

A Remedy Travels Alone: Greek Medicine, Rabbinic Law, and the Limits of Influence

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Received: July 22, 2026; **Accepted:** August 23, 2026; **Published:** September 05, 2026

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Citation: Julian Y Ungar-Sargon. A Remedy Travels Alone: Greek Medicine, Rabbinic Law, and the Limits of Influence. American J Neurol Res. 2026; 5(3):1-24.

ABSTRACT

Galen of Pergamum (129–c. 216 CE) and Rabbi Yehudah ha-Nasi (c. 135–217 CE) were contemporaries. One produced the most systematically integrated account of the body composed in antiquity; the other presided over a legal corpus that treats the body constantly and has almost no physiology. This essay explains the divergence by a single mechanism: detachability. Rabbinic culture borrowed freely from Greek medicine whatever could be lifted clean of its cosmology — drugs, instruments, disease names, proven remedies, scholarly technique — and declined whatever arrived bundled with claims about what a body is and who made it: the humors, the tripartite soul, the teleological demiurge. The mechanism predicts the observed loanword distribution, absorbs Lieberman's evidence for Alexandrian influence on rabbinic exegesis, and recurs on the religious plane, where Asclepian remedies were taken and Asclepian piety refused.

The argument distinguishes two Alexandrias — Herophilean anatomy and the late-antique Galenic curriculum — establishes that systematized Galenism postdates the tannaim, and reads b. Bekhorot 45a, where the evar counted is a halakhic and not an anatomical category and an anomalous empirical result is resolved by scriptural exegesis. Using Galen's own tripartition of Rationalists, Empirics, and Methodists, it locates the rabbis with the Alexandrian Empirics rather than with Galen.

The essay serves a constructive question: whether antiquity holds a unified account of body and soul recoverable against the Cartesian settlement. The verdict is divided. A unified theory fails — Galen's nearest approach is the reductive horn of the same dichotomy. A unified practice succeeds; and the decisive rupture proves older than Descartes, its ancestor Alexandria.

KEYWORDS

Galenism, Alexandrian medicine, Empiric school, Talmudic medicine, Bekhorot 45a, Body and soul, Cartesian dualism, Embodied theology, Maimonides, Hermeneutic medicine.



Introduction: A Constructive Question and a Historical Silence

The question that drives this essay is not in the first instance a historical one. It is whether the division of the human being that modern medicine inherited — a body fully describable without reference to the person who is it, and a person for whom medicine has no professional vocabulary — is a necessity of scientific practice or an accident of intellectual history that might have gone otherwise. If it is an accident, then the record of how other cultures organized knowledge of the body should show us the road not taken. Greek and rabbinic antiquity are the obvious places to look, because they are the two traditions whose canonical formations happened simultaneously and independently, and because one of them produced the most integrated theory of the body in the ancient world while the other produced the most integrated practice of the body and almost no theory at all.

I should say at the outset that the answer this essay reaches are divided, and that the negative half of it matters as much as the positive. The nostalgic version of this project — that antiquity was holistic and modernity fractured it — does not survive contact with the sources. What survives is something more useful and considerably stranger, and it is set out in section 15.

The synchronism is almost too neat. Galen was born in Pergamum in 129 CE and died sometime after 210; Rabbi Yehudah ha-Nasi, under whose authority the Mishnah reached something like its final form, lived from roughly 135 to 217. They occupied the same empire, breathed the same Antonine air, and were separated by perhaps a thousand miles and an unbridgeable set of assumptions. Galen served in the household of Marcus Aurelius; rabbinic legend places Rabbi in intimate conversation with an emperor called Antoninus. Both men were canonizers. Both produced a corpus that would organize a discipline for the next fifteen hundred years. Neither ever mentions the other, or anyone like the other.

The silence is the datum. This essay is an attempt to take it seriously rather than to explain it away.

The scholarly question — “what was the influence of Galen on the Talmudic rabbis?” — is usually posed in one of two unsatisfying registers. The apologetic register searches the Talmud for anticipations of Greek and modern science and finds them everywhere, because a sufficiently motivated reader can find anything in a corpus of two and a half million words. The dismissive register notes that Talmudic medicine is largely magical and recipe-driven and concludes that the rabbis were provincials who had missed the scientific revolution happening in Alexandria. Both registers make the same error: they assume that Galenism and rabbinic discourse about the body were trying to do the same thing, so that the relation between them must be one of transmission, borrowing, or failure to borrow.

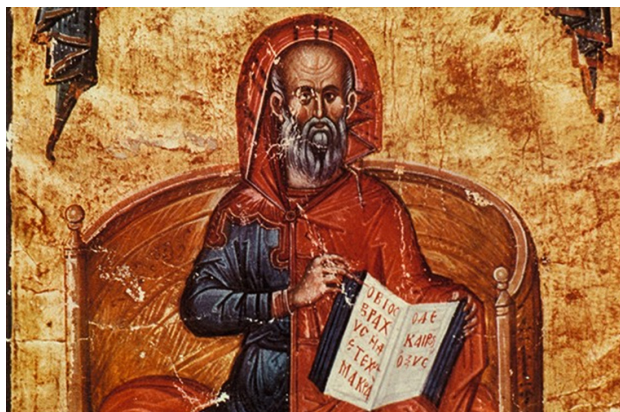
I want to propose a different frame. Galenism and the rabbinic corpus are two distinct disciplinary formations, each with its own object, its own canon, its own institution, and its own criterion of truth. Where they touch — and they do touch, at many points — the contact is at the level of shared practice and shared vocabulary, the ordinary therapeutic koine of the eastern Mediterranean, and not at the level of theory. Where they diverge, they diverge because they were never doing the same work. And Galen himself, in the one place where he condemns the Jewish intellectual tradition by name, identifies the divergence with startling precision.

Two prefatory matters of definition and method

First, “Galenism.” Following Owsei Temkin’s classic formulation, I use the term to denote not the historical Galen and not any one of his treatises, but the systematized model of the body distilled from various Galenic theories and works — the model that became a medical philosophy and then an orthodoxy [1]. Helen King’s compact treatment is useful for the same distinction [2], as is Vivian Nutton’s synthesis, which remains the standard general account of ancient medicine [3]. The essential collection on Galen’s thought is Hankinson’s Cambridge Companion [4], within which Lloyd’s chapter situates Galen among his contemporaries and rivals [5] and Nutton’s traces the long afterlife [6]. The reception of Galen in ancient, Byzantine, and modern contexts is now systematically mapped in Temkin’s *Galenism* and in Bouras-Vallianatos and Zipser’s Brill companion [1,7].

Second, method. Samuel Sandmel’s warning against “parallelomania” — the extravagance of supposing that literary similarity entails literary dependence — was written about biblical and rabbinic studies, but it applies with double force to the history of medicine, where a limited number of therapeutic options (heat, cold, purging, bleeding, rest, diet, incantation) will generate convergent practice across unrelated cultures [8]. Two societies that both bleed patients in the spring have not thereby demonstrated contact. Conversely, the absence of a Greek loanword does not demonstrate the absence of a Greek idea. The evidentiary bar for “influence” must therefore be set at the level of structure: does the borrowing culture take over

not merely a practice but the explanatory architecture that made the practice make sense in its home context? That is the test applied throughout.



What Galenism Was, and When It Became Available

Galenism is not the same thing as Galen, and Galen's availability is not the same thing as Galenism's availability. This distinction does most of the chronological work in what follows.

The Galenic system, considered as a doctrine, has roughly six load-bearing elements. First, an elemental physics inherited from Aristotle and the Hippocratic on the Nature of Man: four qualities (hot, cold, wet, dry) generating four humors (blood, phlegm, yellow bile, black bile). Second, a doctrine of *krasis* or temperament, in which health is the proper mixture of qualities in each part and in the whole, and in which everyone, each organ, each age, each climate, and each foodstuff have its own characteristic mixture. Third, a physiology of three faculties seated in three principal organs — the natural in the liver, the vital in the heart, the psychic in the brain — with three corresponding vessel systems and three grades of *pneuma*. Fourth, a rigorous teleological anatomy: the demiurge does nothing in vain, and every structure is to be explained by the function it serves; an argument developed at enormous length in *On the Usefulness of the Parts* [9]. Fifth, a therapeutic logic of contraries, with an elaborate calculus of drug degrees. Sixth, and most important for our purposes, an epistemology: medicine is a demonstrative science, *apodeixis*, in which conclusions are derived from evident premises by logical method, and in which the physician who cannot demonstrate his claim is a mere empiric or, worse, a sectarian [10,11].

That system was not an export commodity in 200 CE. It was a vast, disorganized, quarrelsome, partly autobiographical corpus of several million words, much of it written to settle scores with Methodists and Erasistrateans, in a Greek that was demanding even for educated contemporaries. The transformation of that corpus into Galenism — into a teachable, portable orthodoxy — was the achievement of the schools, and it happened later, and it happened mostly in Alexandria.

The mechanism is well documented. From Oribasios in the

fourth century onward, Galen became the principal quarry for the composition of medical handbooks and epitomes; the encyclopedists of late antiquity — Oribasios, Aëtius of Amida, Alexander of Tralles, Paul of Aegina — transmitted a Galen already selected, abridged, and rearranged for use [3,6,12]. Alongside this handbook tradition ran a didactic one. The Hippocratic and Galenic works formed the Alexandrian curriculum, taught by professional *iatrosophistai* — Gesius of Petra, Palladius, Stephanus, John of Alexandria — through the sixth and seventh centuries, in a format of set texts read lemma by lemma with oral commentary [13,14]. The curriculum crystallized as a canon: sixteen Galenic books, in a fixed pedagogical order, from *On Sects for Beginners through the Method of Healing*. It is this canon that passed into Syriac and then, through Hunayn ibn Ishāq and his school in ninth-century Baghdad, into Arabic as the *Jawāmi al-Iskandarāniyyīn*, the Alexandrian Summaries [14-17].

The chronology matters enormously. The Mishnah was substantially complete by about 200 CE, the Tosefta and the tannaitic midrashim not long after, the Yerushalmi by roughly 400, and the Bavli — in its amoraic strata — by about 500, with the anonymous stammatitic layer continuing to develop for perhaps another century or more [18,19]. The Alexandrian Galenic curriculum, the thing that made Galen into Galenism, was being assembled in the fifth through seventh centuries. Which is to say: the systematized Galen that conquered Byzantium, Islam, and medieval Europe simply did not exist as an available body of doctrine during the formative period of tannaitic literature and was still being assembled during the redaction of the Bavli. To ask whether the Mishnah is Galenic is a little like asking whether Tacitus was influenced by Gibbon.

This does not settle the question — Galen himself was alive and writing, his works circulated, medical ideas travel faster than curricula, and the Bavli's later strata are contemporary with Stephanus. But it reframes it. The relevant question is not “did the rabbis read the sixteen books?” (they did not) but “did the ambient Greek medicine of the Roman East, of which Galen was the most articulate representative, leave structural traces in rabbinic discourse about the body?”



Alexandria Twice Over

“The Alexandrian school of medicine” is a phrase that conceals two entirely different institutions separated by eight hundred years, and

much confusion in the comparative literature follows from running them together.

The first Alexandria is the Ptolemaic one, and it is the more spectacular. In the first half of the third century BCE, under royal patronage and in the peculiar cultural conditions of a Greek court ruling an Egyptian population with its own long tradition of body-opening, Herophilus of Chalcedon and Erasistratus of Ceos performed systematic dissection of human cadavers — and, according to a hostile but circumstantial tradition preserved by Celsus and repeated by Tertullian, vivisection of condemned criminals supplied by the crown [20,21]. Heinrich von Staden's reconstruction of Herophilus remains the indispensable treatment [20]. The anatomical yield was extraordinary and permanent: the duodenum (named for its twelve fingerbreadths), the calamus scriptorius of the fourth ventricle, the torcular Herophili, the ovaries and Fallopian tubes, the distinction of sensory from motor nerves, the systematic study of the pulse with a water-clock. This was an anatomy of the opened body, produced by cutting, and it lasted roughly two generations before the practice was abandoned, never to be resumed in the ancient world.

Note the enabling conditions, because they recur in section 6 below in an unexpected place: royal jurisdiction over the bodies of the condemned, a legal void surrounding those bodies, and an institution willing to make use of them. Human dissection in antiquity was not made possible by scientific curiosity alone. It was made possible by a sovereign who could hand over a corpse.

Alexandria also produced the third thing that must enter this comparison, and it is the one most often left out of it. In the generation after Herophilus, the same city produced a medical sect defined by its rejection of the entire project of hidden-cause explanation. The Empiric school was founded there by Philinus of Cos — by tradition Herophilus's own pupil, which is to say that the reaction against speculative anatomy came from inside the anatomical school — and developed by Serapion of Alexandria. Its claim was that medicine should be built from what is observed and recorded rather than from what is inferred about the invisible interior, and that anatomy, whatever its intellectual interest, is therapeutically useless. It rested on three legs: autopsia, one's own observation; historia, the recorded observation of predecessors, accepted on trust; and *he tou homoioi metabasis*, the transition to the similar, by which an untried case is treated on the analogy of a tried one. Galen wrote against the Empirics throughout his life and gave the classic three-way division of the profession — Rationalists, Empirics, Methodists — in *On the Sects for Beginners*, with fuller engagements in *On Medical Experience* and the *Outline of Empiricism* [22,23]. Karl Deichgräber's collection of the fragments remains the foundation of the modern study [24], Hankinson has traced the growth of the empiricist position [25] and Heinrich von Staden's essay on *hairesis* and *heresy* — written, significantly for our purposes, for a volume on Jewish and Christian self-definition — is the indispensable treatment of what a Greek medical school actually was as a social form [26]. We return to the Empirics in

section 9, because they, and not Galen, are the Greek physicians the rabbis most resemble.

Galen's relation to this first Alexandria is one of frustrated inheritance. He went there as a student in the 150s and stayed some four or five years, and what drew him was precisely what Alexandria still had that nowhere else had: bones. He recommends that students travel there to study the human skeleton directly, since human skeletal material was on display, and he describes with some envy the opportunities his predecessors enjoyed. But Galen himself did not dissect human beings. His anatomy is derived from Barbary apes, pigs, goats, and oxen, extrapolated to the human by argument from analogy and teleological necessity — which is the source of both its magnificence and its famous errors, from the *rete mirabile* to the porous interventricular septum [3,9,27].

The second Alexandria is the late-antique one already described: a curricular institution, not research one; a school of reading, not of cutting. Its characteristic product is the commentary and the summary. Its characteristic activity is the exegesis of an authoritative text before an audience of students. Its characteristic virtue is fidelity and clarity; its characteristic vice is the ossification that Temkin diagnosed as the internal logic of Galenism's decline — a system so complete that it could absorb anomaly indefinitely without revision [1]. Duffy's study of teaching and practice in the sixth and seventh centuries reconstructs the pedagogy in detail [13]; Garofalo traces what the Alexandrian texts did to Galen's legacy as they moved across Greek, Latin, and Arabic [14].

The distinction matters because the two Alexandrias offer two entirely different contrasts with the rabbinic academy. Against the first Alexandria, the rabbinic academy looks like a place that did not cut — until we look more closely at Bekhorot 45a. Against the second, it looks like something uncannily similar, which is the argument of section 12.



Galen Reads Moses: The Quarrel Over Nomos

There is one passage in which the two worlds of this essay make contact directly, and it is worth dwelling on, because it states the difference between them better than any modern reconstruction.

In *On the Usefulness of the Parts*, discussing the formation of hair and the reasons why hairs on different parts of the body grow to different lengths, Galen pauses to contrast his own account of the demiurge with that of Moses. Moses, he says, holds that it is enough for God to will a thing and matter is at once ordered accordingly; God could, on this view, make a horse or a bull out of ashes. Galen holds otherwise. His demiurge is a craftsman who chooses the best possible arrangement from among the possibilities that matter permits; the demiurge does not violate matter but works with it, and this constraint is precisely what makes teleological explanation informative rather than vacuous. If God can do anything, then nothing about the body's structure is explicable [9,28].

In *On the Differences of Pulses*, the criticism becomes epistemological and sharper. Galen complains of opponents who cannot be argued with, comparing the experience to instructing followers of Moses and Christ, among whom one hears undemonstrated laws laid down and accepted [28]. Richard Walzer's monograph collects and analyzes these passages and the Arabic testimonia that preserve related Galenic remarks; it remains the essential study, though its reconstruction of the lost Arabic-transmitted material has been debated since [28].

Notice what Galen is objecting to. He is not objecting to Jewish anatomy or Jewish therapeutics; he shows no awareness that such things exist. He is objecting to a mode of authorization. In the school of Moses, a claim is warranted because it was commanded and received. In the school of Galen, a claim is warranted because it was demonstrated from evident premises. This is the *nomos/apodeixis* distinction, and it is not a superficial difference of temperament but a difference in what counts as a reason.

The remarkable thing is that the rabbis would have accepted the characterization and considered it a compliment. The tannaitic and amoraic literature contains a fully developed and self-conscious theory of authorization: *halakhah le-Moshe mi-Sinai*, tradition received from teachers, most of the sages, the closure of prophecy as a source of legal decision. In the celebrated narrative of the oven of Akhnai, a heavenly voice endorsing the minority position is itself overruled — the Torah is not in heaven, and the majority decides. This is not the absence of an epistemology; it is a rival epistemology, in which the criterion of a valid norm is its correct derivation from and transmission within an authorized tradition, not its correspondence to demonstrable natural fact. I have argued elsewhere that this dual structure — a rational-derivational track and an intuitive-traditional track not reducible to one another — is a durable feature of halakhic reasoning that persists into contemporary decision-making [29] and that its clinical analogue, the physician's "my heart tells me", is a real epistemic mode rather than a failure of rigor [30].

Hold onto Galen's complaint. In section 6 we will watch a group of rabbis conduct a genuine empirical investigation, obtain an anomalous result, and resolve the anomaly by citing Scripture. Galen would have recognized the move instantly and been appalled by it.



The Rabbis and Alexandria: What the Sources Actually Record

Before we can assess influence, we need to establish contact. And contact between rabbinic figures and Alexandria is not a matter of inference; it is documented in the sources themselves, repeatedly and specifically. The problem is not that the rabbis did not know Alexandria. The problem is what they wanted from it.

Alexandria in the rabbinic imagination

The city appears in rabbinic literature as a place of superlatives. The description of the great Alexandrian synagogue at b. Sukkah 51b — the double colonnade, the seventy-one golden seats corresponding to the elders of the Sanhedrin, the guilds seated by trade, the attendant who waved a scarf because the congregation was too vast to hear the blessings — is a set piece of admiring recollection, closed with the report of the community's destruction. Alexandrian ships, Alexandrian wheat, and Alexandrian glass appear as commercial commonplaces. Hillel is credited with resolving a difficulty about Alexandrian marriage documents by interpreting the local formula (b. Bava Metzia 104a). The temple of Onias at Leontopolis in Egypt receives extended and ambivalent halakhic attention (b. Menahot 109b). And the translation of the Torah into Greek at Alexandria is remembered with a famous and deliberate ambivalence: a miracle in one telling, and in another a day as difficult for Israel as the day the golden calf was made. The standard accounts of Hellenistic and Roman Alexandrian Jewry by Tcherikover and Barclay supply the historical frame [31,32].

Todos the physician

Our one named informant on Alexandrian practice is Todos (Theodos) ha-rofe, whose testimony that no cow or sow left Alexandria without its womb being excised — a measure to protect a breeding monopoly — is preserved in tannaitic and amoraic contexts (t. Ohalot 4:2; b. Bekhorot 28b; b. Nazir 52a) [33]. Consider what this is and is not. It is a physician's expert testimony, accepted into halakhic deliberation, concerning a fact about animal bodies

in Alexandria. It is not a report of Alexandrian medicine. The rabbis had access to a man who could tell them about Alexandria, and what they recorded from him was a datum bearing on the halakhic status of a uterus.

The twelve questions

The most substantial documented exchange is at b. Niddah 69b–71a: twelve questions that “the men of Alexandria” put to Rabbi Yehoshua ben Hananyah, sorted by the Talmud itself into three of halakhah, three of aggadah, three of borut (nonsense, or questions asked to provoke), and three of derekh eretz (practical wisdom). The classification alone is worth attention: the rabbis received this delegation as an intellectual encounter of mixed seriousness and said so.

The three halakhic questions are the ones that matter here, because all three concern the body — and all three concern corpse impurity. Does the pillar of salt that was Lot’s wife convey defilement? Does the son of the Shunammite woman, revived by Elisha, convey defilement? Will the dead who are resurrected in the future require the sprinkling of the third and seventh days? These are questions of astonishing technical sophistication, and they are questions about status. They ask what a body is when it is between categories: mineralized, revived, resurrected. Not one of them asks how a body works.

This is the single most instructive datum in the essay. When Alexandrian Jews — inhabitants of the greatest medical city in the world, in a community that had produced Philo — sat down with a leading Palestinian sage and asked him hard questions about the human body, they asked about defilement. That is what the encounter was for. Whatever else Alexandria had to offer, this was the currency both parties recognized.

Philo: The control case

Which brings us to the decisive comparison, and one that is too rarely made in this literature. Philo of Alexandria was a Jew, a contemporary of the earliest tannaim, a scriptural exegete of enormous learning — and a man whose vocabulary for the human being is thoroughly and unembarrassedly Greek. He speaks of the hegemonikon, the ruling faculty; he distributes the soul among parts and seats them in organs; he uses the medical-philosophical commonplaces of qualities, mixtures, and elements as the natural furniture of thought; his account of the human microcosm is built from the *Timaeus* and its medical descendants [34,35]. Philo did not have to be persuaded to think about the body in Greek. He could not think about it any other way.

The significance is hard to overstate. Alexandrian Judaism absorbed Greek physiology completely, at exactly the period when Greek medicine was most available. Therefore, the rabbinic non-absorption cannot be attributed to incapacity, isolation, or lack of opportunity. It was a different project, chosen and sustained — and it is worth adding that the rabbinic corpus, which preserves the memory of Alexandria’s synagogue and its cattle-traders and

its provocative questioners, preserves no memory of Philo at all. The Jewish thinker who did receive Greek medicine is the one the rabbis did not read. Newmyer’s assessment of the broader relationship — crosscurrents and resistance, rather than either isolation or absorption — remains the fairest summary of what the Palestinian sources show [36].



The Bone-Count and the Limits of Rabbinic Osteology

We come now to the text that, more than any other, must be reckoned with in any comparison of rabbinic and Alexandrian medicine — and which the standard treatments tend to mention in a sentence and hurry past.

At b. Bekhorot 45a, Rav Yehudah reports in the name of Shmuel: the disciples of Rabbi Yishmael macerated in boiling water the body of a prostitute who had been condemned to burning by the king. They examined the remains and found two hundred and fifty-two members. Confronted with the Mishnah’s canonical enumeration of two hundred and forty-eight (m. Ohalot 1:8), they were told that the woman has four additional structures — two hinges and two doors — and Rabbi Yishmael supported the resolution with citations from Scripture.

Six observations, each of which does real work.

First, the transmission

The report reaches us through Rav Yehudah in the name of Shmuel — that is, through the one Babylonian amora who was himself a practicing physician, the man who treated Rabbi Yehudah ha-Nasi’s eye with a kilorin (b. Bava Metzia 85b) and whose medical and astronomical competence the Talmud repeatedly notes. Of all the tradents in the Bavli, the empirical anatomical report is preserved by the doctor. That is not likely to be accidental, and it tells us something about who in rabbinic culture was interested in this kind of information.

Second, the procedure

This is maceration, not dissection. The body was boiled until soft tissue separated from bone, and the bones were then counted. Maceration is a real technique and a serious one; it is how osteological collections were prepared into the modern period. But it is a technique for producing a skeleton, and a skeleton is what you want if your question is how many bones there are. It is emphatically not what you want if your question is what any of them do, how they articulate, what runs beside them, or how the soft tissue you have just boiled away was organized. Herophilus, handed the same body under the same royal warrant, would have opened it. The disciples of Rabbi Yishmael boiled it. The difference in method follows exactly from the difference in question.

Third, the enabling conditions

Note how closely the circumstances parallel Ptolemaic Alexandria: a body under sovereign jurisdiction, condemned to destruction, and therefore available. Rabbinic law is deeply protective of the corpse — burial is immediate, nivvul ha-met (disfigurement of the dead) is prohibited, and priestly contact with the dead is restricted — and this body escaped those protections because the king had already claimed it and because, on the plain sense of the narrative, the woman stood outside the community who's dead the halakhah protects. The single rabbinic approach to human anatomical investigation happened in precisely the legal void where the only ancient program of human dissection had happened four centuries earlier. Where the law is silent about a body, bodies get examined. That is a finding about the sociology of anatomy, not about Greeks and Jews.

Fourth, and decisively, the object of the count

The enumeration is of *evanim*, and an *evan* is not a bone. In rabbinic usage the term denotes a unit consisting of flesh, sinew, and bone together (b. Hullin 129b), and the *Ohalot* list accordingly includes cartilaginous structures, the hyoid, epiphyses counted separately from shafts, and units that no osteologist would recognize. Joseph Bergel, in the first serious scientific audit of rabbinic anatomy, calculated that the actual skeletal number is closer to 208, and later commentators have noted that the rabbinic list frequently subsumes sinew, nerve, and vessel under a single term [37,38]. This is the crux. The count was not inaccurate anatomy; it was accurate halakhah. The category being counted is the category that matters for corpse defilement — the minimal unit of body that transmits impurity — and that category was defined by law before anyone put a body in a pot. The disciples were not measuring the world to find out what was in it. They were verifying a received number against an object whose relevant units the received tradition had already specified.

Fifth, the resolution of the anomaly

Here is where Galen's complaint becomes prophetic. The disciples returned an anomalous result: 252 against the canonical 248. In a demonstrative science, an anomaly is a crisis or an opportunity. One recounts. One asks whether the categories were misapplied. One entertains the possibility that the received number is wrong.

What happens instead is that the discrepancy is absorbed by an exegetical move — the female body has four additional members — and the move is supported from Scripture. The empirical procedure is permitted to confirm the tradition and is not permitted to unsettle it. And this is not a failure of nerve; it is the system working correctly by its own lights. The number 248 was never a hypothesis about skeletons. It was a legal datum with a homiletic partner, aligned in the well-known tradition with the 248 positive commandments as the 365 sinews are aligned with the prohibitions and with the days of the solar year. You do not revise the number of the commandments because a corpse came out long.

Sixth, the afterlife

The episode became the standard proof text in a halakhic argument that runs to the present. When Rabbi Yehezkel Landau was asked in the eighteenth century whether an autopsy might be performed to advance medical knowledge, the resulting responsum — one of the most consequential in modern Jewish bioethics — turned on whether a *holeh lefaneinu*, a patient before us, stood to benefit, and it drew the boundaries of permissible investigation with reference to precisely this cluster of sources [39,40]. *Bekhorot* 45a is thus the origin point of a discourse in which anatomy is licensed by its use to a specific living person rather than by the value of knowledge as such — which is, once again, the *nomos* framework rather than the *apodeixis* one.

There is a final and stranger observation to make. The *tanna* at the center of this account, Rabbi Yishmael, is also the figure to whom the *Shihur Qomah* literature is attributed — the esoteric text that records, in explicit anthropomorphic measure, the dimensions and secret names of the limbs of the divine body [41-43]. The same name presides over the counting of the members of a human corpse and over the measuring of the members of God. Whether or not there is any historical connection, the juxtaposition is exact: rabbinic “anatomy” reaches its speculative culmination not in physiology but in a theurgic measurement of the divine *anthropos*, in which the enumerated body becomes a map of correspondences rather than a mechanism. The body is legible, and what it is legible as is a Torah — and ultimately, in the mystical tradition, a divine form. That is the deep grammar of the whole enterprise, and it has nothing to do with Galen and everything to do with what a body was taken to be.

The Rabbinic Medical Corpus

With *Bekhorot* 45a in view, we can survey the wider corpus, which is both larger and stranger than the standard summaries suggest.

The foundational modern survey remains Julius Preuss's *Biblischtalmudische Medizin* of 1911, available in Fred Rosner's English translation, which despite its age has not been superseded as a comprehensive inventory [33]; Rosner's own thematic volumes are a useful complement [37]. The recent revival of the field, driven by Lennart Lehmhaus and collaborators, has decisively shifted the frame from “what did the rabbis know?” to “how did medical knowledge circulate, and what did rabbinic culture do with it?”

[44,45].



Practitioners

The sources know a professional medical world and take it for granted. The *asya* (physician) and the *umman* (craftsman-bloodletter) are ordinary figures; a scholar is told not to dwell in a town that lacks them, in a list of civic amenities that includes a court, a charity fund, a synagogue, a bathhouse, and a latrine (b. Sanhedrin 17b). Abba Umama the bloodletter is described conducting a practice with a curtain for modesty, separate garments for men and women, and a fee-box so that the poor could pay nothing without shame (b. Tahanit 21b–22a) — a portrait of an established clinical practice with what we would now call a sliding scale and attention to dignity.

Licensure of healing

The exegesis of Exodus 21:19 — “and he shall surely cause him to be healed” — yields the ruling that permission was granted to the physician to heal (b. Bava Kamma 85a; b. Berakhot 60a). The formulation is telling. Healing requires a warrant, because illness is not obviously a merely natural event; once the warrant is granted, medicine proceeds. Galen requires no license from anyone.

Therapeutic material

The largest concentration is the block at b. Gittin 68b–70b, a long sequence of remedies for conditions from headache to cataract to tzafдина to snakebite, mixing herbal pharmacy, dietary manipulation, incantation, amulets, and frank sympathetic magic. A second sits at b. Avodah Zarah 28a–29a, and a third, more explicitly concerned with the boundary between permitted remedy and “the ways of the Amorite”, at b. Shabbat 66a–67a. Gideon Bohak’s history of ancient Jewish magic and Giuseppe Veltri’s study of the halakhic negotiation of magical practice map the terrain in which these recipes sit [46,47]. What is striking about the Gittin block is its form: it is a recipe collection, an itemized list of this for that, without an organizing physiology. It is a pharmacopoeia

without a pathology.

Anatomy

Beyond Bekhorot, rabbinic anatomical knowledge comes overwhelmingly from the slaughterhouse: the elaborate internal anatomy of tereifot in tractate Hullin — lungs and their lobation and adhesions, the *tzomet ha-gidin* of the hind leg, esophagus and trachea, the perforations and displacements that render an animal non-viable and hence forbidden. This is genuine, hands-on competence, in some particulars more reliable than Galen’s ape-derived extrapolations. What it is not is structural.

Reproduction and generation

Niddah is the great rabbinic tractate of the body’s interior, and it contains the corpus’s most theoretically ambitious physiological statement: the three partners in the formation of a human being, in which the father supplies the white — bones, sinews, nails, brain, the white of the eye — the mother the red — skin, flesh, blood, hair, the dark of the eye — and God the spirit, the soul, and the faculties of sense and motion (b. Niddah 31a). Adjacent stands the rule that if the woman emits seed first, she bears a male and if the man first a female (b. Niddah 31a–b; b. Berakhot 60a). Charlotte Fonrobert’s study of menstrual purity and Tirzah Meacham’s account of the development of the menstrual laws show how thoroughly the physiology here is subordinated to a legal and social project [48,49].

Five Probes for Galenism

In each case the question is not “is there overlap?” but “is the Galenic explanatory structure present?”

The Humors

This is the decisive probe, and the answer is clean: the four-humor system does not organize rabbinic discourse about the body. There is no rabbinic doctrine of *krasis*, no typology of sanguine, phlegmatic, choleric, and melancholic temperaments, no consistent account of health as balance among four fluids or disease as their excess, deficiency, or corruption. The sources have words for phlegm and for bile and occasionally attribute a symptom to a fluid, as any pre-modern culture attending to the body will. But the quartet is not a system in rabbinic hands, and — this is the point — nothing in the corpus depends on it. Remove humoral theory from Galen and the edifice collapses. Remove it from the Bavli and nothing changes.

Compare the fate of humoralism in a culture that did receive it. *Sefer Asaf*, the earliest substantial Hebrew medical text, is saturated with humoral doctrine at every level, from its etiology to its pharmacology to its account of the seasons and ages of life [50]. So is Donnolo, so is Isaac Israeli, so is Maimonides. The contrast with the Talmud is the difference between a text that has a physiology and a text that does not.

Phlebotomy and Regimen: The Strongest Case for Contact

Here the case for Greek contact is at its strongest, and it repays careful handling.

The Bavli's material on bloodletting (especially b. Shabbat 129a–b) is extensive and specific: which days are auspicious and which dangerous, the frequency appropriate to different ages, what must be eaten and drunk afterward, the perils of letting blood while fasting, the necessity of rest and warmth. Galen wrote at length on phlebotomy and made it central to his therapeutics of plethora [3,51].

But look at the reasoning. In Galen, bleeding is indicated because the body is plethoric or a particular humor is in excess; the vein selected, the quantity taken, and the timing follow from a doctrine of revulsion and derivation — bleed from the same side, or the opposite, according to where the matter is and where you want it to go. In the Bavli, bleeding is regulated by calendar, by age, by the danger of the act itself, and by what one must eat afterward to restore strength. The advice is prudential and apotropaic rather than physiological. The rabbis know that bleeding is done and that it is dangerous; they do not know, or do not care, why it works in the sense Galen would demand.

The same holds for diet. There is substantial rabbinic dietetics and a substantial Galenic dietetics of extraordinary sophistication, in which every foodstuff is graded by quality and degree and matched to temperament, season, age, and condition [51,52]. The case of dairy is instructive. Galen's galaktology — his account of milk and its by-products, their qualities, their digestive effects, their proper use and dangers — has been carefully reconstructed and its Byzantine reception traced [53]. The rabbis have an equally elaborate and far more consequential discourse on milk: the prohibition of cooking a kid in its mother's milk, expanded into the entire apparatus of meat-and-milk separation that occupies large stretches of tractate Hullin, including the striking sugya at Hullin 107b in which two estranged brothers may eat meat and cheese at one table precisely because their enmity guarantees separation. The two discourses concern the same substance and share not one premise. Galen asks what milk does to the body. The rabbis ask what milk does to the status of what it touches.

This is the pattern throughout: shared practice, incompatible rationale. That is exactly what a koine looks like, and exactly what influence does not.

Embryology and Seed

The three-partners passage at Niddah 31a has attracted more comparative attention than any other rabbinic physiological statement, and the comparison usually made is to Greek generation theory. There is something to it. The idea that the male contributes the solid, formative, “white” elements and the female the fluid, material, “red” elements sit recognizably within the space of Greek debate, and specifically closer to the Aristotelian pole, where the male provides form and the female matter, than to the Galenic one.

But that is the point. Galen's distinctive intervention in generation theory was precisely his rejection of the Aristotelian single-seed model in favor of a two-seed account, in which the female produces

a genuine though weaker semen from a genuine though inferior pair of testes, and both contribute to the embryo — a position developed at length in *On Semen* and in *On the Usefulness of the Parts* [9]. If the rabbis were Galenists, this is where it would show. Instead, the rabbinic material is either Aristotelian in shape or, more plausibly, independently derived from the same near-universal folk observation that offspring resemble both parents.

The “seeds first” rule about sex determination points the same way. Two-seed accounts of sex determination circulate widely in the Hippocratic corpus and elsewhere, and the rabbinic version has a distinctly moral-homiletic use — a lesson about generosity in the marital relation — that no Greek source would recognize. Ronit Yoeli-Tlalim's work on how medical ideas travel along long-distance networks is a useful corrective here: the assumption that any parallel must be Greek is itself a legacy of a Eurocentric historiography [54].

Anatomy: Two Kinds of Knowing a Body

Section 6 established the pattern; here it is generalized. The 248 members of *Ohalot* are not a skeleton but an inventory for determining defilement. The *tereifot* of *Hullin* are not a pathology but a list of conditions incompatible with viability and therefore with permissibility. Where Galen would ask of every structure what it is for — the question that generates seventeen books of *On the Usefulness of the Parts* — the rabbis ask what it does to the halakhic status of the whole.

Mira Balberg's study of purity, body, and self in early rabbinic literature shows in detail how the rabbinic body is constituted by the discourse that regulates it, and how the purity system produces a particular kind of self-monitoring subject [38]; Daniel Boyarin's work makes the complementary case that rabbinic culture invests the body with a significance its Hellenistic neighbors reserved for the soul [55,56]. The rabbinic body is not a machine to be explained. It is a text to be read and a jurisdiction to be governed.

I have developed this reading at length in relation to contemporary practice, arguing that the patient's body and history function as a sacred text requiring interpretation rather than as an object yielding data [57,58], and that the tradition of embodied, non-cerebral wisdom running from biblical anthropology forward constitutes a genuine alternative epistemology of the body rather than a primitive stage of one [59].

Etiology: Demons, Sin, and Nature

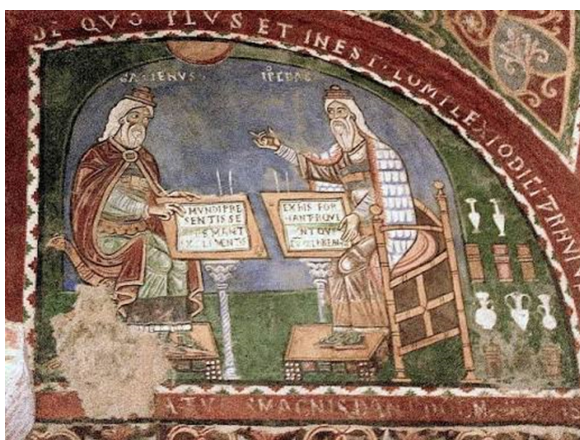
Galenic etiology is naturalistic throughout. Disease arises from imbalance of qualities, obstruction, corrupted humors, bad air, errors of regimen; the causal chain runs entirely within the natural order, and where Galen invokes the divine it is as the intelligent designer of a system that then operates by its own laws.

Rabbinic etiology is plural and unembarrassed about it. Illness may be punishment; it may be affliction of love; it may be the work of demons, of whom the Bavli knows a great many, with names,

habitats, and preferred hours; it may follow from an evil eye, from eating fish and meat together, from sleeping in a ruin; or it may simply follow from a wound. These explanations are neither ranked nor reconciled, and a single sugya will move between them without friction.

The older scholarship reached for the word “superstition” and moved on. The more productive reading, developed by Bohak, Veltri, and Lehmhaus, is that we are looking at a therapeutic culture that has not adopted — and has felt no need to adopt — the naturalistic closure Greek medicine achieved as a professional and polemical project [44,46,47]. Greek naturalism was born in competition with temple healing; it needed to exclude the divine to constitute itself as a *techne*. That project has a founding document, and it is Hippocratic rather than Galenic: On the Sacred Disease opens by denying that epilepsy is any more divine than other illnesses, argues that those who call it sacred are concealing their own ignorance behind piety, and insists the condition has a natural cause and a natural cure like everything else [60,61]. Nothing in rabbinic literature performs that gesture, because nothing in rabbinic literature needed to. The rabbis were never competing with a temple cult for the right to treat the sick; they were licensing treatment within a covenantal order that already assigned affliction a meaning. The rabbis were not in that competition. Their problem was the opposite: how to license natural healing at all within a covenantal order in which affliction has meaning.

I have argued that this refusal of etiological closure is not a defect but preserves something clinically indispensable — that the demonic, understood as a register of experience rather than a causal hypothesis, names something about illness and dying that naturalistic vocabulary cannot reach [62,63] — and that the systematic exclusion of such registers from modern medicine has costs we are only beginning to count [64].



Which Greek Medicine? The Rabbis Among the Sects

The question posed at the outset was Galen versus the Alexandrian school, and so far, the two have been treated as a single Greek pole. They are not, and the distinction turns out to matter more than anything else in this essay. Greek medicine in the Roman

period was not one thing but a field of competing *haireseis*, and Galen himself supplied the standard map of it: Rationalists (or Dogmatists), who reason from hidden causes disclosed by anatomy and demonstration; Empirics, who deny that hidden causes are knowable or therapeutically relevant and work from accumulated observation; and Methodists, who reduce the whole of pathology to a small number of manifest common conditions [22]. If we ask not, “were the rabbis Galenic?” — the answer to which is no — but “if the rabbinic approach resembles any Greek medical position, which one?”, the answer is sharp and, I think, has not been drawn out.

Not the Rationalists

Sections 6 and 8 have established this. There is no rabbinic doctrine of hidden causes, no anatomy pursued for the sake of function, no derivation of therapy from a theory of the interior. On Galen’s own grid, the rabbis are not in his party.

Not, despite appearances, the Methodists

There is a superficial temptation here worth naming and dismissing. The Methodists — Thessalus, and in his more sophisticated way Soranus — held that the physician need attend only to manifest *koinotetes*, the common conditions of constriction and relaxation, and could ignore both causes and individual particulars; Thessalus notoriously claimed the art could be taught in six months [65,66]. The rabbinic system of *tereifot* likewise assigns a body to a status class based on manifest findings, without inquiry into mechanism, and treats the class assignment as dispositive. But the resemblance is formal only. Methodist classes are classes of bodily condition, arrived at by observation and defended as the natural joints of pathology; *tereifah* classes are classes of legal status, arrived at by tradition and defended as such. Two systems can both be classificatory and share nothing else.

The Empirics

Here the correspondence is real, extensive, and mostly unremarked. Take the Empiric tripod in turn.

Historia — the recorded observation of predecessors, accepted on trust — is the Empiric’s principal working material, and it produced a characteristic literary form: the collected recipe book, an inventory of this for that with no underlying pathology, transmitted from teacher to student and expanded by accumulation. That is a precise description of b. Gittin 68b–70b. It is worth registering that this form is Hippocratic before it is Empiric: The Aphorisms is a collection of transmitted maxims and the Epidemics a case book, neither organized by an underlying pathology, and both remained canonical throughout antiquity — taught beside Galen in the Alexandrian curriculum, though read in late antiquity largely through his commentaries on them [61,67]. On sheer form, the Hippocratic writings are a closer comparandum for the Bavlī’s therapeutic material than anything of Galen’s; what the Empirics added was a defense of that form as a method rather than a stage. The Empiric therapeutic corpus and the rabbinic one are the same kind of text, and it is no accident that the point at which

Byzantine and Jewish medical literature can be shown in dialogue is pharmacological and recipe-based rather than theoretical [44].

Peira — trial, the proven remedy — is the Empiric's criterion of validity, and it has an exact halakhic counterpart with an exact evidentiary threshold. The Mishnah permits carrying out an amulet on the Sabbath if it is an amulet from an expert (m. Shabbat 6:2), and the Gemara supplies the criteria of proof: the amulet is proven if it has healed three times, and the expert is proven by three cures, with an elaborate discussion of whether it is the amulet, the writer, or the formula that is being certified (b. Shabbat 61a–b). This is peira codified into law, with a sample size. It is the single most Empiric moment in the entire rabbinic corpus, and it sits inside a discussion of Sabbath prohibition rather than inside a discussion of medicine — which is the whole pattern of this essay in miniature.

He tou homoiou metabasis — the transition to the similar, extending a proven treatment to an untried case on the basis of resemblance — is formally very close to the rabbinic movement from case to case, and to the derivational pattern of binyan av, in which a feature established in one case is extended to others sharing the relevant characteristic. But here the divergence is instructive: for the Empiric the relevant similarity is a similarity in nature, defended by observation; for the rabbi it is a similarity in legal characteristic, defended by exegesis.

Autopsia — one's own observation — the rabbis could and did perform. Rabbi Shimon ben Halafta's experiments at b. Hullin 57b, in which a bird's viability is tested by observation over time, are genuine peira conducted by a sage to settle a halakhic question. The maceration at Bekhorot 45a is autopsy deployed to verify historia. And when the two conflicted, we have seen which won.

The decisive point

Galen's charge against the school of Moses — that it lays down undemonstrated law and accepts it — is, almost word for word, the charge he laid against the Empirics of Alexandria. He accused them of substituting accumulated report for demonstration, of trusting historia they had not verified, of practicing an art without knowing why it worked [23–25]. From Galen's vantage, the rabbis and the Empirics commit the same sin against reason. That is why the rabbinic position, when it looks Greek at all, looks like Alexandrian empiricism and not like Pergamene rationalism.

But the identification must not be pressed too far, and the point at which it breaks is the most interesting thing in the comparison. The Empiric refuses hidden causes on sceptical grounds: he does not know what is inside, cannot know, and therefore builds on what he can see. His authority is observation, pooled across generations. The rabbi's authority is transmission — masoret, kabbalah — and it is not a fallback position adopted for want of better evidence. It is the ground. The Empiric's historia is trusted because someone once observed; the rabbi's tradition is trusted because it was received. Two epistemologies that look alike from Galen's side of the room are opposite in their foundations: one is empiricism without theory, the other is authority without empiricism. I have

argued that the resulting tension — between what is demonstrable and what is received — is not a medieval problem but a live one in contemporary practice, where evidence-based frameworks and other registers of clinical knowing coexist uneasily [68], and that clinical intuition is best understood as a third thing that neither register captures [69,30].

Does the Talmud prefer one? The revealed preference

The Talmud never adjudicates between Greek medical sects, and it does not know them as sects. But it does exhibit a consistent preference, legible in what it admits and what it refuses — and the preference is indexed to domain rather than to school.

Where the question is what to do for a sick person, the Talmud is Empiric without hesitation. It accepts the expert practitioner's testimony as halakhic evidence, as with Todos; it certifies remedies by cure-count (b. Shabbat 61a–b); it feeds the dangerously ill on the word of experts (m. Yoma 8:5); it takes remedies from gentile physicians (b. Avodah Zarah 28a–29a); it treats the twelve-month survival criterion as a genuine empirical test of viability (b. Hullin 57a–b) and produces, in Rabbi Shimon ben Halafta, something close to a working experimentalist. Nothing in any of this requires a theory, and nothing in it is refused for want of one. The Empiric mode is admitted freely and everywhere.

Where the question is one of natural fact with nothing normative turning on it, the Talmud can concede to the demonstrative party outright. The dispute at b. Pesahim 94b over the sun's course at night — whether it passes above the firmament or behind it — ends with Rabbi conceding that the words of the sages of the nation's appear more correct than the words of the sages of Israel. That is an explicit preference for Greek demonstrative science, stated by the redactor of the Mishnah, in the one domain where the Greeks could demonstrate. It is the exception that establishes the rule: concession is available precisely where no norm is at stake.

Where the question is what the law is, neither Greek school has standing. The list of tereifot is closed against demonstration and against trial alike; the anomalous bone-count is resolved by a verse. And note that this is a refusal of the Empirics as much as of the Rationalists. A cure that has worked three times may enter halakhah as a permitted act; an observation that a tereifah survived may not enter halakhah as a revision of the category. Trial can license practice. It cannot amend law.

Why the preference falls this way

The mechanism is not temperament but detachability. Empiric content is theory-free and therefore importable at zero cost: a recipe carries no cosmology, and an amulet that has cured three times makes no claim about who made the body. Galenic content is not separable from its metaphysics — the craftsman-demiurge constrained by matter, whose constraints Galen explicitly opposed to Moses in the very passage examined in section 4. To adopt Galenism would have been to adopt a rival account of what a body is, who made it, and by what necessity it has the parts it has. To adopt an Empiric remedy was to adopt nothing but the remedy. This is

precisely the mechanism that generates the loanword distribution documented in section 11: dense Greek borrowing at the level of drugs and instruments, none at the level of concepts. The rabbis took what could be detached and left what came bundled.

One further datum deserves notice, because it cuts against every Greek option at once. When the rule about feeding the dangerously ill on Yom Kippur is pressed, the Gemara holds that where the patient says he needs food and the expert says he does not, the patient is heeded — the heart knows its own bitterness (b. Yoma 83a). Neither the Rationalist's demonstration nor the Empiric's pooled experience outranks the sufferer's own report of his own condition. That is not a Greek position at all; no *hairesis* would have countenanced it. It is the seed of something else, and it is the point at which this ancient material speaks most directly to a contemporary practice that has largely inverted the priority [70,71].

So, the answer to the question with which we began has two parts. Structurally, if the rabbis resemble any Greek medicine, it is Alexandrian — but the Alexandria of Philinus and Serapion, not the Alexandria of Herophilus's scalpel or of Stephanus's lectern. And they did not choose it. They arrived at a structurally similar position from an entirely different direction, which is precisely why the resemblance is formal and the substance, as section 11 shows, is not Greek at all. By revealed preference, they took freely from Empiric practice, conceded to demonstrative science only where nothing normative was at stake, and admitted neither into the determination of law.

A closing note on sect-formation

Von Staden's essay on *hairesis* was written for a volume on Jewish and Christian self-definition, and the juxtaposition was deliberate [26]. A Greek medical sect had a founder, a body of doctrine, a line of succession, a polemical relation to rivals, and a set of shibboleths by which membership was recognized. So did the House of Shammai and the House of Hillel; so, did the schools of Rabbi Akiva and Rabbi Yishmael. Late antiquity produced a common social technology for organizing intellectual disagreement into transmissible communities, and it was deployed on the body in Alexandria and on the law in Judaea and Babylonia. Once again, the form is shared and the object is not.

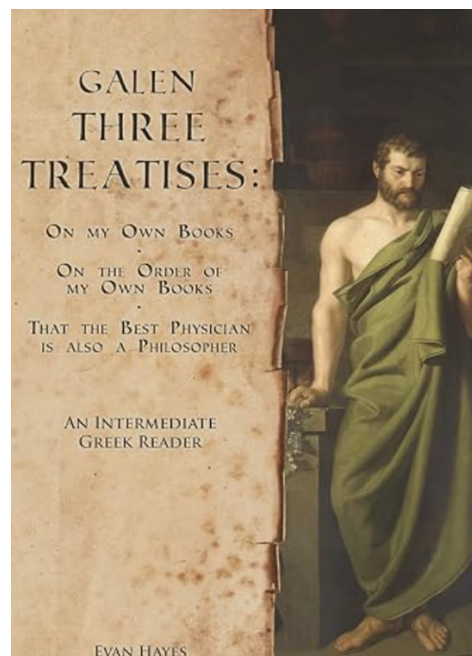
The Sacred Body: Galen's Hymn, the Alexandrian Scalpel, and Rabbinic Inviolability

There is a further axis on which Galen and the Alexandrians divide, and it bears on the rabbis more directly than anything considered so far: what the body is, such that one may or may not open it, and what the soul is, such that the body's parts might house it.

Galen's hymn

It is easy to read *On the Usefulness of the Parts* as a work of comparative anatomy and miss what Galen says he is doing. He declares the treatise a true hymn to the creator and holds that the truest piety consists not in sacrificing hecatombs but in coming to know and to make known the wisdom, power, and goodness

displayed in the construction of living things [9]. Teleology is not merely an explanatory strategy for Galen; it is devotional. Every structure demonstrates the intelligence of the craftsman, and the anatomist who traces a nerve to its destination is performing an act of worship. Nor was this a literary posture. Galen described himself as a servant of Asclepius, took his medical vocation from a dream that came to his father, and reports performing and prescribing on oneiric instruction, his own and others' [72]. His medicine is not secular. It is a natural theology with a cult attached.



Galen's soul

He is also the great localizer. Against the Aristotelians and Stoics who placed the ruling faculty in the heart, Galen established the Platonic tripartition anatomically — the rational faculty in the brain, the spirited in the heart, the appetitive in the liver — and defended it by demonstration: sectioning the spinal cord at successive levels, ligating the recurrent laryngeal nerves to abolish the voice, tracing nerve from origin to organ before an audience [73,74]. Yet in *That the Faculties of the Soul Follow the Mixtures of the Body* he argues that the soul's characteristics track the body's *krasis*, so that intellect and moral capacity are altered by diet, climate, age, and regimen, while remaining formally agnostic about whether the soul is substance or mixture, mortal or immortal; and in *The Diagnosis and Treatment of the Affections and Errors of the Soul* he sets out a program of self-examination and moral correction [75]. Galen therefore has both a spirituality and a psychology, and they are joined at the body: the soul is cared for by way of the mixtures, and the mixtures are known by opening things.

The paradox of the inviolate body

Galen's reverence does not forbid investigation — it licenses it, since to understand the work is to praise the artisan. And yet Galen never dissected a human being. The restraint was not principled reverence but a compound of Roman law, burial custom, and the

deep Greek horror of corpse pollution, the miasma that attaches to the dead and to those who handle them [76]. What Alexandria had done was remembered precisely as transgression: the tradition reaching Celsus and Tertullian preserves Herophilus as a figure of both awe and revulsion, the anatomist as butcher [20,21]. So, we have three positions on the human body as an object of knowledge — the Alexandrian, which opens it; the Galenic, which reveres it and reads it by animal proxy, the reverence and the restriction arriving from unrelated sources and merely coinciding; and a third.

The rabbinic body: the guarded image

Rabbinic inviolability is not a residue of custom but an articulated doctrine, and it is considerably stronger than anything in Greek medicine. The body is tzelem Elohim, and Yair Lorberbaum has shown that the image functions in rabbinic law not as metaphor but as an operative legal-theological fact, generating rules about capital punishment, procreation, and the treatment of the dead [77]. Hillel's parable makes the logic explicit: attending the bathhouse is a religious duty, since the statues of kings are washed and honored by those appointed over them, and the human being is the image of the King (Lev. Rabbah 34:3). The executed criminal must be buried the same day, and the Mishnah supplies the reason in the parable of the twin brothers — when a man is hanged, the Shekhinah says, my head is heavy, my arm is heavy (m. Sanhedrin 6:5). From this cluster derive *kevod ha-met*, the prohibition of *nivvul ha-met*, the rule that no benefit may be derived from a corpse, the prohibitions of tattooing and of laceration for the dead, and the halakhic problem of *Hovel be-atzmo*, wounding oneself, which presumes that the body is not simply the property of the one who lives in it [78,40].

Two consequences follow. First, the rabbinic prohibition on opening the body is principled where the Galenic restraint was circumstantial: Galen would have dissected had he been able and said as much; the rabbis had a reason not to. Second, this is exactly why the episode at Bekhorot 45a occurs where it occurs. The disciples of Rabbi Yishmael did not suspend the doctrine. They operated at the one point the doctrine did not reach — a body already forfeit to the crown and standing outside the community who's dead the norm protects. The exception maps the rule precisely, and the same logic reappears, unchanged, in the *Holeh lefaneinu* criterion by which autopsy was eventually licensed.

A sixth probe: where does the rabbinic soul sit?

This is as decisive as the humoral probe, and it has been strangely neglected. Galen's single greatest demonstrative achievement was encephalocentrism — the proof, against Aristotle and the Stoics, that the ruling faculty is in the brain, established by cord section and nerve ligation and performed repeatedly in public [74]. Rabbinic literature has a fully developed organ-psychology: the kidneys counsel, the heart discerns, the tongue shapes speech, the liver is angry and the gall casts a drop into it and quiets it, the spleen laughs (b. Berakhot 61a). The brain is essentially absent from it, and the organ of understanding is the heart, as it is throughout the Hebrew Bible. Galen's most celebrated victory left no trace whatever. If any

Greek physiological doctrine were going to travel — one that was demonstrable, dramatic, publicly staged, and required no humoral apparatus to state — this was it. It did not travel. The rabbinic seat of thought remained biblical, and I have argued elsewhere that this non-cerebral anthropology is a coherent alternative rather than a pre-scientific remnant [59].

Soul as deposit, not as mixture

The doctrinal opposition is sharper still. For Galen, the soul's characteristics follow the body's mixture; alter the mixture and you alter the character. For the rabbis, the soul is a deposit — as the Holy One fills the world so the soul fills the body, and as He sees and is not seen so the soul (b. Berakhot 10a) — and the morning blessing has it that the soul given is pure (b. Berakhot 60b). Character is not a function of *krasis* but a field of contention between inclinations, the *yetzer* doctrine, for which a person is answerable. Galen's position would have been intolerable to the rabbis not because it was materialist in any modern sense but because it dissolves accountability into temperament. It is worth registering how much of contemporary psychiatry still lives on this fault line, and how little the intervening centuries have settled it [79-81].

And the cult

One last contrast. Galen's spirituality of healing was Asclepian. That is precisely the mode of healing rabbinic law forbids: one may not accept healing bound up with idolatrous cult even at the cost of life (b. Avodah Zarah 27b), and the tradition that Hezekiah suppressed a Book of Remedies — however one reads it, and Rashi and Maimonides read it in opposite directions — testifies to an anxiety about therapeutic knowledge that arrives carrying its own theology. This is the detachability principle of section 9 restated on the religious plane. A remedy could be taken from anyone. A piety could not.



What follows

There is no influence here in either direction. But there is something more interesting than influence: on the inviolability of the human body, Galen and the rabbis stand together against Alexandria — and they arrive there from opposite premises and hold opposite attitudes toward their own position. Galen's restraint was a deprivation he lamented; rabbinic restraint was a value affirmed. What they genuinely share is a refusal to treat the body as mere

material. Galen's hymn and the tzelem are, in their very different registers, both assertions that the body means something and is owed something. Modern medicine is the heir of the Alexandrian scalpel and of neither theology. It opens the body freely and has no account of why the body should be honored — which is why its ethics of the corpse, of the specimen, of the incidental finding, and of the donated tissue are perpetually improvised.

What the Bavli's Medicine Actually Is

If the Bavli's medicine is not Galenic, what is it?

The most important development in the field over the last two decades has been the demonstration that the Babylonian Talmud's therapeutic material has deep and specific affinities with Mesopotamian medicine. Markham Geller's studies of Akkadian healing therapies in the Bavli established that a substantial number of Talmudic recipes, diagnostic sequences, and even the structure of certain therapeutic passages have close counterparts in cuneiform medical texts — the *asûtu* tradition of the practicing healer and the *āšipûtu* tradition of the exorcist [82,83]. The evidence is not merely thematic. The very word the Talmud uses for physician, *asya*, is the Akkadian *asû*, not the Greek *iatros* — and it is used in a corpus that borrows Greek words for hundreds of other things.

That point deserves emphasis, because it is a controlled experiment. Rabbinic Hebrew and Aramaic are full of Greek loanwords, catalogued by Krauss and analyzed by Saul Lieberman and Daniel Sperber [84-87]. Including medical ones: *kilorin* for eye-salve, *istomkha* for stomach, *kordiakos* for the confusional state that raises questions of legal competence at b. Gittin 67b, *anigrón* and *abargon* for dietetic preparations. The rabbis were entirely willing to take Greek words for medical things. They did not take Greek words for medical concepts, and the core professional term stayed Semitic. Vocabulary borrowing is dense at the level of *materia medica* and thin to absent at the level of theory — exactly what one expects from marketplace contact and not at all what one expects from schooling.

The distinction being drawn here is Saul Lieberman's, and it should be named as his rather than left implicit in a footnote. Across two volumes he established that the rabbis of Palestine knew Greek — knew it well, used it constantly, absorbed its proverbs, its legal formulae, its rhetorical commonplaces, its terms of art for objects and offices — while showing almost no acquaintance with Greek *paideia* in the formal sense: the philosophical curriculum, the schools, the technical literature of the disciplines [86,88]. His corpus of Greek in rabbinic sources is not a wordlist but an argument, and the argument is that the medium of transmission was the street, the market, the bathhouse, and the courtroom rather than the lecture hall. That thesis is the methodological foundation of everything claimed in this section, and it predicts precisely the distribution we have found in the medical vocabulary: dense borrowing of names for drugs, instruments, and conditions, none of the conceptual apparatus that would have had to be taught. Lieberman's commentary on the Tosefta remains the standard

resource for the tannaitic realia through which such contact becomes visible [89], and Daniel Sperber's later collections extend the lexical base [87].

Alongside the Akkadian substratum runs the Iranian context, which Shai Secunda's work has done most to establish as a serious framework for reading the Bavli and which Yaakov Elman opened decades earlier [90,91]. Sasanian medicine, Zoroastrian purity law, and Middle Persian legal culture supply comparanda that Greek sources cannot. Richard Kalmin's studies of the differential profile of Palestinian and Babylonian traditions add a further dimension: whatever Greek medical presence one finds is significantly stronger in Palestinian sources [92].

This is where the Palestinian/Babylonian distinction earns its keep. The Palestinian rabbis lived in a Greek-speaking urban world — Caesarea, Sepphoris, Tiberias — with bathhouses, gymnasia, thermal spas, and professional physicians whose training was Greek [88,93]. Contact was constant and is visible in the sources; it is no accident that our Alexandrian delegation questions a Palestinian sage. The Babylonian rabbis lived in a Sasanian world in which Greek medicine was a distant rumor and Mesopotamian therapeutic tradition was the ambient reality. And it is the Babylonian corpus that contains the great bulk of the Talmud's medical material.

The conclusion is uncomfortable for both apologists and dismissers. The Talmud's medicine is not a degraded Greek medicine. It is a substantially different tradition with its own long genealogy, running back through Babylonian therapeutic practice, into which Greek elements were absorbed at the level of drugs, instruments, and words.



Two Text-Communities: The Iatrosophist and the Amora

Having established the doctrinal divergence, I want to argue for a structural convergence that has gone largely unremarked, and that is the most interesting thing in this comparison.

Consider the late-antique Alexandrian medical school as an institution. It possesses a closed canon of authoritative texts, fixed in number and sequence. It transmits that canon orally, through

a teacher who reads a lemma and expounds it, before students who will themselves become teachers. It generates a secondary literature of commentary, epitome, summary, and quaestiones — formally parasitic on the canon and eventually exceeding it in bulk. It develops technical conventions for handling contradiction within the canon, since the master cannot be wrong: apparent contradictions are resolved by distinguishing contexts, by positing different senses of a term, by identifying the level at which each statement operates. It confers authority through a chain of teachers. And it maintains identity against rival schools by fidelity to the founder [1,13,14].

Now consider the rabbinic academy. Closed canon: the Mishnah, fixed and memorized. Oral transmission by a teacher who cites a lemma and expounds it. A secondary literature — Gemara — formally parasitic on the canon and vastly exceeding it. Elaborate conventions for handling contradiction, since the tannaim cannot be wrong: *lo kashya*, this is one case and this another; *hakha be-mai askinan*, with what are we dealing here; *tarei tannaei*, two authorities. Authority conferred through a chain of teachers. Identity maintained against rivals by fidelity to received tradition [18,19].

These are the same institution. Not in the sense that one influenced the other — there is no evidence for that and no need to posit it — but in the sense that late antiquity produced a characteristic form of intellectual life, the commentarial text-community organized around a closed canon, and produced it independently in medicine, in law, in philosophy (the Neoplatonic commentary schools of the same Alexandria), and in scriptural exegesis across three religions. Temkin's account of Galenism's rise as the transformation of a body of work into a system of authority is, *mutatis mutandis*, an account of what happened to the Mishnah [1].

The consequence is that the interesting difference between them is not institutional form but object and criterion. Both schools produce systematizing exegetes of a closed canon. But the Alexandrian canon is about a natural object — the body — whose behavior is in principle independently checkable, while the rabbinic canon is about a normative order whose content is constituted by the tradition itself. When the Galenic commentator's text conflicts with the patient in front of him, there is at least in principle a tension between authority and observation, and the history of Galenism's dissolution is the history of that tension becoming unbearable. When the rabbinic commentator's text conflicts with observation — when the corpse yields 252 — there is a prior question about what kind of conflict this is, and the answer is often that it is no conflict at all, because the text was never making the kind of claim that observation could touch.

The Lieberman objection

The claim of independent convergence must be defended, because the most serious challenge to it comes from the same scholar whose thesis underwrites section 11. In Hellenism in Jewish Palestine, Lieberman argued that rabbinic interpretive technique

shows specific and detailed affinities with the philological methods of the Alexandrian grammarians — the critical signs, the terminology of textual correction, the conventions by which an authoritative text is emended, glossed, and defended — and that the rabbis of Palestine had absorbed something of this apparatus from the scholarly culture around them [88]. David Daube made a parallel case for the derivation of the hermeneutic middot from Hellenistic rhetoric [94], Henry Fischel pressed considerably further and found Epicurean and rhetorical forms embedded in early midrash [95] and Richard Hidary has recently reopened the whole question of rabbinic engagement with sophistic education and declamation [96]. If any of this is right, then the parallel drawn above between the iatrosophist and the amora may not be a case of independent convergence at all, but of the same Alexandrian scholarly technology reaching both.

I think the objection is partly right and that its being right strengthens rather than weakens the argument of this essay. Suppose Lieberman and Daube are correct, and the rabbis did take over grammatical and rhetorical technique from the surrounding scholarly world. The question that immediately follows is why they took the method and not the medicine — why the apparatus for handling a contradiction in an authoritative text traveled from Alexandria to the bet midrash while the doctrine of the four humors did not. The answer is the detachability principle of section 9. A critical sign, a rule for reconciling contradictory lemmata, a technique for arguing from the general to the particular: these are formal instruments that carry no cosmology and can be applied to any text whatever, including a text about which their originators had no opinions. The humoral system, the tripartite soul, and the teleological demiurge are not instruments; they are claims about what a body is and who made it, and they cannot be borrowed without being believed. What Lieberman documented and what this essay documents are therefore the same phenomenon observed at two different levels: the rabbis took freely from the Greek world whatever could be lifted clean, and left whatever came attached to a picture of the world.

I have explored this dynamic under the heading of the yeshiva as a counter-university: an institution that adopts the outward apparatus of scientific rigor — analytic precision, systematic categorization, the ideal of demonstration — while refusing the naturalistic ontology that underwrites it in the university proper. The Brisker method is the purest modern instance, and it is worth noting that its founder's conceptual analysis of the *tereifah* categories has a formal elegance genuinely comparable to Galenic system-building while being wholly indifferent to whether any animal so classified would in fact survive.

When Galenism Finally Arrives — and Hits a Wall

Galenism did enter Jewish culture. It entered late, it entered through Arabic, and its reception discloses the structure of the whole problem.

Asaf

Sefer Asaf ha-Rofe, the earliest extended Hebrew medical work, is a compilation of uncertain date — proposals range across the sixth to the tenth centuries — transmitted in manuscripts that include an adaptation of the Hippocratic Oath into a covenantal Jewish register. Elinor Lieber characterizes it as a Hebrew encyclopedia of Greek and Jewish medicine, and the description is exact: humoral theory, Greek pharmacology, and Hippocratic ethics arrive in Hebrew dress, with the medical art traced back to Shem son of Noah rather than to Asclepius [50,97,98]. What is striking is how little Asaf owes to the Talmud. The first Hebrew medical book is not an elaboration of Talmudic medicine; it is a Greek medical book in Hebrew.

The Arabic conduit

The mechanism is by now well understood: the Alexandrian curriculum passed into Syriac, was translated and retranslated into Arabic under the HAbbasids by Hunayn ibn Ishāq and his circle, and became the basis of the medical education in which Jewish physicians in the Islamic world were trained [15-17,67,99]. Jewish participation in that culture was substantial and early — Isaac Israeli in Qayrawan, the Andalusian circles, and eventually Maimonides in Fushāh.

Maimonides

Maimonides is the crux. His Medical Aphorisms is, by his own description, a work of extracts from Galen arranged by subject, with a final chapter of doubts and criticisms directed at Galen himself — the most searching critique of Galen produced by a medieval author, faulting him for philosophical overreach and inconsistency [100,101]. He is a Galenist in the full sense: humoral, teleological, committed to demonstration. He is also the codifier who ruled, in Hilkhot Shehitah 10:12–13, that the enumerated tereifot are fixed; that one may not add to the list even if it becomes evident by contemporary medicine that an animal so afflicted could survive, nor subtract from it even if it appears that an animal not on the list could not.

This is one of the most philosophically loaded rulings in the halakhic corpus, and its author was the greatest Jewish physician of the Middle Ages. It cannot be attributed to ignorance of medicine. It is a deliberate act of jurisdictional separation. The list of tereifot is a legal category, closed at Sinai and in the tradition, not answerable to the findings of the veterinary art however well demonstrated. The Galenist and the jurist inhabit the same skull, are ruled by different criteria, and Maimonides makes no attempt to reconcile them because he does not think they are in competition. It is Bekhorot 45a codified: the empirical may confirm, it may not unsettle.

The Geonic anticipation

Maimonides had precedent. Sherira Gaon, in a responsum much discussed, addressed the status of the Talmud's medical statements directly, and his answer — that the sages were not physicians, that they spoke from the medical knowledge current in their day and among the people around them, and that these statements were

not transmitted as authoritative teaching — is a remarkably clean piece of source criticism from the tenth century [102]. Abraham, Maimonides' son, generalized the principle: statements of the sages in matters of natural science reflect the science of their time and carry no independent authority [103]. And the Tosafists, faced with discrepancies between Talmudic medical claims and observable fact, developed the doctrine of nishtanu ha-tevahim — that natures have changed — preserving the authority of the text by historicizing the world rather than the text.



Read together, these three moves constitute a firewall. Galenism could enter Jewish intellectual life fully and be practiced at the highest level precisely because the halakhic system had insulated itself in advance from revision by medical science. The rabbis did not resist Galenism. They made themselves invulnerable to it and then embraced it.

Method, Again: What “Influence” Would Have to Mean

The negative conclusion should be stated carefully, because it is easy to overstate in either direction.

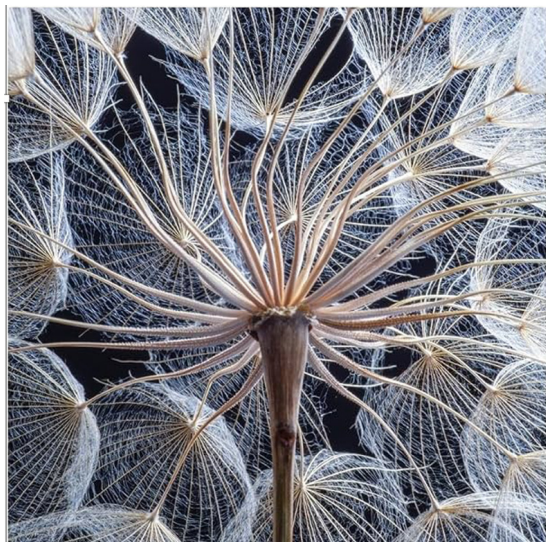
The claim is not that the rabbis were unaware of Greek medicine. They were manifestly aware of it: they used its words, bought its drugs, consulted its practitioners, fielded questions from Alexandrian Jews, and recorded testimony from a physician who had been there.

The claim is not that rabbinic medicine was primitive. Judged as therapeutics rather than theory, much of it was as effective as anything Galen offered — which is to say not very — and some of it, the emphasis on hygiene, on regular elimination, on rest, on the social dignity of the sick, on the physician's obligation to the poor, was arguably better.

The claim is that the transfer that would constitute influence in any strong sense — of an explanatory architecture, a criterion of

validation, and a research program — did not occur, and that it did not occur because rabbinic culture had a different object. The body that Hullin and Ohalot and Niddah construct is defined by its relation to command, status, and purity. The body of On the Usefulness of the Parts is defined by function, teleology, and demonstrable structure. These are not rival answers to one question but answers to different questions asked of the same flesh.

Sandmel's warning applies here in an unexpected direction [8]. The temptation is not only to find false parallels but false absences — to conclude from the absence of Galenic system that the rabbis lacked systematic thought about the body. They had a system. It was a system of status rather than of function, and it was every bit as rigorous, as internally consistent, and as capable of generating novel results as the Galenic one. Ask a Galenist and a Talmudist the same question about a punctured lung and you will get two elaborately reasoned answers with nothing in common: one about respiration and the vital faculty, one about whether the animal may be eaten. Neither is a defective version of the other.



Behind the Split: Five Kinds of Unity, and Which One the Ancients Actually Had

We can now answer the question with which the essay opened. Fourteen sections have established what these traditions said about the body; the constructive question is whether any of it holds a unified account of body and soul that could be recovered. The answer requires first disentangling a phrase that conceals at least five distinct claims.

Substance monism — that body and soul are one thing. Neither tradition offers it, and the Galenic near-approach should worry us rather than reassure us. In *That the Faculties of the Soul Follow the Mixtures of the Body*, Galen argues that intellect and character track the body's *krasis*, while remaining formally agnostic about the soul's substance [75]. A soul that is a function of mixture is not a unified anthropology; it is the eliminativist horn of the very dichotomy we are trying to escape, and modern biological

psychiatry has reinvented it almost exactly. The rabbis are further still: the soul is a deposit, filling the body as God fills the world, given pure (b. Berakhot 10a, 60b). Whatever unity they have, it is not this one.

Psychosomatic interaction — that mental states and bodily states influence each other. Both traditions have it richly; Galen through the mixtures, the rabbis through organ-psychology and the acknowledged pathogenic force of grief, worry, and shame. But this is the claim most often mistaken for the alternative to Descartes, and it is not one. Descartes did not deny the union. He insisted he was not lodged in his body as a pilot in a vessel, wrote an entire treatise on the passions of the soul, and located the interaction anatomically [104]. What the moderns inherited from him was never a denial of psychosomatic influence; it was the conviction that the body can be completely described without reference to the person. Finding psychosomatic interaction in Galen and in the Talmud therefore proves nothing at all against the split.

Normative unity — that one discipline governs both. Galen has this partially: regimen is moral formation, and *The Diagnosis and Treatment of the Affections and Errors of the Soul* is a program of self-correction pursued through bodily life [75]. The rabbis have it totally. Halakhah governs eating, elimination, sexuality, sleep, labor, mourning, and the washing of hands as religious acts, and there is no domain of bodily life administered by a discipline other than the one that administers the soul. This is genuine unity, and it is unity of practice rather than of theory.

Semiotic unity — that the body signifies. The 248 members aligned with the 248 commandments, the *tzelem*, the *Shihur Qomah*, and on the Greek side Galen's declaration that his anatomy is a hymn in which every structure announces its maker's intention [9]. Alexandria is the exception on both sides of the comparison: the dissected body yields information, not signification.

Eschatological unity — that the person is not the soul alone. Here rabbinic Judaism is unambiguous where Greek thought is not. The parable of the lame man and the blind man who together rob an orchard and are judged together, because neither could have done it alone (b. Sanhedrin 91a–b), is a direct refusal of the move by which the soul becomes the true self and the body its instrument or its prison. Bodily resurrection is not an appendix to rabbinic anthropology. It is its guarantee.

The verdict

The search for a unified theory fails. The search for a unified practice succeeds completely, and it succeeds on the rabbinic side. What the Talmud offers is not a doctrine that body and soul are one but a form of life in which they are never separately administered, together with a hermeneutic in which the body is read rather than merely measured. That is a smaller claim than the one this project began with and a far more usable one, because a practice can be recovered and a metaphysics generally cannot.

The split is older than Descartes, and its ancestor is Alexandria

This is the essay's sharpest finding, and it follows from sections 3, 6, and 10 taken together. The decisive rupture is not between two substances. It is the moment the body becomes an epistemic object — opened for information, detached from the person whose body it was and from any question of what it means. That happened in Alexandria in the third century BCE, under royal warrant, on the bodies of the condemned; and antiquity registered it as a rupture, which is why the tradition remembers Herophilus with revulsion as well as awe [20]. Descartes supplied a metaphysics for a practice already nineteen centuries old. Vesalius stands nearer the origin than Descartes does, and Herophilus nearer still. A project that means to get behind the split must therefore reach behind Alexandria and not merely behind the Meditations — and the rabbinic material is uniquely suited to that reach, because it is the one late-antique medical culture that declined the Alexandrian step and articulated a reason for declining it.

What a recovered unity would look like: gradation, not monism. The way out of a binary is not to collapse it but to interpolate. The Kabbalistic soul is layered — nefesh, ruach, neshamah, and above them chayah and yechida — so that the animal soul is genuinely a soul and genuinely bodily, and the question “is this physical or spiritual?” loses its purchase rather than receiving an answer. I have developed this with respect to the nefesh ha-behamit and its transformability in addiction-related illness [105], and with respect to the yechida as the point at which a personal theology outruns the categories academic discourse supplies [106]. A graded anthropology dissolves the Cartesian question, which is the only fate such questions ever meet.

And practice before theory

If the transmissible legacy is a practice rather than a doctrine, then the clinical program follows from the rabbinic side of this comparison rather than the Greek: an embodied theology adequate to dying [107]; the body's waste and abjection treated as bearers of meaning rather than as remainder [108]; interoception as the physiological correlate of a practice that attends from the body rather than to it [109]; the history-taking reconceived as a reimagining of the body in illness [110]; convalescence recovered as a category modern medicine abolished [111]; prosthesis read as reconstruction of a self and not repair of a mechanism [112].

The reductive horn must be resisted as vigorously as the dualist one, which is why recent depression research supporting embodied models matters [113], why the tension between evidence-based frameworks and other registers cannot be resolved by capitulation to either [97], and why neurobiological findings can validate rather than dissolve network-based and sacred-space accounts of healing [114,115].

That the genealogy of the split is theological as well as anatomical — that illness became a site of moral disqualification before it became a site of mechanism [116], and that the rabbis worked

the same problem of somatic determination with opposite results [117] — is the historical complement to the same argument. The synthesis I have argued for under the name of reclaiming the sacred in medicine [118] is, on the evidence of this essay, better grounded in the Talmudic practice of the body than in any Greek theory of it.

One final caution, owed to the phenomenological tradition that has pressed this problem hardest in our own time. Drew Leder's account of the body that disappears in health and announces itself in illness, and Merleau-Ponty's of the lived body that is neither object nor idea, are the strongest modern statements of the unity this project seeks [119,120]. Neither is a recovery of antiquity, and neither needs to be. The ancient material does not supply the theory. It supplies the demonstration that a rigorous, technically demanding medicine can be built on other foundations than the ones we took — which is all the leverage a constructive project requires.



Clinical Coda: Why This Ancient Bifurcation Still Matters

The divergence traced here is not an antiquarian curiosity, but the deep history of a problem contemporary medicine has not solved.

Modern biomedicine is the heir of the Galenic settlement in one crucial respect: it holds that the body is fully explicable by its own natural principles, that clinical claims must be demonstrable, and that the physician's authority derives from that demonstrability. It has jettisoned Galen's content entirely and kept his epistemology. What it has not inherited — because Galen's own successors dropped it long before the moderns arrived — is Galen's teleology, the conviction that the body's structures mean something, that they express an intention, that reading them is an act of interpretation and not merely of measurement.

The result is a medicine that can explain everything about a body and say nothing about a person. I have argued that this is the operative crisis in contemporary practice: that the epistemology of clinical judgment has been progressively narrowed until the socially constructed and linguistically mediated character of medical knowledge became invisible to its practitioners [64], that the resulting practice systematically produces contextual errors

by excluding the patient's situation from the diagnostic frame [121], and that the education which trains for it has replaced the formation of clinical wisdom with the reproduction of testable propositions [122].

What the rabbinic alternative preserves is the possibility of a disciplined, rigorous, technically demanding engagement with the body that is nonetheless interpretive at its root. The Talmudist confronting a lung is not doing something loose or pious or vague; he is doing something extraordinarily precise. But the precision is hermeneutic — the precision of reading, of determining what this configuration signifies within a normative order, of holding several authoritative accounts in tension without collapsing them. That is a different intellectual virtue from demonstration, and it is the virtue that clinical medicine at its best requires and no longer trains.

This is the substance of what I have called hermeneutic medicine: the proposal that the patient be approached as a sacred text — with the interpretive humility, the attention to what is not said, and the acknowledgment of irreducible depth such texts demand — rather than as an object of measurement [57,58,123]. It requires an epistemology of not-knowing, in which uncertainty is a permanent condition of the encounter rather than a temporary deficiency [124]. It requires a willingness to treat even the body's refusal and its indignities as bearing meaning rather than as mere remainder [108]. And it requires resisting the two failure modes this history illuminates: the medieval Augustinian collapse of illness into moral significance [116] and the modern collapse of illness into mechanism, which produces its own fatalism [125].

That is precisely what Maimonides did. He was a full Galenist at the bedside and a full traditionalist in the code, and he did not experience this as contradiction because he understood that the two enterprises addressed different aspects of the same flesh. Twelve centuries later we have collapsed the distinction in the direction of demonstration and lost the other half. Recovering it is not a matter of importing mysticism into the clinic. It is a matter of recognizing that the interpretive relation to the body is a legitimate and rigorous form of knowledge with a genealogy at least as long and as respectable as the one we currently privilege.

Conclusion

This essay set out to test whether antiquity holds a unified account of body and soul that could be recovered against the Cartesian settlement. It does, but not in the form the question expects. Galen and Rabbi Yehudah ha-Nasi were contemporaries who never met and would have had nothing to say to each other. That is not an accident of geography but a consequence of incommensurable projects.

Seven conclusions follow from the evidence assembled here.

First, Galenism as a system was not available to the tannaim and was only information during the redaction of the Bavli; the Alexandrian curricular canon that created it is a fifth-to-seventh-century phenomenon that reached Jewish culture through Arabic, centuries later.

Second, contact with Alexandria is amply documented — Todos, the twelve questions, the synagogue, the ketubah, the Septuagint — and in every recorded instance what passed between the two worlds was fact, testimony, or status-question, never theory.

Third, the one rabbinic approach to human anatomical investigation, the maceration reported at Bekhorot 45a, was osteological rather than anatomical, was directed at verifying a legal category rather than discovering a function and resolved its own anomalous result by exegesis; and the parallel with Ptolemaic Alexandria in its enabling conditions — a condemned body under royal jurisdiction — shows that the difference between the two traditions was not access but question.

Fourth, Philo demonstrates that Alexandrian Jewry could and did absorb Greek physiology entirely, so the rabbinic non-absorption was chosen, not suffered.

Fifth, the Bavli's medicine has its deepest affinities eastward, with Mesopotamian therapeutic tradition and the Sasanian world.

Sixth — and this is the answer to the question of preference — the Talmud does choose between the Greek options, but by domain rather than by doctrine: it admits Empiric practice freely wherever a sick person must be helped, concedes to demonstrative science where nothing normative is at stake, and grants neither school any standing in the determination of law. What made the Empirics importable and Galen was not detachability: a remedy travels alone, a system arrives with its theology.

Seventh, on the inviolability of the human body Galen and the rabbis converge against Alexandria from opposite premises — his restraint a deprivation, theirs a doctrine — and what they share, a refusal to treat the body as mere material, is precisely what modern medicine inherited from neither.

When Galenism finally arrived, in Asaf and Israeli and Maimonides, it arrived at a legal culture that had already immunized itself — through the Geonic recognition that the sages were not physicians, through the doctrine that natures change, and through the explicit ruling that the list of tereifot is not answerable to medical evidence. That immunization is usually read as intellectual defensiveness. I have suggested it is better read as jurisdictional clarity: an insistence that the question of what a body is and the question of what a body means are different questions, and that answering the first with unprecedented power does not entitle one to dismiss the second.

The disciples of Rabbi Yishmael stood over a boiled skeleton and counted four too many. What they did next — reach for a verse rather than a scalpel — is the whole story in a single gesture. It is not the story of a science that failed. It is the story of a discipline that was never a science and never wanted to be, and that preserved, in consequence, something about the human body that the sciences have not managed to keep: not a theory in which body and soul are one, but a practice in which they were never handed to separate

authorities. That is the inheritance worth claiming, and it long predates the split it is being asked to heal.

A closing word about the project this essay serves. My work over several years has circled a single clinical intuition: that something is missing from the therapeutic relationship; that the missing thing is not a technique, a communication skill, or a module to be inserted into a curriculum; and that our available word for it — spirituality — is too thin to carry the weight we keep placing on it. The literature reflects that thinness. Writing on spirituality in medicine is overwhelmingly presentist. It invokes an ancient holism it never documents, treats the sacred as a supplement to be restored to an otherwise sound practice, and then measures its effects with instruments borrowed from the very framework it means to criticize. The historical literature, meanwhile, is scrupulous and disconnected from any of this: Preuss and Rosner inventory the sources, Lieberman and Sperber philologize them, Geller and Secunda situate them in their eastern context, and none of them asks what any of it might be for.

This essay is an attempt to occupy the gap between those two bodies of work. Its historical finding — that rabbinic culture declined the Alexandrian move, gave a reason for declining it, and that the reason was a doctrine about what a body is and to whom it belongs — turns out to be the missing genealogy for a clinical claim. And it corrects the claim in the process. The point is not that the ancients were spiritual and we are not. It is that in the tradition examined here the sacred was never a component of medical practice and therefore cannot be restored as one. It was the medium. It was the ground on which permission to heal had to be granted at all (b. Bava Kamma 85a); on which the sufferer's own account of his condition outranked the expert's judgment (b. Yoma 83a); on which the body was a guarded image rather than an available object; and on which the entire labor of reading a body was conducted. A missing component can be added back. A missing medium must be re-entered.

That is why this work has to be done at the site of the therapeutic relationship rather than at the level of doctrine — why I have argued for a physician-patient relation reconstructed along spiritual, intuitive, and holistic lines [126]; for the clinical encounter as itself a sacred space rather than an event occurring inside one [127]; for a tzimtzum model in which the clinician's self-contraction makes room for the patient's ontology and not merely for a better clinical epistemology [128]; for attention to what passes between healer and patient through the medium of an insubstantial language [129]; and for a division of labor between physician and chaplain that stops consigning the person to the chaplain [130]. The monograph that gathers these arguments take the patient as sacred text [131]. What the present essay contributes is the historical warrant for all of it: a demonstration, drawn from the one late-antique medical culture that refused to convert the body into an object, that a rigorous and technically exacting medicine can rest on the other foundation. We are not speculating about whether such a medicine is possible. It was built once, it lasted a thousand years, and its records survive.

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