inspiration of Byzantine classical medicine is mainly reflected in three aspects: (1) Emphasis on the modern transformation of traditional wisdom: classical natural therapies (such as honey and marigolds) and lifestyle interventions (seasonal diet and regular work and rest) can be used as important components of CIM after scientific verification, providing low-cost and low-side effect solutions for chronic disease management; (2) Strengthening the "prevention first" health

strategy: the classical medical concept of "prevention is better than cure" is consistent with the cost-effectiveness principle of modern public health. Lifestyle interventions (such as the Mediterranean diet and mindfulness meditation) should be further promoted to reduce the burden of chronic diseases; (3) Promoting "holistic-individualized" coordinated health promotion: drawing on the classical thinking of "physique-environment" interaction, combined with modern genetic testing, intestinal flora analysis and other technologies, to build a health management system that combines "group prevention-individual intervention".

The limitations of this study are that, due to the fragmented state of classical literature (for example, only 25 volumes of the "Medical Compendium" remain), some content cannot be fully restored; and the comparison between Byzantine medicine and modern concepts is still mainly at the theoretical level, lacking direct support from clinical empirical research. Future research can further validate the effectiveness of classical therapies (such as the compositional mechanisms of specific herbs) through a combined approach of historical documentation and modern experiments, and explore their specific application paths in modern health management. Byzantine classical medicine is a key link in the "classical, medieval, and modern" transition in medical history. Its holistic, preventive, and individualized perspectives are not only a historical legacy but also a valuable resource for modern health practices. Oribasius, in his "Compendium of Medicine," transformed the medical rationale of Hippocrates and Galen into Byzantine social philosophy, leaving a profound legacy for human health thought. In today's world of increasingly sophisticated medical technology, rediscovering the holistic wisdom of classical medicine and integrating "tradition and modernity" will provide crucial support for building a more comprehensive, equitable, and sustainable health system.

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