The Rabbinic Health Regimen -

A Greek Genre Adapted by the Sages

Aviad Recht

Within the framework of the totality of medical material in Rabbinic literature, the distinct literary genre of the ‘health regimen’ (*hanhagat ha-beri’ut*) can be identified. This literary genre is characterized by the medical directives that form its content, by the materia medica mentioned therein, and by the audience to whom these medical directives are addressed. The contents of the medical directives appearing in the genre of Rabbinic health regimen evince a pronounced affinity to Greek medical literature, which developed regimens into a defined field of medicine. At the same time, other characteristics of the ‘Rabbinic health regimen’ indicate cultural processing of the original Greek genre and its adaption for a new audience, that of the Rabbis’ flock. In order to be able to discuss the characteristics of the Rabbinic health regimen genre, we begin by sketching its borders in relation to the totality of medical material in the Babylonian Talmud.

*Direct and Indirect*

The classic opening of discussions on the topic of medicine in the Talmud is typically as follows: the Talmud is a religious text with Halakhic and moral motivations. It is not a medical corpus, and therefore one should not expect to find systematic medical writings in it. Nonetheless, medical content can be extracted from the text, which illuminates the world of medicine among Jews in the era of the Sages.[[1]](#footnote-1) It is evident that the Talmud is not a medical text, and a great deal of medical content may be derived from it in an indirect manner. Yet within the Halakhic and Aggadic *sugyot*, purely medical texts appear, with no Halakhic or Aggadic context. These medical texts are used within the *sugya* in a number of ways: proof, elaboration, associative deviation and more. The phrasing of these statements makes it clear that the medical references were initially written (or spoken)[[2]](#footnote-2) separately, and were later integrated within various *sugyot.* I will refer to medical texts intended to transmit medical information as “direct medical contents” (that is, “a medical directive”), whereas I will refer to medical texts serving a different purpose, whether religious, Halakhic or moral, as “indirect medical contents.” I will demonstrate:

The Mishna (Shabbat) discussed actions that are required for circumcising a baby on the Sabbath, even though generally these actions are restricted during the day of rest:

עושין כל צרכי מילה בשבת מוהלין ופורעין ומוצצין ונותנין עליה איספלנית וכמון אם לא שחק מערב שבת לועס בשיניו ונותן אם לא טרף יין ושמן מערב שבת ינתן זה בעצמו וזה בעצמו... (משנה שבת יט, ב) [[3]](#footnote-3)

From the Mishna we can learn that cumin was used for healing the circumcision wound. Refraining from using it may be dangerous, and therefore the Mishna allows its usage on the Sabbath even though there are restrictions on medicine during Sabbath (but it is not a life threatening situation, and therefore the cumin must be chewed, not crushed in a bowl).[[4]](#footnote-4) It seems that wine and oil too are mentioned in the Mishna because of their medical uses.[[5]](#footnote-5) This is a classic example of the possibility of extracting medical information from Halakhic contents. From the mentions of the cumin, wine and oil as allowed for use during the Sabbath, for the purposes of circumcision, we learn of their medical properties. Yet it is clear that the text’s intention is to transmit Halakhic information, and therefore the medical information derived from the text is “indirect medical content.”

The purpose of the following statement is completely different:

“עשרה דברים מחזירין את החולה לחליו וחליו קשה, אלו הן: בשר שור, בשר שמן, בשר צלי, בשר צפרים, וביצה צלויה, ותגלחת, ושחלים, והחלב, והגבינה והמרחץ. ויש אומרים: אף אגוזים, ויש אומרים: אף קשואים” (ברכות נז ע”ב). [[6]](#footnote-6)

This anonymous statement appears within a broader *sugya* that deals with dreams. At a certain point in the *sugya*, several statements are presented consecutively, that open with ‘an x (given number) of things were said about…’. From here the discussion shifts towards other statements with a similar opening formula, which relate to other topics include medicine. It is evident that the statement ‘Ten things bring a man’s sickness on again…’[[7]](#footnote-7) is a stand-alone textual unit that the editor of the *sugya* decided to include in this discussion on dreams based on his own considerations. It is reasonable to assume that statement was mentioned in a different context that we can not trace back.[[8]](#footnote-8)

The intention of the speaker in this statement is not Halakhic, Aggadic or moral by nature. His intention is to simply teach his listeners which foods a sick person must avoid in order to become healthy. The intention here is to transmit medical information, and therefore this is a medical directive (“direct medical contents”).

*Two Genres*

When observing, even briefly, the Talmudic medical directives in their entirety, one notices immediately that they are not monolithic. There are different styles and medical approaches, reflecting a variety of medical cultures. Within these, two distinct genres of literature are clearly noticeable. One genre is characterized by short, concise statements, and very simple medical directives: “do this and not this.” In this genre the medical content is mostly in Hebrew, without almost no magic elements. The medical instructions in this genre are straightforward with only basic components. The prescriptions typically involve only a single plant. The directive is so simple, that even the method of processing (such as crushing, cutting, shaking, mixing with wine, vinegar or water) is not mentioned. In this genre quantities are rarely mentioned, either. In contrast, the second genre that includes direct medical content is characterized by long prescriptions, which are detailed and often complicated. The prescriptions within it include quantities. This genre is characterized by statements in Babylonian Aramaic with an abundance of magic.[[9]](#footnote-9)

I will proceed to demonstrate the two genres. I will demonstrate the first one through Rabbi Johanan’s statement regarding *ṣaraʿat* :[[10]](#footnote-10)

אמר רבי יוחנן: מפני מה אין מצורעין בבבל? מפני שאוכלין תרדין, ושותין שכר, ורוחצין במי פרת (כתובות עז ע”ב).[[11]](#footnote-11)

The statement is a medical directive. Rabbi Johanan’s intention was to present ways by which *ṣaraʿat* can be prevented. The guidelines are very simple, do not refer to quantities or complicated prescriptions, the statement is articulated in Hebrew, and is free of magic. This directive therefore is in the first genre.

A medical directive of the second genre is found in Tractate Gittin:

לדמא דאתי מנחירא - ליתי גברא כהן דשמיה לוי, וליכתוב ליה לוי למפרע.

ואי לא, ליתי איניש מעלמא, וניכתוב ליה אנא פפי שילא בר סומקי למפרע.

ואי לא, ניכתוב ליה הכי, טעם דלי במי כסף טעם דלי במי פגם.

ואי לא, ליתי עיקרא דאספסתא ואשלא דפורייא עתיקא, וקורטסא ומוריקי וסומקא דלוליבא, ונקלינהו בהדי הדדי, וליתי גבבא דעמרא וניגדול תרתי פתילתא, ולטמיש בחלא וניגדבל בקיטמא הדין, וניתיב בנחיריה.

ואי לא, ליחזי אמת המים דאזלת ממזרח כלפי מערב, ונפסע וניקום חד כרעא להאי גיסא וחד כרעא להאי גיסא, ונישקול טינא בידיה דימינא מתותי כרעא דשמאליה, ובידיה דשמאלא מתותי כרעא דימיניה, וניגדול תרתי פתילתא דעמרא וניטמיש בטינא, וניתיב בנחיריה.

ואי לא, ליתיב תותי מרזבא ונייתו מיא, [[12]](#footnote-12) ולישדו עליה ולימרו: כי היכי דפסקי הני מיא ליפסוק דמיה דפלניא בר פלניתא (גיטין סט ע”א).[[13]](#footnote-13)

Before us is a series of prescriptions for treating the flow of blood from the nostrils. In this textual unit, written in Babylonian Aramaic, there is plenty of magic, the prescriptions are complicated and some include quantities. Both ‘natural’ medical practice and forms of magic can be identified in the text.[[14]](#footnote-14)

*Focusing on Genre A*

In this article I will focus on the first genre, the concise one, written mainly in Hebrew and lacking magic. Almost all appearances of this genre in the literature of the Sages is to be found in the Talmuds, in which there are some 180 directives that fit these criteria.[[15]](#footnote-15) Of these, approximately 90% are found in the Babylonian Talmud, and approximately 10% in the Jerusalem Talmud. The analysis of the contents in the directives, provides the following findings:

**1. Field: prevention-diagnosis-treatment**

The directives of the first genre contain contents relating to three important medical categories: prevention, diagnosis and treatment. Below is an example of a medical directive relating to prevention:

אלא הכי אמר שמואל: טובה טיפת צונן שחרית, ורחיצת ידים ורגלים בחמין ערבית, מכל קילורין שבעולם (שבת קח ע”ב).[[16]](#footnote-16)

*Kilor* is a sticky paste condensed into a capsule, made of medical herbs. *Kilor* was used mainly for intestinal diseases, as well as the treatment of eye diseases by applying the paste to the eyes when dissolved in a variety of liquids.[[17]](#footnote-17) Shmuel, the Babylonian sage known even to the sages of the Israel for his useful *kilor*s, explains in the following statement, that it is better to be mindful regarding hand and foot hygiene in order to prevent disease, than to treat it with *kilor*safter it appears.

The treatment category in the directives, involves instructions that are meant to cure the disease or to ease symptoms. For example:

אמר רמי בר אבא: דרך מיל, ושינה כל שהוא מפיגין את היין (ערובין סד ע”ב).[[18]](#footnote-18)

In order to ease symptoms of drunkenness, Rami Bar-Aba recommends a short walk or a quick nap. This directive does not include a medical imperative to go for a walk or to take a nap in order to prevent disease. It is a medical response to a given sickness (drunkenness). Another example:

דתניא, רבי אומר: חומץ משיב את הנפש (יומא פא ע”ב).[[19]](#footnote-19)

Rabbi does not recommend here that one should drink vinegar frequently, he teaches that vinegar restores the soul, namely, that when exhausted, vinegar is useful. These two medical directives are within the treatment category. I included directives that describe a medical condition without information regarding actual actions, related to treatment or prevention, in the category of diagnosis:[[20]](#footnote-20)

תני רבי חייא: כשם שהשאור יפה לעיסה, כך דמים יפים לאשה (כתובות י ע”ב). [[21]](#footnote-22)

Rabbi Hiyya states that the flow of blood is good for women during menstruation. However, this directive does not contain any actual prescription on how to reach this desired state, or how to refrain from its reversal. An examination of the medical directives of the first genre, demonstrates that within the fields of classical medicine (prevention, treatment and diagnosis) the majority deal with prevention:[[22]](#footnote-23) prevention approximately 66%, treatment approximately 18% and diagnosis approximately 16%.

**2. The practicalities of the directives - using materials from the natural world and physical activities**.

The medical directives of the first genre can be divided into two kinds: usage of products from the natural world (plants and animals), and prescriptions for proper physical activities.[[23]](#footnote-24) In response to the Halakhic ruling of Rav, ‘one who eats dates should not teach,’ the Stama raises a question (*metivi*) from a textual unit that provides a medical directive:

תמרים: שחרית וערבית - יפות, במנחה - רעות, בצהרים - אין כמותן; ומבטלות שלשה דברים: מחשבה רעה, וחולי מעים, ותחתוניות (כתובות י ע”ב).[[24]](#footnote-25)

In this medical directive we see usage of a product from the plant kingdom – dates.[[25]](#footnote-26) In contrast, the medical directives of Raba’s brothers deal with maintaining health through proper physical activity:

שלחו ליה אחוהי לרבה [...] ואם אין אתה עולה, הזהר בשלשה דברים: אל תרבה בישיבה - שישיבה קשה לתחתוניות, ואל תרבה בעמידה - שעמידה קשה ללב, ואל תרבה בהליכה - שהליכה קשה לעינים, אלא שליש בישיבה, שליש בעמידה, שליש בהילוך, כל ישיבה שאין עמה סמיכה - עמידה נוחה הימנה (כתובות קיא ע”א).[[26]](#footnote-27)

Sitting, standing and walking are routine, daily activities. Raba’s brothers warn him that these should be done in the right proportions, in order to avoid a variety of diseases and illness. Additional routine activities appear in the medical directives, such as intercourse, sleep, using the bathroom and more. Examination of these materials reveals that approximately 62% of the directives deal with the usage of products from the natural world, and approximately 38% relate to physical activities.[[27]](#footnote-28)

**3. Usage methods of products from the natural world - eating versus external application.**

Animal and plant products can be used for medicine wither by ingestion or by external application–as ointments or poultices, through smelling the scent directly or inhaling vapour, and more, all of which were common in ancient medicine

In the following directive, two prescriptions are provided together, one for eating and one for rubbing:

אמר רב הונא: המוצא גרגיר אם יכול לאכלו - אוכלו, ואם לאו - מעבירו על גבי עיניו (יומא יח ע”ב).[[28]](#footnote-29)

When we classify directives according to methods of usage, this one, which presents two medical usages for garden-rocket (eating and applying to the eyes), appears in both categories. When we examined the methods used with natural products in all the medical directives of the first genre, the results were unequivocal. In 94.5% of the cases, instructions were to eat the substance, and the rest through other methods (rubbing and smelling only).[[29]](#footnote-30)

**4. The absence of directives for using drugs**

In the Talmuds we find numerous drugs such as *samteri*, *anigron*, theriac, *kaḥal* and more – yet in the directives of the first genre, medication is absent. All references to organic substances mention foodstuffs, such as garlic, onion, radish, cabbage, turnip, wheat, date, fig, walnut, citron, and olive. Furthermore, even when referring to these foods, there are almost no pharmaceutical descriptions, and no preparation of medical compounds. The directives for the use of these products are based on eating them.

To briefly summarize the above:

1. A textual phenomenon was presented, of medical directives appearing mainly in the Babylonian Talmud, that are meant to transmit medical information, as a goal in and of itself.
2. We focused on one genre of medical directives, one that is characterized by short and concise statements, written in a way that is similar to *braitot*, *mishnayot* and *memrot*. The language in this genre is mainly Hebrew and the style is simple. Directives in the genre have almost no magic contents.
3. The medical directives in this genre promote mainly preventative medicine, based on nutrition and physical activity, without mentioning drugs.

I would like to argue that medical directives of the first genre, are in fact a known Greek medical genre, namely that of the “health regimen“.[[30]](#footnote-31)

*A Greek Genre*

The genre of “health regimen” was founded, or at least developed into a coherent and systematic field of knowledge, by Greek scholars from the fifth century BCE and onwards. This is a unique Greek field, compared with other systems of medicine in neighboring and Near Eastern regions.

The main emphasis in ancient medicine was on reaction to sickness. Preventative actions occurred naturally, of course, intuitively one would eat foods that warm the body when cold, (or use a blanket for cover etc.). A more advanced method for preserving health existed within cultures that maintained religious codes such as refraining from impurity and ostracizing individuals who suffered from lesions and secretions. These are religious codes that indicate that there was an awareness of hygiene and sanitation. Similarly, warnings that were meant to distance people from demons, in fact distanced people from sources of sickness. Yet, the accumulation of knowledge and the development of religious legal systems did not create an organized field meant to preserve health. Such a development began in Classical Greece, and was first assembled in the Hippocratic Corpus. This field is called ‘health regimen’ and it deals with the transformation of instinctive reactions into a medical field based on theory, which deals with diagnosis and prognosis, written and catalogued with great detail. Its practice meant ensuring a daily careful regimen that is standardized and productive (maximalism), involving proper nutrition and physical activity, a regimen intended for preserving and protecting the individual’s natural wellbeing.

I will compare the above Rabbinic literature to the following classic Greek medical writings: *Regimen in Health*,[[31]](#footnote-32) *Regimen II*[[32]](#footnote-33) and *Regimen III*,[[33]](#footnote-34) from the Hippocratic Corpus,[[34]](#footnote-35) and from the writings of Galen: *On Hygiene*,[[35]](#footnote-36) and *On the Properties of Foodstuffs*.[[36]](#footnote-37)

The field of health regimen in Greek medicine, has several distinct features:

**1. Its main concern is preserving health.**

The author of *Regimen III* declares that he has found the optimal medical method for preserving human health. Galen also claims that one who acts in accordance with his directives will never be ill.[[37]](#footnote-38) The pretentiousness of their declarations is derived from dogmatic theories that inevitably lead to absolute conclusions. *Regimen III* is based on a scheme of qualities that make up and influence the body (mainly dry, moist, cold, hot), and in Galen’s texts the schematic approach has already formed the theory of the four humors (humoralism)[[38]](#footnote-39) and was further developed to correspond with the four elements of the earth, the four seasons, so that all of nature acts in accordance with a structured system, that is fixed and predictable.

The theory of the four humors claims that health is a balance, a balance between traits, body humors, and between human beings and their natural surrounding. At the core of this approach is the claim that the state of health is an inherent condition that the individual must preserve. In order to maintain good health, human beings must act in accordance with their gender and age, and adapt and prepare for internal and environmental changes that disturb healthy balances. Maintaining this balance is implemented by allopathy, namely that if the balance is disturbed by change, one must balance the phenomenon by adopting the opposite inclination (through nutritional changes and physical activities). Maintaining harmony within a person, and between a person and his/her surroundings, preserves health and obviates the need for treating illness. An illness is simply the result of imbalance. Preventing illness is made possible by adaptation to internal and environmental changes, in advance and during changes – adaptations of the body, weather, geographic location and the stars.

**2. Nutrition and physical exercise only, without treatment with drugs.**

As the purpose of a ‘health regimen’ is to preserve health through balance, the directives provided in the books deal with maintaining a healthy lifestyle, as a daily routine. They therefore do not discuss diseases and responses to them. Furthermore, medicines are seen as an aggressive intervention in the body’s natural balance, and are only acceptable in drastic deviations (i.e. in cases of serious illness). However, from a literary perspective, the field of ‘health regimen’ is slightly more complex:

Of the books from the Hippocratic corpus mentioned above, *Regimen II* is the most impressive. The book comprises two parts. In the first part there is a list of **foods** from animal and plant sources, along with a description of their characteristics (hot, cold, moist and dry). It does not indicate which plant is beneficial for a particular illness. This text provides an inventory, as inclusive as possible, of foods in the Hellenic geographic region.[[39]](#footnote-40) In part two, the author detailsphysical exercises and the treatment of illnesses by appropriate regimen.

Galen adopted this structure, but separated it into different works. In *On the Properties of Foodstuffs*, Galen provides a list of foods and their properties. This list is based on the list in *Regimen II* but is longer, more organized and better edited than the first. Galen carefully categorized and identified plants, based on information from the entire Roman Empire.[[40]](#footnote-41) In *On Hygiene*, Galen describes the daily routine of the individual at length, far more than the description in *Regimen II*. In this text he in fact details the appropriate physical activities for every stage and every age, from birth to old age.

The medical approach of the ‘health regimen’ obviates treatment using drugs, since according to its theory, if an individual is eating the right foods and conducting physical activities in accordance with his bodily humors, health will be preserved without external intervention by medicines. Furthermore, even if a person is sick, up to a certain point they can still regain their balance through exercises and nutrition only. Both the authors of the Hippocratic Corpus and Galen refer to the field of treatment with drugs as secondary, and as reactions, when the balances have been violated to an extent that requires external intervention with drugs. The ideals of health in their view are based on a proper health regimen.[[41]](#footnote-42)

**3. There is no magic in the field of ‘health regimen’.**

The unique field of ‘health regimen’ could not have developed outside of Greek medicine, which views mankind and the world from conceptions do not include divine or magical forces. The classical Greek approach to medicine does not see illnesses as caused by external forces in the form of demons or punishment by the gods for improper behavior, rather controlling disease is internal to the human being involved, and is based on harmonic physical laws that dictate realities for humans and nature alike. (Galen will sometimes mention Asclepios, the god of medicine, but it seems that these references do not serve a medical purpose, but rather ease the process of transmitting the knowledge in a culturally aware manner to the masses, in order to preserve customs and heritage.)[[42]](#footnote-44)

**The Conclusion – A Rabbinic Health Regimen**

I would like to argue that there is a strong and intrinsic correlation between the first genre of concise Rabbinic medical directives, and the Greek health regimen. The three criteria that distinguish the field of health regimen, namely preventative medicine, a lifestyle based on proper nutrition and physical activities (without medicines), and of course, the lack of magic are the very criteria that distinguish the medical directives of the first genre. It is therefore appropriate to suggest the term: ‘**Rabbinic health regimen’.[[43]](#footnote-45)**

*Rabbinic Health Regimen - An Adapted Genre*

Up to this point we have detailed the characteristics according to which it may be determined that an affinity exists between the Greek health regimen and the Rabbinic health regimen. However, the field of health regimen in the Talmuds differs from its Greek counterpart, in a fundamental aspect. This aspect is the intended audience.[[44]](#footnote-47) Who is the audience of the health regimen in the Greek medical writings and how is this reflected in the medical directives?

The author of *Regimen in Health* divides his book into two parts: the first is intended for the ordinary person, and the second is aimed at the athlete (also including directives for those overweight people who wish to lose weight and vice versa). In contrast, the authors of *Regimen II* and *Regimen III*, as well as the relevant Galenic writings, attempt to describe the optimal and ideal health regimen.[[45]](#footnote-48) This can be seen in the fact that the authors of *Regimen II* and Galen in his *On the Properties of Foodstuffs* try to describe foods from the most remote regions possible, and do so in great detail.[[46]](#footnote-50)

A comprehensive discussion appears, for example, in Galen’s descriptions of grapes: sweet ones provide warmth and are a laxative, hard ones strengthen digestion and are nutritious over time, sour ones strengthen digestion like the hard ones but also cool the body. Grapes intended for wine have balanced effects between warmth and cold and are close to the sweet in their laxative effects. With raisins, too, Galen describes variety. There are many sweet raisins and few sour ones, but most are a mixture of sweet and hard. Galen is not satisfied with simply describing the types by their properties only, he also describes them according to their region of origin. He describes the raisins of Cilicia, which are yellowish and small, as well as the sweet and black ones of this region. He also describes the raisins of Pamphylia, that are black and large, and the black and sweet raisins of Libya. Galen mentions that there is a wide variety of raisins in Asia.

When describing physical exercise, the Greek texts refer mainly to training in the gymnasium such as walking, running, wrestling in oil, wrestling in dust, arm exercises, breathing exercises and more. Galen mentions that ten thousand strengthening exercises exist.

As mentioned, the author of *Regimen III* boasts that he has found the optimal path to good health. at the opening of the text, the author directs his message to the majority of men. This is what he advises the ordinary person to do during winter:

Now first of all I shall write, for the great majority of men …

Now in winter it is beneficial to counteract the cold and congealed season by living according to the following regimen. First a man should have one meal that case let him take a light luncheon. The articles of diet to be used are such as are of a drying nature, of a warming character, assorted[[47]](#footnote-52) and undiluted; wheaten bread is to be preferred to barley cake, and roasted to boiled meats; drink should be dark, slightly diluted wine, limited in quantity; vegetables should be reduced to a minimum, except such as are warming and dry, and so should barley water and barley gruel. Exercises should be many and of all kinds; running on the double track increased gradually; wrestling after being oiled, begun with light exercises and gradually made long; sharp walks after exercises, short walk in the sun after dinner; many walks in the early morning, quiet to begin with, increasing until they are violent, and then gently finishing. It is beneficial to sleep on a hard bed and to take night walks and night runs, for all these things reduce and warm; unctions should be copious. When a bath is desired, let it be cold after exercise in the palaestra; after any other exercise, a hot bath is more beneficial. Sexual intercourse should be more frequent at this season, and for older men more than for the younger. Emetics are to be used three times a month by moist constitutions, twice a month by dry constitutions, after a meal of all sorts of food; after the emetic three days should pass in slowly increasing the food to the usual amount, and exercises should be lighter and fewer during this time. Emetics are beneficial after beef, pork, or any food causing excessive surfeit; also after excess of unaccustomed foods, cheesy, sweet or fat..[[48]](#footnote-53)

It is apparent, and Farrington[[49]](#footnote-54) has enlightened me in this respect, that the ordinary person can not act in accordance with this regimen, the layman must work and make a living. These sorts of regimens are suitable for those of the higher classes, for those who do not work for a living. Additionally, both in the Hippocratic writings (except for *Regimen in Health*) and in those of Galen, fatigue – a sickness caused by overeating or excessive physical activities – is the dominant disease.[[50]](#footnote-55)

A description of a variety of foods and their properties, the description of a massive number of exercises, and carefully structured days – all serve the author’s intention to present ‘Health Regimens’ as a rich and fascinating field, meant only for people with free time and financial resources. For the vast majority of the population, this genre is simply irrelevant.[[51]](#footnote-56)

In contrast, the case of the Rabbinic health regimen is completely different. The foods mentioned in the regimen are simple ones, such as garlic, chate melon, turnip, radish, olive, figs, dates, leek, wheat, beet, grape, onions and beans, available to the housewife at home, or at the local market. In the field of physical exercises, too, the text are different. The directives in the Rabbinic health regimen relate to the individual’s existing routine, and only speaks of proper conduct: how to eat, how to sleep, how to use the bathroom, how to have intercourse and how to travel. There are no gymnastic activities in the Rabbinic health regimen. Needless to say, numerous diseases and aches are mentioned, but fatigue is not one of them.

It seems that the Sages identified the potential of medical practices relating to a ‘Health Regimen’, and adopted the principles of preventative medicine, using nutrition and physical activities, and a lack of magic. Yet in the practical stage, i.e. the wording in the medical directives, a process of adaptation and adjustment becomes apparent. The Sages changed the medical directives, and made them into simple directives that take routine lives into consideration. In this way, they were made more suitable and relevant to the audience – the entire Jewish community, which worked for a living.

*A Greek genre in the Babylonian Talmud*

The very appearance of a Greek genre of ‘Health Regimen’ in the Babylonian Talmud raises questions. The intuitive expectation is for such a Greek genre to appear in the Jerusalem Talmud or other Rabbinic materials from the Land of Israel (to fit the classic dichotomy in which materials in the Land of Israel are influenced by Greco-Roman culture, whereas Babylonian writings have Babylonian influences).[[52]](#footnote-58) Why then does the Rabbinic ‘Health Regimen’, a genre with clear Greek influences, appear in the Babylonian Talmud, while it is almost nonexistent in the Jerusalem Talmud? And of course, the next question is how did such Greek materials make their way into Babylon?

The answer to the first question is connected to the characters of the two Talmuds. The Jerusalem Talmud is more limited in the areas of its concern, it contains *halakhah* and *aggadah* and shows very little interest in adjacent fields of knowledge. The redactors of the Babylonian Talmud, in contrast, evince an anthological attitude. With regard to the genre of ‘Health Regimen’, this difference between the Talmuds is expressed by there being more Sages from the Land of Israel than ones from Babylon among those said to have uttered the directives. In other words, the Jerusalem Talmud was ‘aware’ of these materials and still deliberately decided not to include them.[[53]](#footnote-59)

As for the second question, I will briefly suggest here two possible routes: One possible route is through the Jewish community internally – by transmitting knowledge among the Sages, as part of the strong connection that existed between the population centers of Babylon and the Land of Israel. These sorts of connections were a necessity in Halakhic fields such as *kiddush ha-ḥodesh* (sanctification of the month) and *‘ibbur hashanim* (intercalation)*,* that were crucial for preserving tradition, Halakhic innovations and rulings. Along with such relations, secular issues closely related to matter of holiness, such as medicine, were transmitted. A depictive example of knowledge being transmitted internally among Jews is the *naḥuti*, messenger sages who transferred information from the sages of the Land of Israel to the sages of Babylon and vice versa, including medical knowledge.[[54]](#footnote-60)

Another possible route for the diffusion of knowledge of a Greek genre into Babylon is the Sassanid culture surrounding the Jewish community there. The roots of the Greek cultural presence in the Iranian region dates back to ties between Greece and Persia at the time of the Achaemenid dynasty. The presence of Hellenistic culture in Iran increases and even became dominant after Alexander the Great conquered the region, and during the Parthian Empire. During the rule of the Sassanid dynasty (the period in which the Babylonian Talmud was composed), Zoroastrian religious fervor was a present reality. Yet alongside this trend, there was an exchange of new ideas, worldviews and knowledge – both from Greece and Rome in the west, and from India in the east. This cosmopolitanism finds expression in the world of medicine as well. Medical writings from the era and region have not been found, but an active medical scene, that was part of the pro-universalistic trend among Sassanid rulers, can be identified from circumstantial, historical[[55]](#footnote-61) and linguistic[[56]](#footnote-62) perspectives. Those responsible for maintaining Greek medical culture in the Sassanid Empire were Eastern Christian monks, and this connection between the texts and the Babylonian Talmud has been confirmed.[[57]](#footnote-63) They may be an additional explanation for the appearance of health regimen in the Babylonian Talmud.

To sum up, we have seen that the totality of medical contents in the Talmud includes the texts of medical directives, intended to transmit medical knowledge. One genre of these directives has been isolated and named “Rabbinic health regimen”. We depicted its close affinity to the field of health regimen in Greek medical literature, and we suggested that the Sages adapted the genre in order to make the contents suitable for their audience. Finally, we proposed two possible paths, by which Greek contents may have reached the Babylonian Talmud.

This article has discussed a field that has not received its due share of attention in the research on ancient medicine. This area may have been neglected due to its lack of glamour compared to the trends and achievement of modern medicine, which to some extent dictate the interests of scholars of ancient medicine, as well. Yet, the Greeks themselves – and possibly the Sages, too – considered a healthy lifestyle the pinnacle of medicine.

*Bibliography*

*Primary sources*

Ben Maimon, Moshe. *Regimen Sanitatis–Hanhagat ha-Beri’ut*. Edited by Suessmann Muntner. Jerusalem: Mossad Harav Kook, 1957.

Dioscorides Pedanius. *De Materia Medica*. Translated and edited by T.A. Osbaldeston and R.P.A. Wood. Johannesburg: IBIDIS, 2000.

Epstein, Isidore. (ed and trans.). *The Babylonian Talmud*. London: Soncino Press, 1961.

Galen, Claudius. “De Sanitate Tuenda.” In *Opera Omnia*. Edited by D. Carlus Gottlob Kühn. Leipzig: n.p., 1825. Vol. VI.

Green, R.M. (ed.). *A Translation of Galen’s Hygiene*. Springfield: Thomas, 1951.

Jones, W.H.S. (ed.). *Hippocrates*. London: Harvard University Press, 1967. Volume IV (LCL), pages 44–59 (*Regimen in Health*); 298–365 (*Regimen II*); 366–419 (*Regimen III*).

Pliny the Elder. Natural history; with an English translation by H. Rackham. Cambridge MA: Harvard University Press, 1952.

Powell, Owen (ed.) *Galen - On the Properties of Foodstuffs*. Cambridge: Cambridge University Press, 2003.

Zahavy, Tzvee (trans.). *The Talmud of the Land of Israel: Vol. 1 Berakhot*. Chicago/London: University of Chicago Press, 1989,

*Secondary sources*

Amar, Zohar. “Materia medica from the Land of Israel in the time of the Bible, the Mishnah and the Talmud according to written sources.” In *Health and Sickness in Antiquity*. Edited by Anat Rimmon, Haifa: Reuben and Edith Hecht Museum, University of Haifa, 1996. Pages 50–57 [in Hebrew].

Amar, Zohar. “What is *sheḥin* in the language of the Sages?” *Assia* 19 (2005): 61–69 [in Hebrew].

Amar, Zohar, and Efraim Lev. “Watermelon, Chate melon and Cucumber: New Light on Traditional and Innovative Field Crops of the Middle Age.” *Journal Asiatique* 299.1 (2011): 193–204

Bar-Asher Siegal, Michal. *Early Christian monastic literature and the Babylonian Talmud*. New York: Cambridge University Press, 2013.

Bartoš, Hynek. *Philosophy and Dietetics in the Hippocratic* On Regimen *- A Delicate Balance of Health*. Leiden: Brill, 2015.

Ben-Yehuda, Eliezer. *A complete dictionary of ancient and modern Hebrew*. Jerusalem, 1948–1959.

Elgood, Cyril. *A Medical History of Persia*. Cambridge: Cambridge University Press, 1951.

Farrington, B. “The Hand in Healing: A Study in Greek Medicine from Hippocrates to Ramazzini.” In: idem, *Head and hand in ancient Greece: four studies in the social relations of thought*. London: Folcroft Library Editions, 1947. Pages 28–54.

Frye, Richard. *The Golden Age of Persia: The Arabs in the East*. New York: Barnes and Noble, 1975.

Geller, Markham J. “An Akkadian vademecum in the Babylonian Talmud.” In: *From Athens to Jerusalem*. Edited by Samuel Kottek and Manfred Horstmanshoff. Rotterdam: Erasmus, 2000. Pages 13–32.

Geller, Markham J. *Ancient Babylonian medicine: theory and practice*. Chichester UK/Malden MA: Wiley-Blackwell, 2010.

Harari, Yuval. *Early Jewish magic: research, method, sources*. Jerusalem: The Bialik Institute and The Ben-Zvi Institute for the Study of Jewish Communities in the East, 2010 [in Hebrew].

Kerner, R. “Materia medica of the Land of Israel in the Roman Period.” Unpublished PhD dissertation. Ramat Gan: Bar Ilan University, 2007 [in Hebrew].

Lloyd, G.E.R. “Galen and his contemporaries.” In: *The Cambridge Companion to Galen*. Edited by R.J. Hankinson. Cambridge: Cambridge University Press, 2008. Pages 34–48.

Nutton, Vivian. “Humoralism.” In: *Companion Encyclopedia of the History of Medicine*. Edited by William F. Bynum and Roy Porter. London/New York: Routledge, 1993. Volume 1, pages 281–291.

Preuss, Julius. *Biblical and Talmudic Medicine*. Translated and edited by Fred Rosner. Northvale, N.J.: J. Aronson, 1993.

Recht, Aviad. “The regimens of health of the Rabbinic sages.” Unpublished MA thesis. Ramat Gan: Bar Ilan University, 2012 [in Hebrew].

Russel, Gul. “Greek Medicine in Persia.” In: *Encyclopedia Iranica Online*, 2012. Available at: [www.iranica.com](http://www.iranica.com)

Shaked, Shaul. “‘Peace be Upon You, Exalted Angels’: on Hekhalot, Liturgy and Incantation Bowls.” *Jewish Studies Quarterly* 2 (1995): 197-219.

Steinberg, Avraham. *Chapters in the Pathology of the Talmud*. Jerusalem: ha-Makhon leḥeqer ha-refu’a al pi ha-Tora, 1975.

Sussmann, Yaakov. “The Oral Torah Literally Speaking: The Power of Every Jot and Tittle.” In *Mehqerei Talmud: Talmudic studies*, vol. III, a. Edited by Yaakov Sussmann and David Rosenthal. Jerusalem: Magnes, 2005. Pages 209–384.

Wilkins, John. “Foreword.” In: *Galen – On the Properties of Foodstuffs*. Edited by O. Powell. Cambridge: Cambridge University Press, 2003. Pages ix–xxi.

Wilkins, John. “The social and intellectual context of Regimen II.” In: *Hippocrates in Context*. Edited by Philip J. Van Der Eijk. Brill – Leiden/Boston: Brill, 2005. Pages 121–133.

1. Julius Preuss, *Biblical and Talmudic Medicine* (trans. & ed. Fred Rosner; Northvale, N.J.: J. Aronson, 1993), 4 (it should be noted that Preuss himself notes the medical list found in Gittin 68b-69a); Solomon R. Kagan, *Jewish Medicine* (Boston: Medico-historical, 1952), 27; Avraham Steinberg, *Chapters in the Pathology of the Talmud* (Jerusalem: ha-Makhon leheqer ha-refu’a al pi ha-Tora, 1975), 5. [↑](#footnote-ref-1)
2. For the written versus the oral Talmud, see: Yaakov Sussmann, “The Oral Torah Literally Speaking: The Power of Every Jot and Tittle” in: *Mehqerei Talmud: Talmudic studies*, vol. III, a (eds. Yaakov Sussmann and David Rosenthal; Jerusalem: Magnes, 2005), pp. 209–384, who suggests that the entire Talmud, from the first Zugot to the last Savoraim, was all transmitted orally. [↑](#footnote-ref-2)
3. ‘We perform all the requirements of circumcision on the Sabbath. We circumcise, uncover [the corona], suck [the wound], and place a compress and cumin upon it. If one did not crush [the cumin] on the eve of the Sabbath, he must chew [it] with his teeth and apply [it to the wound]; if he did not beat up wine and oil on the eve of the Sabbath, each must be applied separately…’ (Mishna Shabbat. 19, 2). All translations from the Babylonian Talmud are taken from the Soncino translation: *The Babylonian Talmud* (trans. and ed. Isidore. Epstein; London: Soncino Press, 1961; on-line at www.halakhah.org) [↑](#footnote-ref-3)
4. It seems that cumin was used in the effort to stop the bleeding. Perhaps this is its use in the prescription for gonorrhea, in Shabbat 110b and in the prescription for blood that comes from the mouth in Gittin 69a. Dioscorides mentions using cumin for healing wounds, by chewing and applying; see Dioscorides, *De Materia Medica* (trans. & ed. T.A. Osbaldeston and R.P.A. Wood; Johannesburg: IBIDIS, 2000), 443. Pliny the Elder describes a mixture of dried and crushed cumin and honey as useful in treatment of swollen circumcision wounds; see Pliny, *Natural History* (trans. D. E. Eichholz; London: W. Heinemann, 1968), XX, 57. [↑](#footnote-ref-4)
5. Preuss is doubtful regarding its usage for bandages or other uses (Preuss, *Biblical and Talmudic Medicine*, 4). In the Talmuds: Tana Shmuel: we shall always refrain from oil and hot water on a wound during Shabbat (JT. Shabbat 89c). Mar ‘Ukba also said: If one knocks his hand or foot, he may reduce the swelling with wine, and need have no fear (BT Shabbat 109a). [↑](#footnote-ref-5)
6. ‘Ten things bring a man’s sickness on again in a severe form, namely, to eat beef, fat meat, roast meat, poultry and roasted egg, shaving, and eating garden cress, milk or cheese, and bathing. Some add, also nuts; and some add further, also chate melons’. (Berakhot 57b; the last word was translated in the Soncino edition as ‘cucumbers’, but the common understanding of קישוא is ‘chate melon’; see: Zohar Amar and Efraim Lev, “Watermelon, Chate melon and Cucumber: New Light on Traditional and Innovative Field Crops of the Middle Age,” *Journal Asiatique* 299.1 (2011): 193–204; cf. Avoda-Zara 29a, where the order is different and liver appears instead of milk. [↑](#footnote-ref-6)
7. Amar identified the existence of “medical directives or warnings that one must act upon” and stated that some of them are known by “the number of medical properties present in a particular plant”, and “in the ‘known’ number of medical substances” (Zohar Amar, “Materia medica from the Land of Israel in the time of the Bible, the Mishnah and the Talmud according to written sources,” in Health and Sickness in Antiquity (ed. Anat Rimmon; Haifa: Reuben and Edith Hecht Museum, University of Haifa, 2006), pp. 56–57 [in Hebrew]) and didn’t elaborate further on this matter. [↑](#footnote-ref-7)
8. On this matter, Ben-Yehuda, in the main introduction to his dictionary (Eliezer Ben-Yehuda, *A complete dictionary of ancient and modern Hebrew* (Jerusalem, 1948–1959), vol. 1, pp. 56–57), suggested that there were Jewish medical writings from the Return to Zion (*Shivat Zion*) era and onwards. These texts were compiled into scrolls and later gathered in book form, but the book was archived due to the resistance to written books (and this, in his view, is the historical kernel of the story of the “Book of Medicines” (*Sefer Ha-refu’ot*) that Hezekiah sent to be archived). The *braitot* that open with תנו רבנן (*tanu rabanan*), that contain medical directives are, in Ben-Yehuda’s view, remnants of this medical book. These *braitot* he dates back to sometime before the Hasmonean era. [↑](#footnote-ref-8)
9. Shaul Shaked begins one of his many articles on the various representations of magic thus: "Anyone working within the field of magic in Judaism in Late Antiquity and the early Middle Age knows the difficulties besetting any attempt to define it. Despite these difficulties, which exist in Judaism just as they do in any religious culture, there are not very many cases of hesitation when one tries to identify magic texts in practice." (Shaul Shaked, “‘Peace be Upon You, Exalted Angels’: on Hekhalot, Liturgy and Incantation Bowls,” *Jewish Studies Quar*terly 2 (1995), 197). This is also my impression from the medical magical texts in the Talmud. An explanation for this feeling can be found in what Harari calls his “quasi-ostensible” definition of magic, in which he relies on Wittgenstein’s principle of “family resemblance”. As a focus for “what is a Jewish magical text?,” Harari suggests the oath and the address to metaphysical powers, thus including two additional, more expansive circles of texts which have some kind of “family resemblance” to the core texts (oaths). The quality of the resemblance determines whether a text is magical or not, and to what extent it is magical in relation to other texts. See Yuval Harari, *Early Jewish magic: research, method, sources* (Jerusalem: The Bialik Institute and The Ben-Zvi Institute for the study of Jewish Communities in the East, 2010), 122-134. For a comprehensive, broad, and fascinating survey of magic and scholarly attempts to define it, see ibid., 5-121. My description of the direct medical contents in the second genre is based on the initial findings of my doctoral dissertation, in which I will thoroughly examine these matters. . [↑](#footnote-ref-9)
10. Much ink has been spilled on the identification of *ṣaraʿat* (e.g. Preuss, *Biblical and Talmudic Medicine*, 323-327). Amar already showed that the biblical *ṣaraʿat* was translated as leprosy by Josephus, the Septuagint and the Vulgate, and thus has been identified in Christian tradition – and continues to be so identified in the modern medical world – with Hansen’s disease. However, Amar showed that the obvious symptoms of Hansen’s disease mentioned in the Talmud are identified there as *sheḥin* rather than *ṣaraʿat* (Zohar Amar, “What is sheḥin in the language of the Sages?” *Assia* 19 (2005): 61–69 [in Hebrew]). Therefore, Talmudic *ṣaraʿat* should not be identified with leprosy/Hansen’s disease, and the term should remain transliterated for the time being. [↑](#footnote-ref-10)
11. 'R. Johanan stated: Why are there no lepers in Babylon? – Because they eat beet, drink beer and bathe in the waters of the Euphrates.’ [↑](#footnote-ref-11)
12. Vat. 130: “ליקו תותיה נורא וניתי כוזא דמיא” [↑](#footnote-ref-12)
13. ‘To stop bleeding at the nose he should bring a Kohen whose name is Levi and write Levi backwards, or else bring any man and write, I Papi Shila bar Sumki, backwards, or else write thus: Ta’am Deli Beme Kesaf, Ta’am Deli Be-Me Pegam. Or else he can take root of clover and the rope of an old bed and papyrus and saffron and the red part of a palm branch and burn them all together and then take a fleece of wool and weave two threads and steep them in vinegar and roll them in the ashes and put them in his nostrils. Or he can look for a watercourse running from east to west and stand astride over it and pick up some clay with his right hand from under his left leg and with his left hand from under his right leg and twine two threads of wool and rub them in the clay and put them in his nostrils. Or else he can sit under a gutter pipe while they bring water and pour over him saying, ‘As these waters stop, so may the blood of A, son of the woman B, stop’(Gittin 69a). [↑](#footnote-ref-13)
14. In the first three prescriptions, the medical directive is based on an amulet, the fourth is through ‘natural’ medical practice, the fifth delineates a magic ritual, and the sixth delineates treatment through sympathetic magic as a remedy for the blood dripping from the nostrils. In Geller’s discussion of the medical list from Gittin 68b - 69a, he refers to some of these prescriptions and connects them to Babylonian medicine (Markham J. Geller, “An Akkadian vademecum in the Babylonian Talmud,” in *From Athens to Jerusalem* (eds. Samuel Kottek and Manfred Horstmanshoff; Rotterdam: Erasmus, 2000), pp. 19–21). In a separate discussion Geller describes the existence of ‘natural’ medical practice alongside ‘magic medicine’ in Babylonian medicine (Markham J. Geller, *Ancient Babylonian medicine: theory and practice* (Chichester UK/Malden MA: Wiley-Blackwell, 2010), pp. 8–10). I will add that Jewish medicine is present in this text from Gittin. [↑](#footnote-ref-14)
15. Aviad Recht, “The regimens of health of the Rabbinic sages” (unpublished MA thesis; Ramat Gan: Bar Ilan University, 2012), pp. 16-36 [in Hebrew]. The cataloging of Talmudic materials cannot reflect all the existing dimensions in the text. It is partial by its very nature and perhaps even inherently so. Nonetheless, such cataloging creates real contributions. This is also true with respect to the MA thesis on which this article is based. Although my decision-making process and method can be challenged on specific points, the overall findings remain firm, as they are based on large-scale findings. [↑](#footnote-ref-15)
16. ‘But thus did Samuel say: A drop of cold water in the morning, and bathing the hands and feet in hot water in the evening, is better than all the eye-salves in the world’ (Shabbat 108b). [↑](#footnote-ref-16)
17. For further details see R. Krener, “Materia medica of the Land of Israel in the Roman Period” (unpublished PhD diss.; Ramat Gan: Bar Ilan University, 2007) pp. 260-261 [in Hebrew]. [↑](#footnote-ref-17)
18. ‘Rami b. Abba stated: A mil’s walk or a little sleep removes the effects of wine’ (Eruvin 64b). [↑](#footnote-ref-18)
19. ‘Rabbi said: Vinegar restores the soul’ (Yoma 81b). [↑](#footnote-ref-19)
20. It would have been preferable to provide a positive characterization of the Rabbis’ method of diagnosis, as classical medical books (such as that of Asaph the Physician) did. However, to date I have not found in this genre a methodical theory of diagnosis upon which the Rabbis’ advice is based. [↑](#footnote-ref-20)
21. ‘R. Hiyya taught: As the leaven is wholesome for the dough, so is blood wholesome for a woman’ (Ketubboth 10b). [↑](#footnote-ref-22)
22. For the method I use to classify the directives, see Recht, “Regimens,” pp. 38––39, and the references to the detailed appendix that classified the directives. [↑](#footnote-ref-23)
23. Directives included under the diagnosis category do not appear in this section. [↑](#footnote-ref-24)
24. ‘An objection was raised. Dates are wholesome morning and evening, in the afternoon they are bad, at noon they are incomparable. and they remove three things: evil thought, stress of the bowels, and abdominal troubles’ (Ketubboth 10b). [↑](#footnote-ref-25)
25. This *sugya* teaches us about the authority of medical directives from the perspective of the Sages themselves. The editor of the *sugy*a challenges Rav with a medical statement. This demonstrates that the editor views the medical statement as valid and authoritative as much as the Halakhic statement (and using the word *metivi* before the statement within the *sugya* strengthens this argument). [↑](#footnote-ref-26)
26. ‘His brothers sent [the following message] to Rabbah: […] If you are not coming up, however, beware [we advise you] of three things. Do not sit too long, for [long] sitting aggravates one’s abdominal troubles; do not stand for a long time, because [long] standing is injurious to the heart; and do not walk too much, because [excessive] walking is harmful to the eyes. Rather [spend] one third [of your time] in sitting, one third in standing and one third in walking. Standing is better than sitting when one has nothing to lean against’ (Ketubboth 111a). [↑](#footnote-ref-27)
27. Recht, “Regimens,” pp. 40–41. [↑](#footnote-ref-28)
28. ‘R. Huna said: If one finds a garden-rocket he should eat it, if he can, and if not he should pass it over his eyes’ (Yoma 18b). [↑](#footnote-ref-29)
29. Recht, “Regimen,” pp. 40–41. [↑](#footnote-ref-30)
30. The genre is known by a number of terms, beginning with Περί Διαίτης in the Hippocratic Corpus, which Jones (Introduction) translated as “regimen”. Galen’s book *Hygeinon* was translated to Latin as *De Sanitate Tuenda* (Claudii Galeni, *Opera Omnia* [ed. D. Carlus Gottlob Kühn; Lipsiae, n.p., 1825], vol. VI), and to English as “Hygiene”(R.M. Green (ed.), *A Translation of Galen's Hygiene* [Springfield: Thomas, 1951]). Maimonides’ book is called in Arabic *Fī tadbīr al-ṣiḥḥa* and in Ibn Tibbon’s translation to Hebrew–*Hanhagat ha-beri’ut* (Moshe Ben Maimon, *Regimen Sanitatis* [ed. Suessmann Muntner; Jerusalem: Mossad Harav Kook, 1957]). Recently, in discussions of the topic the terms “lifestyle” and “diet and regimen” have been used. In light of all these names, and the changes in the meanings of terms over time, I have preferred to use the medieval term and called the genre “health regimen.” [↑](#footnote-ref-31)
31. In Galen’s day this text was part of *On the nature of man* and it seems that it was written by Hippocrates himself or his student Polybus. It dealt with nutrition and exercise; its first part is intended for the general public, and the second for athletes (W.H.S. Jones, *Hippocrates* (London: Heinemann, 1967), vol. IV (LCL), pp. xxvi–xxix). [↑](#footnote-ref-32)
32. Its author is unknown, and from Galen’s day there are differences of opinion on this. It is dated to approximately 400 BCE. It describes foods, exercises and the treatment of illnesses through proper regimen. See Galen, *On the Properties of Foodstuffs*, (ed. Owen Powell; Cambridge: Cambridge University Press, 2003), pp. 36–37; John Wilkins, “The social and intellectual context of *Regimen II*”, in: *Hippocrates in Context* (ed. Philip J. Van Der Eijk; Leiden/Boston: Brill, 2005), pp. 121–122, 126. [↑](#footnote-ref-33)
33. Written around 400 BCE. Like the previous, the author of this text is also unknown, and it is not clear whether they were both written by the same author. The main topics discussed are treatment of illnesses caused by excess eating or exercise through proper regimen (Jones*, Hippocrates*, p. xlvi). [↑](#footnote-ref-34)
34. The editor of *Regimen I* writes that it is unclear who the author is, and to which school of thought he belongs. It seems that this is a later eclectic text, which a Hellenistic editor added as an introduction to *Regimen II* and *Regimen III*. It is a theoretical text, not necessarily related to the field of health regimen, and therefore not relevant to the discussion. [↑](#footnote-ref-35)
35. This text deals with various physical exercises that one should practice from birth to old age. Typically of Galen, the discussion is full of polemics and disagreements with doctors and philosophers of the day, and with his predecessors (G.E.R. Lloyd, “Galen and his contemporaries,” in *The Cambridge Companion to Galen* (ed. R.J. Hankinson; Cambridge: Cambridge University Press, 2008), pp. 34-48). In the discussion he shows full loyalty to Hippocrates. [↑](#footnote-ref-36)
36. This book describes the attributes and uses of animal and plant foods, and how to identify them. The uses of plant and animal substances mentioned are only as food (and not as drugs, to which Galen devoted another work, *On Medical Substances*. The declared purpose of the book is to collect, analyse and categorize all the foodstuffs available in the Roman Empire, and the creation of a kind of encyclopedia for anyone wishing to eat the foods appropriate to his own health regimen. Apparently written late in Galen’s life (see *On the Properties of Foodstuffs*, pp. 13–14). The books reference one another. In the text *On Hygiene* Galen refers to his book *On the Properties of Foodstuffs* in pp. 241, 255. In *On the Properties of Foodstuffs*, Galen refers readers to *On Hygiene*, p. 150. They may have been written at the same time or updated in later versions. In any event, if we accept the claims of Wilkins and Powell regarding the dating of *On the Properties of Foodstuffs*, we should also apply them to *On Hygiene*. [↑](#footnote-ref-37)
37. *Regimen III*, p. 367; Galen, *On Hygiene*, p. 38 and more. [↑](#footnote-ref-38)
38. In *Regimen I* the author declares that the world is composed of water and fire and four characteristics – cold and hot, moist and dry – respectively. In *Regimen II* and *Regimen III* the authors do not provide theoretical background. They do use these traits together with an allopathic approach in the attempt to create a balance. Yet it seems that they do not accept the notion that water and fire are the fundamental elements of the world. In any case, *Regimen II* and *Regimen III* do not include a structured approach to the four humors as it appears in Galen. For a detailed chronological description of the four humors theory and its development, from Hippocratic medicine till the Renaissance, see Vivian Nutton, “Humoralism,” in *Companion Encyclopaedia of the History of Medicine* (eds. William F. Bynum and Roy Porter; London/New York: Routledge, 1993), vol. 1, pp. 281–291. [↑](#footnote-ref-39)
39. *Regimen II* is unique in its medical approach. In contrast to many ancient medical texts, that state laconically which plant is useful for which particular illness, the description in *Regimen II* of plants and the illnesses, relates to their specific traits and the theory of characteristics. In other words, the Greek approach developed the idea of mechanism. Whereas other Mediterranean medical systems made do with established facts, basing themselves on empirical findings that plant X was good for illness Y, the Greeks wished to decipher the mechanism and propose a theory that would include all individual cases. Thus, *Regimen II* presents us with a more advanced medicine that allows for combinations between the manifestations of the illness and the characteristics of the plants, while matching both to physical activities. [↑](#footnote-ref-40)
40. Wilkins, “The context,” p. 123; idem, “Foreword”, in *On the Properties of Foodstuffs*, pp. 4–5. [↑](#footnote-ref-41)
41. See explicitly in Galen’s opening remarks in *On Hygiene* (p. 5), and this is inferred from the author of *Regimen III*’s declarations (pp. 381-383). [↑](#footnote-ref-42)
42. Galen, *On Hygiene*, pp. 39, 41. [↑](#footnote-ref-44)
43. I would like the reader to return for a moment to the point above where we discussed the division of the direct medical material into two main genres (under the heading *Two Genres*). There I mainly dwelled upon the stylistic difference between the two genres, while now, after having examined the content characteristic of the first genre, I would point out that the second genre is a contrast to the first in this respect also. The trend of medical thought in the second genre is therapy, response to disease; the main practice there is medication, with almost no use of diet and certainly not of exercise. [↑](#footnote-ref-45)
44. There are additional aspects in which the differences between the Greek health regimen and the Rabbinic health regimen are apparent, such as the style of writing in the medical directives which is suited to the literary context in which they appear. An additional aspect of difference is the lack of humoralism in the Rabbinic health regimen - a theory that is fundamental in this field of Greek medicine. This dimension will be discussed separately in a future article. [↑](#footnote-ref-47)
45. Galen states explicitly that this is his aim. See, e.g., Galen, *On Hygiene*, 38-39; also *Regimen III*, 381-383. Our article provides only examples that testify to this, which have been chosen for comparison to the ‘Rabbinic health regimen.’ [↑](#footnote-ref-48)
46. These are encyclopedic lists. The great increase in items and their inaccessible (to most of the population) sources, especially in Galen, is evidence that their aim was a maximalist and ideal description of the world’s materia medica, thus application of their indications was possible mainly for the higher strata of the population—more on this below. [↑](#footnote-ref-50)
47. See Jones’ note on his deliberation as to translating this: *Regimen* III, p. 369, n. 3. [↑](#footnote-ref-52)
48. *Regimen* *III,* pp. 369–373. [↑](#footnote-ref-53)
49. B. Farrington, “The Hand in Healing: A Study in Greek Medicine from Hippocrates to Ramazzin,” in idem, *Head and hand in ancient Greece: four studies in the social relations of thought* (London: Folcroft Library Editions, 1947), pp. 2854. [↑](#footnote-ref-54)
50. *Regimen in* *Health*, p. 57; *Regimen II,* pp. 359–365; Galen, *On Hygiene*, pp. 143–184. This is the fourth of the six books of *On Hygiene*, in which Galen makes an exception to the rule of treatment through regimen, and prescribes drugs. [↑](#footnote-ref-55)
51. For positions similar to the one I presented, while at the same time being its opposite in terms of *On Regimen*’s audience, see now Hynek Bartoš, *Philosophy and Dietetics in the Hippocratic* On Regimen *- A Delicate Balance of Health* (Leiden: Brill, 2015), 47-53. [↑](#footnote-ref-56)
52. Examining the time and place in which the speakers uttering ‘Health Regimen’ directives lived is a way to move from the textual aspect to the practical lived aspect. In terms of geography, it is impossible to reach unequivocal insights: while of the 100 ‘health regimens’ in which the name of a Sage is mentioned, the majority are from the Land of Israel (37, as opposed to 13 Babylonian sages), but at the same time there are some 80 anonymous ‘Health Regimen’ sayings, which cannot be categorized as either from the Land of Israel or as Babylonian, and their categorization might tip the balance in either direction. In contrast, the chronological aspect is decisive: Most of the ‘Health Regimen’ sayings are attributed to rabbis from the fifth generation of Tannaim up to the third generation of Amoraim (i.e. from the second third of the 2nd century CE up to the turn of the 3rd and 4th centuries CE), with its peak being in the first generation of Amoraim – the ‘transition period’ in the first half of the 3rd century. From the fourth generation of Amoraim onwards, ‘Health Regiman’ sayings decline acutely and completely disappear (see Recht, “Regimens”, pp. 51–55). The fact that the phenomenon can be delineated most clearly in terms of chronology rather than geography, as well as the fact that this largely Greek genre appears in the Babylonian Talmud, undermines the automatic dichotomy Land of Israel/Hellenistic culture vs Babylon/Babylonian culture, and demands a different look at the phenomenon: a diachronic one. [↑](#footnote-ref-58)
53. Recht, “Regimens,” pp. 51–55. A good example is as follows: “Ulla said, and some say [that] it was taught in a Baraitha: Ten cups [of wine] the scholars have instituted [to be drunk] in the house of the mourner: Three before the meal in order to open the small bowels, three during the meal in order to dissolve the food in the bowels, and four after the meal: one corresponding to ‘who feedeth’, one corresponding to the blessing of ‘the land’, one corresponding to ‘who rebuildeth Jerusalem, and one corresponding to ‘who is good and doeth good’. They [then] added unto them [another] four [cups]: one in honor of the officers of the town, and one in honor of the leaders of the town, and one in honor of the Temple. and one in honor of Rabban Gamaliel. [When] they began to drink [too much] and to become intoxicated, they restored the matter to its original state” (Ketubbot 8b). The parallel version in the Jerusalem Talmud (Berakhot 3a) omits the first cups and their medical value and discusses only the cups of Halakhic significance: “It was taught: They drink ten cups [of wine] in a house of mourning–two before the meal, and five during the meal, and three after the meal.” (Tzvee Zahavy (trans.), *The Talmud of the Land of Israel: Vol. 1 Berakhot* (Chicago/London: University of Chicago Press, 1989), p. 116). [↑](#footnote-ref-59)
54. An example: ‘R. Jannai sent [word] to Mar ‘Ukba, Send us some of Mar Samuel’s eye-salves. He sent back [word], I do indeed send [them] to you, lest you accuse me of meanness; but thus did Samuel say: A drop of cold water in the morning, and bathing the hands and feet in hot water in the evening, is better than all the eye-salves in the world’ (Shabbat 108b). R. Jannai was a sage from the Land of Israel (from the 1st generation), while Mar ‘Ukba was a Babylonian sage (also of the 1st generation, and a Head of the Diaspora); they exchange messages on a purely medical matter. [↑](#footnote-ref-60)
55. Such as the victory of Shāpūr I (r. 241–272) over Aurelian, his marriage to her daughter and her arrival in Iran accompanied by Hippocratic physicians; the establishment of the hospital at Gondishāpūr by Shāpūr II (r. 309–379); and the immigration of Nestorian scholars from Edessa and Athens into the Sassanian Empire during the reign of Khusraw I (531–579). See Cyril Elgood, *A Medical History of Persia* (Cambridge: Cambridge University Press, 1951), pp. 34–57; Richard Frye, *The Golden Age of Persia: The Arabs in the East* (New York: Barnes and Noble, 1975), p. 22. [↑](#footnote-ref-61)
56. In Arab medical writings with Greek and Indian contents, remnants of Syriac and Pahlavi are to be found, demonstrating the route that this knowledge took: from Greek or Sanskrit via Syriac and Pahlavi to Arabic. It seems that this transmission took place in the medical centers of the Sassanid Empire (see for example Gul Russel, "Greek Medicine in Persia", in: *Encyclopedia Iranica Online*, 2012, available at: www.iranica.com; Frye, ibid.). [↑](#footnote-ref-62)
57. Michal Bar-Asher Siegal, *Early Christian monastic literature and the Babylonian Talmud* (New York: Cambridge University Press], 2013). [↑](#footnote-ref-63)