Galenic Times: Analysis and Discussion of a Unique Wellbeing Experiment¹

From the 13th to the 27th of February, a trial run by the Exeter Classics department asked participants to live with Galenic principles in mind.² This did not focus on (or even mention) what Galen is most remembered for, his theory of humours. Instead it focussed on the spirit of preventative medicine which informed all of Galen’s own work and which was the subject of his De Sanitate Tuenda (On Looking After Health). The basis for this approach is best encapsulated in Galen’s own words:

‘But after my 28th year from birth, having persuaded myself that there is a certain art, that of preserving one’s health, I followed its precepts for all my subsequent life, so that I was no longer sick with any disease, except an occasional transient fever. And it is possible for anyone to guard his or her own health.’³

The working hypothesis was simple: the more consistently one practises a Galenic regimen, the more likely it is that good health can be achieved and maintained. And if the evidence gathered from the trial supported this hypothesis, then it was felt that this approach could complement the current health-care system, with its advances in treatments and medicines, very well.

This report is has its own measure of statistics and discussion. It is divided into the following sections: Section A: Methodology & Quantitative Analysis; Section B: Qualitative Analysis and Section C: Where to from Here?

Section A: Methodology & Quantitative Analysis

Let us now consider the methodology employed in the Galen trial, under the following headings: (1) Participants, (2) Apparatus and Materials and (3) Analysis.

(1) Participants.

Invitations to join the project were sent out to: students and lecturers in the Classics department; members of the Exeter University Meditation Society and Slow Food Society; friends and family members of participants. 46 signed up for the trial of which 26 were students (S) and 20 were not students (NS). Of that number, 25 (11S, 14NS) returned workbooks. Of these, two (NS) workbooks were disqualified, one self-disqualified and the other through misunderstanding the Instruction Guidelines. At the final count, then, 23 completed workbooks were to be analyzed, in itself an encouraging 50% return rate, and also enough to make the trial statistically valid. Quite a few of those who did not complete the trial still made significant progress before external circumstances, mainly increased workloads, prevented adherence to the trial. This was the case amongst almost all of the 15 students who did not return their workbook. Three

¹ I would like to extend thanks to Caroline Rook for her advice on modern wellbeing studies. N.B. All results (No. 1-10, pp, 4-10) are images, and are not included in the final word count.

² For full guidelines that were given to participants, see the Appendix.

³ Galen, Hygiene, 188-189.
participants completed their workbook but did not return them, citing that they had not followed the rubric, something potentially misleading for the statistical analysis. One participant completed her workbook but has not yet returned it.

Of those who returned their workbooks, seven were male and 16 female. Four of the male, and eight of the female, participants were students. All participants were asked to choose a pseudonym and details for returning the workbooks confidentially were supplied to all participants. It should be noted that the participants formed part of a relatively biased sample, comprising mainly students, lecturers, and far less people from outside University.

There was also a control group of 11 participants (7S, 4NS) who were asked to continue their normal lifestyle.

(2) Apparatus and Materials

All participants were supplied electronically with an 11-page Instruction Booklet which outlined the suggested framework through which one could understand Galen’s approach. This focussed primarily on guidelines for the six-factors (foods & drink; exercise; sleep; environment; mind; balance) which participants would be asked to follow over the two weeks. All participants were also supplied with a 22-page workbook which included tables for monitoring wellbeing (overall; mental; physical; energy-levels) over the two weeks as well as space both for planning their regimen for each factor and for reflection on the Galen project as a whole. Participants were also asked to give an approximation for each of the wellbeing categories for the week prior to beginning the trial. This would act as a point of comparison. A blog (http://thegalenproject.wordpress.com) was created for the trial and participants were encouraged to post, using a pseudonym, their reflections on a day-to-day basis.

The control group was supplied with a much smaller workbook with space only for monitoring wellbeing over two weeks.

(3) Analysis

Analysis of the completed workbooks has been both quantitative (statistical) and qualitative (e.g. analysis of comments and reflections). The statistical results were compiled in a rather old-fashioned manner, without the aid of specialist software or (much) grasp of mathematics. Nevertheless, the calculations were checked and rechecked and indicate, I feel, that certain key conclusions can be drawn (for which see Discussion below). Quantitative Analysis is presented in Section B.
Results

On the following pages, several graphs (of participants in both the Galen trial and in the Control Group unless otherwise stated) are presented. They are:

1) Cumulative Overall Wellbeing.
2) Cumulative Mental Wellbeing.
3) Cumulative Physical Wellbeing.
4) Cumulative Energy Levels.
5) Average week-by-week for Overall Wellbeing.
6) Average week-by-week for Mental Wellbeing.
7) Average week-by-week for Physical Wellbeing.
8) Average week-by-week for Energy Levels.
9) Analysis of individuals for all wellbeing categories (Galen trial participants only).
10) Analysis of: perceived overall wellbeing improvement; number of participants happy to continue/recommend programme; importance of (such) regimens; difficulty in implementation; perceived weight loss/gain; programme’s ability to aid awareness of what is detrimental/beneficial for wellbeing; overall rating of the Galenic approach (Galen trial participants only).

N.B. ‘P’ = ‘previous week’, ‘S’ = ‘Sunday 12th February’, ‘M’ = ‘Monday 13th February’ and so on [though note that in No. 9, ‘P’ = ‘Participant’]. The number in brackets after Sunday 19th, 26th February is the wellbeing of Galen participants at that point.
Cumulative Overall Wellbeing (Galen Group) vs. Control Group

Cumulative Overall Mental Wellbeing @ 23 vs. Control Group
3

Cumulative Physical Wellbeing (Galen Group)  Control (Group)

4

Cumulative Energy Levels (Galen Group)  Control Group
Week by Week: Average Mental Wellbeing Cumulative

Week 0 (6.2/6)
Week 1 (6.97/7.04)
Week 2 (7.25/6.75)

Week by Week: Average Overall Wellbeing Cumulative

Week 0 (6.3/5.3)
Week 1 (6.7/6.8)
Week 2 (6.9/6.7)
Week by Week: Average Physical Wellbeing Cumulative

- Week 0: 6.5/5.25
- Week 1: 6.77/6.69
- Week 2: 7.01/6.79

Week by Week: Average Energy Levels Cumulative

- Week 0: 6.39/4.5
- Week 1: 6.95/6.17
- Week 2: 7.31/6.3
<table>
<thead>
<tr>
<th>Overall WB</th>
<th>Week 0</th>
<th>Week 1 avg</th>
<th>Week 2 avg</th>
<th>Difference (wk 2 - wk 0)</th>
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Avg. improvement = .926

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Overall = 1.175

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Overall = .53
Students: .259
Non-Stud: .83 (.618 - P3)

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Overall = .758
Students = .6
Non-Stud: 1.18 (.84 - P3).
a) **Perceived Overall Wellbeing Improvement** (where 0 = not at all, I am much worse; 5 = I am the same, 10 = my wellbeing has flourished over this time):

Average = 6.956 (students (S) = 6.63, non-students (NS) = 7.66); {5 = four, 6 = six, 7 = five, 8 = four, 9 = three, 10 = one}.

b) **Number of Participants to Continue/Happy to Recommend Programme:**

15 participants said they would continue their Galenic regimen, whilst eight said they would continue ‘with reservations’. 20 said they would recommend the Galen approach whilst three said they would recommend it ‘with reservations’. No one said they would either discontinue the programme or be unhappy to recommend it.

c) **Importance of (such) Regimens** (where 0 = not at all, 5 = quite important, 10 = essential):

Average = 8.357 (S = 7.9, NS = 8.77); {3 = one, 5 = one, 6 = four, 7 = one, 8 = three, 9 = five, 10 = six: two participants did not respond}.

d) **Difficulty in Implementing Galenic Regimen** (where 0 = the hardest thing I have ever done, 5 = I got by but could not follow it always, 10 = the changes fitted seamlessly and rewarding into my life).

Average = 6.23 (S = 5.75, NS = 6.66); {3 = two, 4 = three, 5 = two, 6 = five, 7 = six, 8 = one, 9 = one, 10 = two: one participant did not respond}.

e) **Perceived Weight Loss/Gain** (where 0 = it has increased by a lot, 5 = no difference, 10 = it has decreased by a lot):

Average = 5.82 (S = 6.27, NS = 5); {3 = one, 4 = one, 5 = 12, 6 = two, 7 = three, 8 = three, 10 = one}.

f) **Programme’s Ability to Aid Awareness of what is Detrimental/Beneficial to Wellbeing** (where 0 = not at all, 5 = I noticed a few things here and there, 10 = I found the increased self-awareness most helpful):

Average = 8.5 (S = 8.27, NS = 8.7); {4 = one, 5 = one, 6 = two, 7 = one, 8 = three, 9 = seven, 10 = eight}.

g) **Overall rating of the Galenic approach** (where 0 = a complete waste of time, 5 = quite good but I have reservations, 10 = excellent, this is an essential part of being a human being):

Average: 8.08 (S = 7.5, NS = 8.54); {5 = two, 6 = five, 7 = two, 8 = three, 9 = three, 10 = eight}.
Discussion of Results

It is clear (from graphs 1-4) that the wellbeing of those following the Galen trial improved steadily over the course of the two weeks, and that there was a noticeable improvement in all categories of wellbeing in comparison with the week prior to the experiment (week 0). In contrast, the control group’s wellbeing scores were more erratic and ended, in all categories, on a downward curve. It is also important to note that the salient upward curve on each weekend amongst the Galenic participants was not found to occur amongst the control group. In fact, the wellbeing of the control group did not noticeably improve at the weekends and, in one case (graph 4), actually dipped sharply. One cannot, therefore, attribute the higher wellbeing scores at weekends amongst the Galenic participants only to the natural supposition that people are happier at weekends. It seems that the Galenic approach helped participants to have better weekends, most probably because participants, as result of careful regimen during the weekdays, were less in ‘recovery’ mode. It is also worth noting that the Galenic approach was most useful for promoting mental wellbeing and energy levels and least useful in promoting physical health (though more noticeable results in this category would arguably take longer to be achieved).

The week-by-week average scores (graphs 5-8) are perhaps less insightful. The Galenic participants show a slow but steady increase in all cases, whilst the control group, recovering from a poor week 0,\(^4\) are more liable to a (slight) decrease in wellbeing (graph 5, 6). Suffice to note that the Galenic participants steadily improved in all wellbeing categories.

No. 9 gives evidence for what cumulative wellbeing scores cannot, namely an accurate picture of the impact of the trial on all participants. The wellbeing of around half of the Galenic participants showed little deviation either way, whilst the wellbeing of the other half of the participants improved more noticeably, with many improving by +1 or more. It is important to note the extenuating circumstances of P3, and, to present a clearer picture of wellbeing improvement, I have also included a score of wellbeing improvement for non-students without P3. Nevertheless, No. 9 arguably best highlights the impact of the trial.

No. 10 presents the most important subjective data of the trial. Several results were particularly encouraging for the trial’s validity (\(a, b, f, g\)). An overall rating of 8 for the Galenic approach, and perceived wellbeing improvement of nearly 7, indicates that it could be a much-needed resource. It is especially important to observe that students, in all cases, gave slightly lower scores than non-students. In particular, students found the Galenic approach more difficult to implement. It seems that the programme’s greatest strength was its ability to make the participant more self-aware of what was detrimental/beneficial for wellbeing with 15 of the 23 participants responding to this question with 9 or 10.

There are, of course, various difficulties in interpretation. It is possible that, for example, the Galenic participants happened to have a very good two weeks, outside of questions of regimen, and that the control group was adversely

\(^4\) However, it is essential to note that only eight of the eleven control group participants gave a score for the previous week. This was divided by eight for an average score for week 0. Had all eleven participants given a score for the previous week, then the wellbeing scores for week 0 might well have been higher.
affected by externals (or vice versa). Nevertheless, we can, from these quantitative results, suggest that the Galenic approach, as interpreted for a modern audience, offers a viable approach for the promotion of wellbeing and the maintenance of good health. Our hypothesis might not be proven, nor can any such hypothesis be proven (as Beech notes: ‘we can only get nearer to the ‘truth’), but it does seem that the positive and steady impact of the Galenic approach could work, if further developed, on larger scale. The nature of this further development would be crucial, and so let us now turn to the qualitative analysis in order to discuss, in particular, what the participants felt were the strengths and weaknesses of the programme and what the participants felt should be incorporated for next time.

Section B: Qualitative Analysis

We should first consider, however, to what extent participants felt the Galenic approach was similar to their typical routine before the trial. In short, the vast majority of participants felt that they already aspired to (most) of the Galenic principles but that consciously implementing them had been more difficult. A general consensus was that the Galenic approach would involve fine-tuning and extra discipline (e.g. one participant [P10, M. 57] called it ‘more systematic’ than his current regimen). Its holistic approach was a refreshing change for some (e.g. P6 [M.63] ‘(my current regimen) is different in that it is not quite so integrated, or thought about in terms of categories, in particular the mind and body, which I found very useful’). For others, certain factors (in particular prioritizing sleep and actively looking after mental wellbeing) were new and important areas of focus. Another participant (P22, F. 25) wisely noted that ‘...being 100% Galenic 100% of the time is something that few people can achieve’, a sentiment which Galen himself would have agreed with, and which was also perhaps, as P11 (F. 23) noted, something that could lead to ‘...becoming a social outcast!’.

Another participant (P18, F. 26) pointed to an (understandable) dislike of following lifestyle programmes, noting that ‘...when I am given a programme to follow sometimes I subconsciously rebel and end up worse off than usual!’.

On the other end of the spectrum, one student (P11, F. 23) found the Galenic approach very different to her current regimen, although representative of ‘...common-sense principles I always have in my head. I feel I get agitated and upset with myself on a daily basis for not following principles I’m aware are good for my health.’ It is also important to note that initial impressions can be misleading. One participant (P3, M. 37) wrote that there was ‘very little difference’ between the Galenic approach and his own regimen, but in the final analysis two weeks later had found it much harder to implement than expected (‘3’ given for Difficulty in Implementation). All in all, from these initial responses, it seems clear that the Galenic approach was primarily considered as an important framework of which to be aware and actively to implement. In this regard, it became an important benchmark both in terms of overall lifestyle reflection (e.g. P15 (F. 27) who wrote ‘I believe I have a balanced lifestyle anyway but the reflections in this programme will help me put this belief to the test’) and also in terms of starting afresh. One participant (P. 2, F. 61) wrote: ‘...for someone like myself, recovering

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5 Beech, How to Write in Psychology, 54.
from a serious illness, it will resemble designing a new page for my life. Illness tends to hover as a continuum, even when in the past, and I appreciate this aspect of Galen.’

Let us now turn to what the participants felt, having completed the two-week trial, were the main strengths of the Galenic approach. Its holistic nature, ‘touching virtually all dimensions of human existence’ (P19, M. 29), was consistently highlighted in this regard. For one example, P5 (F. 28) wrote: ‘I really think that sometimes ‘we’ in this society rely on one solution to help us e.g. therapy or exercise. But I think the key is lifestyle. So much of our wellbeing comes from our overall activities.’ Others emphasized the self-empowerment the programme encouraged. For example, P23 (F. 21) wrote that ‘...it gives you a strong feeling of empowerment and knowledge of your body and you grow to learn...what it needs.’ P11 (F. 23) stressed both of these aforementioned aspects, when she pinpointed the main strengths as ‘...self-awareness, self-healing, preventative healing and an emphasis on improving all aspects of the mind, body and spirit – not just losing weight or exercising to promote good health.’ It is also important to stress that the Galenic approach aims to provide a framework for the individual to develop his/her own approach, and this was noted as another strength (e.g. by P2 (F. 61) who wrote ‘...it is not overly-prescriptive, it respects individual autonomy’ though P22 (F. 25) offered an alternative view on this aspect when she wrote that ‘the strength is that it’s personal...it’s weakness might also be that it’s personal, meaning that people might not set the right targets’). Many participants had strong praise for the programme and did not feel there were significant weaknesses, concluding, for example, that (P18, F. 26) ‘everything that is included in these pages is a strength’ and that (P1, M. 37) ‘there are no real weaknesses in the programme. The weaknesses reside in our western lifestyles of indulgence and craving for pleasure. This makes it especially difficult and yet even more relevant to adhere to such principles and methods.’ However, it is clear that there are key areas to improve before running such an experiment again and it is to discussion of those weaknesses that we now turn.

A central difficulty, raised by participants, was how to adapt successfully Galenic principles to the 21st century work environment. P19 (M. 29) wrote ‘I think that our lives are quite different to those of ancient Romans – we have to work, and it is hard to find time to invest in ourselves, unless we are rich or have plenty of free time’, a sentiment echoed by P2 (F. 61) who talked of many professions today where it ‘...well nigh impossible to be ‘less busy’ simply because one would like to.’ Likewise P14 (F 71) felt that the programme’s main weakness ‘would be to fit into a busy working schedule’ though, she noted, it would be much easier for the retired. It would be essential to expand on the sixth-factor of Balance in relation to work pressures with suggestions, for example, of as simple an action as deciding (for the most part) not to check work-related emails when at home. It should still be possible to prioritize health over work, noticing where the need to work becomes compulsive and therefore not enjoyable, and improving those areas. A second area of concern was the possibility of feeling like a failure if one did not manage to implement the principles consistently. P4 (F. 63) had excellent advice in this regard, which should be stressed for next time: ‘One point about such a regimen, is that although one can’t and probably shouldn’t keep to it rigidly, by following it most of the time and not worrying if there are times when it goes off the parameters,
the lapses do not upset the deeply engrained balance which has built up.’ Further perceived weaknesses were: a lack of advice on how to approach ‘illness, excessive stress or crisis’ (P12, F. 57); omission of spiritual experiences integral for the wellbeing of religious practitioners (P2, F. 61) and a warning against placing Galen on some kind of pedestal (P18, F. 26). On this last point, it will be particularly important to stress that, although the approach is informed by Galen, it is very much to the Galenic ‘spirit’ rather than ‘letter’. As P18 wrote: ‘...we wouldn’t want to follow every bit of Galen’s advice. Everything...here is sensible and chimes with modern advice, but we couldn’t say the same for every single bit of advice prescribed by Galen.’

In line with this, one participant noted one of the greater criticisms that could be made of Galen’s method, i.e. the claim that living in accordance with nature is always akin to living healthily. P8 (F 59) observed: ‘Nature may well ‘know best’ but it can be pretty drastic and may be used as a common sense, rather than a thought out, response.’ On this, we should also note Wilkins: ‘Galen’s natural system is not ours, and is no longer sustainable. Disease is no longer unnatural, nor does ‘Nature’ do things always for the best. A virus is as ‘natural’ as a human being.’ If the Galenic approach is to be translated into modern-mainstream (as opposed to purely ‘alternative’) healthcare, it will need to transfer the essence of what Galen meant by following ‘nature’. For the spirit of the Galenic approach matches the spirit of modern emphases on preventative medicine, and results from clinical trials on preventative measures, even if the terminology used no longer correlates exactly. Further options as to how to implement the Galenic spirit into modern health-care are discussed in Section C.

The Galenic programme requires most improvement in areas beyond questions of the individual. First, on a more minor (but by no means unimportant) level, many participants suggested incorporating advice for approaching social situations which, inevitably, involved foods and drink perceived as detrimental to health. But Galenites should not, as noted by P3 (F. 55), become party-poopers and, in line first of all with the advice of P4 above on establishing a deeply engrained balance, social occasions should not be considered as posing great dangers to health, especially if they are further ‘balanced’ with activities that can restore any lost equilibrium on the days following the event. Advice on this should supplement the individual’s own preference as to how to approach the ‘unhealthier’ aspects of social occasions. Another area of concern was how ‘universal’ the approach was. P8 (F. 59) wrote ‘...we are part of what seems like a relatively privileged sample’, noting that for many ‘...access to healthy, affordable food can be highly problematic’ (indeed this was the personal experience of another trial participant). Societal constraints could make it very difficult for many to follow a Galenic regimen, and it will be essential, for the next Galen trial, to consider its implementation across society at large and not just (primarily) within a university context.

The more significant area for improvement in this regard, however, is the necessity of emphasizing the unselfish basis of the approach. In essence, the Galenic approach is a kind of ‘responsible citizenship’ where the individual recognizes that his or her wellbeing is beneficial for family, friends and society in general, and this is how Galen himself would have perceived it. As one blogger,

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*Wilkins, Galen on Good Health, 143.*
John W (on Feb. 12th), noted, the approach is ‘...for the whole person, body and soul, and to maintain you as a citizen of the world and a part of nature.’ However, as this aspect was not clearly stressed in the documentation, the Galenic approach was considered as selfish by several of the participants. For example, P6 (M 63) wrote that the programme’s ‘...great weakness is the common weakness of all health improvement programmes, i.e. that it tends to have an individualized, introspective approach, as opposed to an environmental action, collective perspective'; P8 (F 59) that ‘Galen’s focus is more or less exclusively with the individual’ and P3 (F 55) that ‘I don’t like...the navel-gazing. Even though the ‘environment’ strand is somewhat outward looking, I have problems with the individualized approach. Maybe Galen had a very socially integrated life, and he took this as read, but the approach of the regimen feels like sociability and interaction isn’t central to a healthy, balanced life – and I think this is wrong.’ All of these criticisms of the programme are very important and valid, and call for the social (at both familial and societal levels) implications of following the programme to be clearly emphasized in future. The blog gave interesting perspectives on this, with one blogger (mensana, Feb. 22nd) posting that, in comparison with the tragic events in Syria, ‘a personal health regimen seems self-indulgent in comparison.’ To this John W responded: ‘we need a balanced political approach to life and the economy just like the Syrians need it. Balance in the body and balance in the city is at the heart of Galen’s thinking.’ This short exchange highlights the importance of living a healthy life for the benefit of your own society (and as an example to other societies). The stakes are too high for any fears that following such a regimen could be conceived of as smugly elitist. For example, consider the government-commissioned-Foresight report which predicts that over half of UK adults will be obese by 2050 and the report by WHO which predicts that, by 2020, depression will be the 2nd biggest contributor to the ‘global burden of disease.’

By really stressing in future the societal, ‘responsible citizenship’, aspect of the Galenic approach, it would stand out from other wellbeing programmes whose focus are more narrow. For more discussion on how the approach could be implemented on a larger scale, let us now turn to Section C.

SECTION C: Where to from Here?

The biggest challenge to encouraging preventative approaches alongside mainstream medical care is the simple fact that it is rather annoying to be told how to live. No one wishes, as Wilkins points out, for ‘...an invasion of personal freedom by the medical and other authorities of the state.’ Personal freedom is important. But we should also note situations where certain individual choices can have a negative impact on others. Often, it can be difficult to separate self from other. In line with this, there is an increasing strand of wellbeing studies, by both independent and state-funded researchers, which argue for a strong link between actions for the social good and personal wellbeing. O’Brien has coined the term ‘sustainable happiness’ which she defines as ‘...the pursuit of happiness that does not exploit other people, the environment or future generations.’

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7 http://www.who.int/mental_health/management/depression/definition/en/
8 Wilkins, Galen on Good Health, 136.
O’Brien places herself, in the debate over the approach of hedonic (self-interested) and eudaimonic (bigger-picture, virtue oriented) approaches to wellbeing, firmly on the side of the latter. Likewise, Reid & Hunter discuss self-determination-theory (SDT) which holds that, in comparison with individuals who act on the basis of self-interest, individuals who value health and wellbeing (intrinsic goods) most are better placed to determine, and act on, the right action for the environment and society in general. It is clear that a Galenic approach, as a kind of responsible, ‘bigger picture’, approach to maintaining wellbeing, would encourage the same values as the eudaimonic and SDT frameworks just mentioned. This would avoid the risk of the approach being considered part of the (more stereotypical) ‘happiness brigade’, and would instead be about aiding the functioning of a healthy society and about lessening the prevalence of serious mental and physical difficulties amongst future generations.

And the timing is right. The U.K.’s Office for National Statistics has recently published, and will continue to publish, reports on national well-being, whose tagline is ‘GDP and beyond’. These reports focus on a whole range of issues, including ‘...health, relationships, job satisfaction, economic security, education, environmental conditions.’ The government’s interest in citizen-feedback here could easily transfer to a more ‘engaged’ health-service. Wilkins has suggested increasing the number of patient groups, and making them more socially engaged. A patient group with type 2 diabetes, for example, could be given physiological and recommended advice by a GP and then also meet regularly to discuss approaches which are working/not-working for them. Groups of healthy individuals could also meet, once a month say, and discuss approaches to mental and physical wellbeing. In this way, ‘...the patient might be able to bring more knowledge and experience to the doctor’s clinic and contribute to a more equal relationship with the doctor.’ This would entail a cultural shift, but one that would not upset the status quo. The NHS would be complemented, not threatened, by this approach.

The Galenic programme adds to the debate on health-care ubiquitously, and it is a debate from which no one can be left out. What ideas do you, the reader, have about the Galenic approach? How would you improve it? How would you like to see it (or approaches similar to it) implemented on a larger scale? Galen might have been long dismissed for quite a few of his medical theories, but he has left a very important framework for preventative medicine behind, the relevance of which today is most pressing.

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10 Reid & Hunter, State of Understanding II, 3-4.
11 Ibid. 6.
13 Wilkins, Galen on Good Health, 144. Wilkins (146) points to an example of ‘...a project in a general practitioner’s clinic in Devon invited patients at risk of fractures to a coffee morning once a week. Fractures were reduced by 70%.’
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Appendix: The Information Booklet

Living the Galenic Life
Ancient Ideas on Well-being in Practice: Guidelines & Information Booklet

‘But after my 28th year from birth, having persuaded myself that there is a certain art, that of preserving one’s health, I followed its precepts for all my subsequent life, so that I no longer was sick with any disease, except an occasional transient fever. And it is possible for anyone to guard his or her own health.’

Introduction: In our modern world we have access to a medical system which has made extraordinary and wonderful advances. However these advances exist more often for when things have already gone wrong. Conversely, in the Ancient World, where medical knowledge for the treatment of disease was more limited, the emphasis was strongly focussed on preserving one’s health in the first place. The tradition of preventative medicine in the Western World has strong roots in the Hippocratic approach (5th-4th centuries B.C.) and also in the work of the 2nd century A.D. doctor and psychologist Galen. In this experiment, you are invited to live your life for a short period of time with, in particular, Galen’s principles for preserving health as a guideline. You will be following a Galenic diet, and by the word ‘diet’, we do not refer to our current understanding of the word, associated as it is only with choosing what to eat and what not to eat. In the Graeco-Roman world, the original word ‘diaita’ meant ‘way of living’ or ‘mode of life’. The verb form, ‘diaitaô’, also means ‘to lead one’s life’ but in addition means ‘to investigate’. For the Ancients, the process of leading a healthy life was one of learning and inquiry. We are constantly learning what works and what does not work for our health and wellbeing. Galen wrote: ‘...the recollection of previous events will indicate to you the error, and show the correction from comparison with the present conditions.’ Our own experience is very important.

The Art of Preserving Health has three essential areas for our concern and investigation:

1) Our bodies which are healthy and which must be kept so.
2) The evidence or signs from our bodies on which we can base our practice of preserving health.
3) The means and methods through which our guardianship of health is accomplished.

All this is common sense, but becoming the active guardian of your own health can be more difficult than one might think, or not seem as obviously relevant today as it did to those living 2,000 years ago. And yet, it is no less essential. By

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14 Galen, Art of Preserving Health, 188-189. N.B. I am using Green’s translations (from Galen’s Hygiene) for the most part, though some have been modified and rendered slightly differently so as to be more relevant for a contemporary audience.
15 Ibid. 192.
16 Ibid. 47.
living your life based on Galenic principles, you are invited to bridge an important gap and bring the strong spirit of preventative medicine and measures of the Ancient World into the scientifically and medically advanced Modern World.

**Galen’s Principles:** Galen’s approach to preventative medicine is holistic, and focusses on six essential factors for promoting wellbeing, and which will provide our framework for the trial period. These factors are:

1) the **food & drink** you consume
2) getting the right amount of **exercise**
3) living and working in an **environment** conducive to wellbeing
4) getting the right amount of **sleep**
5) actively caring for your **mental** wellbeing.

The **sixth** factor is maintaining **balance** in all of the other five factors. We will examine each of these factors in turn shortly, but for the moment it is essential to know that Galen did not develop a *one size fits all* approach for these factors. Instead he stressed that the actions undertaken in each case were to be **relative** to the individual. A doctor, Galen said, must know all aspects of his or her patient’s constitution and character (even down to the ‘character of the soul’). Galen was quick to remind one that health does not equal an absolutely perfect constitution like that of Achilles. Such a person who considers that one would have to be like the Homeric hero to be considered ‘healthy’ would be ‘undermining the foundation of the entire consideration of the study of health.’

All things are relative. That which is conducive for the state of health for one person will be different for another. When you come to consider the six factors for wellbeing, really ask yourself ‘what actions would be conducive to health for *me* in this instance’?

So what was ‘health’ for Galen? It was:

1) The condition ‘in which we do not suffer pain, and are not impeded in the activities of life.’
2) That which is ‘in accordance with nature’ [that which is unhealthy is ‘contrary to nature’].

The first definition is clear enough. The second requires a little more explanation. For Galen, nature knows best and knows how to keep the body in harmony and regulation. But, if we do not aid our bodies in this process, then nature struggles. We need to live our lives in accordance with that which is health giving, with that which is in accordance with nature. Some *natural*
deterioration of health will occur, as one gets older, but that is natural and therefore not unhealthy, and a process of which the more detrimental effects can be avoided completely by good regimen and diet. For Galen, preventative medicine was a matter of sensible ‘fore-thought’ for every stage of life. His principles were firmly based on common-sense, and thus when considering each of the six factors, it will be important for you to use them as a framework to which you can add your own principles and observations on approaches which have worked for you. When reflecting on the six-factor-framework, remember that what is important is self-awareness, knowledge and trust in your own capacity to understand what is right and conducive to wellbeing for your body and mind. Thus did Galen write: ‘For the healthy body itself, impelled by the inclinations of its own nature, will discover everything for itself, and especially if the functions of the mind have been well trained.’

The First Factor: Food & Drink

‘Our care is by food and drink which replace that of the body’s substance which flows away.’

In the writings of the ancient doctors, food was considered as quasi-medicinal and as primarily for nourishment. This medicinal function of food was so primary that, for the Hippocratic doctors for example, taste and enjoyment were ‘totally irrelevant.’ This does not mean that we should avoid preparing dishes that are tasty. Indeed, for Galen, if food tasted bad it probably had a similar effect on the body! However we should regard the primary purposes of food differently. From Galen, we can infer four central functions of food:

1) Nourishment 2) Health 3) Strength 4) Promotion of Longevity.

For the time of this trial period, you are asked only to choose foods on the basis of the above four primary purposes, with pleasure a secondary consideration. Of course, a food may be pleasurable to eat and also be nourishing, healing, strength-giving and good for your long-term well being, and it is likely that if the food you choose fits into the above four categories, then it will also be tasty. If a food does not match these four primary functions, then please do not eat it for the trial period. These four functions are concerned with allowing food to fulfill its natural function, and in line with this, we must also consider carefully the amount of food we eat. Galen wrote:

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23 Ibid. 7.
24 Ibid. 77.
25 Ibid. 235.
26 Craik, Food in the Antiquity, 349.
28 If this is disappointing, you can remind yourself that there is much more to the process of eating than taste. For example, your taste-buds might appreciate a chocolate bar, or cupcake, but every other part of you that comes into contact with it probably does not! In fact, the sort of sugar we find in cupcakes and chocolate today was not part of the Ancient Diet at all.
'And the judgment as to what is proportionate is derived from the purpose of food. Its purpose is to nourish the body; this will be accomplished if food is well digested; and it will be well digested if the amount is proportionate—great amounts, as we know, remain undigested. And if this ever happens, then the food’s purpose is necessarily lost.'

As with the other aspects of the programme, everything is relative and we need to know the appropriate foods for us to eat. Different people require different foods and it will be important to work, as always, from your own experience. Here are several additional considerations recommended by Galen, which you might find helpful to follow, if they match with your own experience:

1) On Wine. Galen recommended wine in moderation for the middle-aged and elderly, as it aided greatly in improving kidney function. In excess, however, it was dangerous and made otherwise rational people ‘prone to anger and impulsive to insolence...(and also makes)...the rational part of the mind sluggish and confused.’ He was less convinced of its purpose for younger adults.

2) On Meat. Galen lived in a time when only the wealthy had regular meat as part of their diet. In general, he is wary of most meats, and in particularly the difficulties the digestive system can have when processing meat. For the elderly, Galen did not recommend meat at all, whilst for the young, it was occasionally useful, though strictly in moderation. Again, work with your own experience.

Further considerations on food, and the other factors, are discussed in the section on balance below.

The Second Factor: Exercise

‘The art of exercise is no small part of the art of preserving one’s health, and avoiding fatigue is no small part of the art of exercise.’

For Galen, taking exercise was natural and essential to maintaining and promoting our well being. From exercise, he said, our internal organs become stronger and function better, our body temperature rises comfortably, our breathing becomes easier, our metabolism improves, our body generally becomes stronger, its flow of nutrients improves, as does its capacity for removing superfluous or harmful substances. Galen defined exercise as that which alters respiration, which makes clear again, the fact that what constitutes

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29 Galen, On the Cure of the Affections in Each Man’s Soul, ch. 9.
30 Craik, Food in Antiquity, 348: ‘what we are conditions what we ought to eat.’
31 Galen, Art of Preserving Health, 34.
32 Ibid.
33 Ibid. 207.
34 Ibid. 143.
36 Ibid. 54.
37 Ibid. 53, 54. This can be an increase, or decrease, in respiration—depending on the exercise.
exercise for one person does not necessarily constitute exercise for another. One person might need to run, the other to walk. Galen discusses a whole host of exercises that were performed in the Ancient World from wrestling and boxing to walking and deep breathing.\textsuperscript{38} the first two of which are less commonly practised these days as part of a normal exercise regimen. So from your own experience, decide what sort of exercise regimen is right for you over the trial period. For the type of exercise you undertake, make sure to educate yourself as to its effects and benefits.\textsuperscript{39} In addition Galen had some general guidelines for exercise, including:

1) It is best to exercise before a meal\textsuperscript{40} and vigorous exercise, i.e. exercise that increases respiration, should not be undertaken having just eaten.\textsuperscript{41}

2) As a general rule, avoid forms of exercise that are too fast and violent. Intermediate and moderate is best (as ‘intermediate’ and ‘moderate’ apply to you).\textsuperscript{42} Know when enough exercise is enough.\textsuperscript{43}

3) If you are fatigued after exercise, Galen felt it was best either to perform the exact same exercises the next day,\textsuperscript{44} or to rest the next day, and bathe the body in moderately warm waters.\textsuperscript{45} Please note that modern advice is to rest the body the next day if you are fatigued from exercise. As long as you do not overdo your exercise however, you should not suffer from excess fatigue,\textsuperscript{46} and so if you do, then consider modifying your fitness regimen.

Taking all these factors into account, plan your exercise programme over the trial period, and resolve to stick with it. Of course, be prepared to change it, if your experience teaches you so.

[N.B. Massage was thoroughly recommended by Galen, and it is clear from his work that his clients were massaged often, usually daily. This practice is less frequently observed today due to its expense. However, Toby Taylor, a qualified masseur resident in Exeter and working at the Exeter Natural Health Centre, is on stand-by for participants of this course to offer one hour massage at a special rate of just 20 pounds. His number is 07583354211 and his email is i.tobias.taylor@googlemail.com. Should you take up this offer choose, as with all things in the art of preserving health, the type of massage that most suits your disposition. Ask Toby for more details].

\textbf{The Third Factor: Environment}

\textsuperscript{38} For a deep breathing exercise, see Appendix A.
\textsuperscript{39} Ibid. 90-91.
\textsuperscript{40} Ibid. 79, 225.
\textsuperscript{41} Ibid. 54-55.
\textsuperscript{42} Ibid. 92.
\textsuperscript{43} Ibid. 76.
\textsuperscript{44} Ibid. 123.
\textsuperscript{45} Ibid. 101.
\textsuperscript{46} Ibid. 102.
'But of those things which affect our health from without, certainly one which is inseparable and, as one might say, essential is the surrounding atmosphere...'  

One might feel that there is less that one can do about one’s environment. However this is an area which allows for much creativity. You should most certainly ensure plenty of fresh air every day, and you might try working standing up, rather than sitting down. Working standing up, placing your computer or book on a surface at the right height for you, is an excellent way of increasing the strength of your postural muscles, your alertness and also of decreasing the tension you feel in your shoulders. In general, try to make, or continue to make, little touches to your home or office environment which will make you, and others, smile. On a more general level, you might consider the effect your actions have on the environment, in terms of the atmosphere and pollution. More advice on how to relate to our environment over the trial period, can be found in the Fifth Factor on Mind, below, and in particular in terms of what we engage with in our environment. In general, be creative with this factor.

We are not writing many suggestions here – this is an area over to you!

The Fourth Factor: Sleep

For Galen, we needed to sleep in moderation – neither too much nor too little. Over the trial period, make getting enough sleep a priority. Don’t keep your mind active by working late at night, writing or marking essays. If your mind runs all over the place, and you find it difficult to get to sleep, you might try to take the opportunity of this trial period to learn how to practice a total body relaxation scan, by listening to a recording on your headphones. Your brain needs sleep to restore itself, and irritability, poor concentration and general malaise can all be attributed to lack of proper sleep. If possible, don’t use an alarm but allow your sleep cycle to complete itself naturally. If you must use an alarm, consider investing in a Sleep Tracking device which can wake you up at the end of the sleep cycle closest to the time you need to get up. Not much more needs to be said about sleep – just make sure you give it the proper place it merits.

Remember too much sleep can be as detrimental as too little, so you might wish to remember the advice of the Roman Emperor Marcus Aurelius, whose doctor was Galen, to himself on this matter:

‘Early in the morning, when you find it so hard to rouse yourself from your sleep, have these thoughts ready at hand: ‘I am rising to do the work of a human being. Why, then, am I so irritable if I am going out to do what I was born to do and what I was brought into this world for?’

If getting out of bed in the morning is difficult for you, keep a copy of this verse beside your bed to remind yourself of the importance of what you must do during the day ahead.

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47 Ibid. 11.
48 Ibid. 53.
49 Marcus Aurelius, Meditations, 5.1.
The Fifth Factor: Mind

'It is a shameful thing that someone will make every effort for a period of many years to become a good doctor, orator, grammarian, or geometer, but that one should give up on ever becoming a good human being.'

For Galen, the mind and the body were linked. A healthy, well balanced and grounded mind would contribute to the health of the body, and vice versa. For example, someone who is angry, or anxious, finds their body temperature rising unnaturally and their breathing becoming irregular and erratic. Galen offers the example of a man in the grip of rage:

‘Rage is nothing short of madness, as may be seen from the actions of men in the grip of it. They strike out, kick, tear their clothes, and perform every action in an agitated manner, to the point where – as stated earlier – they even get angry with doors, stones, or keys, which they rattle, bite, or kick.

We must learn how to look after negative states, Galen said, such as anger, craving, fear, unnecessary quarrelsomeness, zeal for reputation and envy. This was not just so as to avoid harming others, but also to look after our own health. [It is interesting to note that ‘Galen’ means ‘calm’ in Ancient Greek.] Luckily, the ancients did not regard these character traits as fixed (something confirmed by modern scientific research in the field of ‘neuroplasticity’). We can learn, Galen would say, to overcome difficult mental states by starting to habituate ourselves in the right direction. This continuous habituation (the Greek word is ‘ethos’ with a short ‘e’) was what formed our character (the Greek word for which was the slightly different ‘ethos’ with a long ‘e’). Our character is influenced and shaped by our habits, and processes of habituation. This process requires various exercises in character training, which we practice over our whole life. But for this trial period, we would ask you to renew your commitment to practicing any mind-training in which you are currently engaged (e.g. meditation) and in addition to focus on the following three key (two Galenic and one Stoic) approaches and exercises:

1) Be careful in what you consume, not just in terms of food and drink, but also with your mind and senses. Galen wrote: 'The habit of the mind is impaired by faulty customs in food and drink and exercise and sights and sounds and music. Therefore the one who is concerned with conserving health must be skilled in all these areas.' Over the trial period, be wary of TV programs, music or books which you feel might be detrimental to your well-being. A balance is needed here: watching the news might be upsetting but also important whilst watching a melodramatic soap might be enjoyable but also subtly influence you into seeing melodrama in your own life when it is not actually present! Listening to Bach

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50 Galen, On and Cure of the Affections in Each Man’s Soul, ch. 4.
51 Galen, Art of Preserving Health, B1-2.
52 Galen, On the Cure of the Affections in Each Man’s Soul.
53 From this, we still have the word ‘ethics’, though it no longer carries quite the same meaning. Galen had devoted a whole work to this, called On Habits.
54 Galen, Art of Preserving Health, 26.
might not be your cup of tea, but little can go wrong, whilst listening to the rapper Eminem might be exciting but lead to a victim complex! Examine the pros and cons of what you consume during your leisure time, and find your own balance for what you know is right for your own well being.

2) Re-examine, if necessary, your relationship with your work. Galen wrote: ‘To me it seems that those who through ambition or zeal have chosen some form of life so involved in affairs of business that they can have little time for the care of their bodies are also willing slaves to hard masters.’55 Do not become a willing slave like this! Of course, people primarily become slaves to work, not through ambition or zeal, but more often through the simple feeling that there is not enough time in the day to get everything done. So, during the trial period, enjoy your work and take it slowly but surely. Find time to look after yourself. Do not feel like you have to stay up late at night working. Your will get it done in just the same amount of time, and better, than when you are in a rush just ‘to get it all done’.

3) Increased Awareness of our own Character. Galen wrote that once one has started the mind-training exercises, we become far more aware of our own faults. He wrote: ‘....such cases too are plain enough to one who has started to engage in training his mind...therefore whoever wishes to be a decent human being, should bear this point in mind – that he is necessarily unaware of many of his own errors.’56 A very useful Stoic, and indeed ubiquitous, exercise in the Ancient World, the Bedtime Reflection, is a perfect base from which to start this process. The Stoic philosopher Seneca describes it as following:

‘Every day, we must give an account of ourselves. This is what Sextius did. When the day was over and he had withdrawn to his room for his nightly rest, he questioned his mind: “What un-useful habits have you cured yourself of today? In what sense are you a better person?” Is there anything better than to examine a whole day's conduct? What a good sleep follows the examination of one’s self! How tranquil, deep, and free it is, when the mind has been praised or warned, and has become the observer and secret judge of its own actions! I make use of this power every day. When the torch has been taken away and my wife has fallen asleep, I examine my entire day and measure what I have done and said. I hide nothing from myself, nor am I indulgent with myself.’57

Try to practise this reflection for around 10 minutes every night before sleep, or, if you would rather, before going to bed but late in the evening. Indeed, if you find that this stimulates your mind, practice if after dinner instead. Take the following two steps:

1) Simply review the preceding day mentally, twice or three times if necessary.

55 Ibid. 51.
56 Galen, On the Cure of the Affections in Each Man's Soul.
57 Trans. modified for modern-day audience, adapted from Robertson's The Philosophy of CBT: Stoic Philosophy as Rational and Cognitive Psychotherapy (2010).
2) Now ask yourself which actions did you perform well, and which actions did you perform less well? Which thoughts do you find helpful and which not so helpful? How did you act towards other people today? Do not blame or castigate yourself. If you did something you were unhappy with, simply mentally prepare yourself to handle the situation better next time.

You will, in addition, find your own questions to ask yourself. Experiment and find ways in which this exercise works best for you. Indeed, you might also experiment with creating your own exercise for first thing in the morning, preparing yourself for the day ahead. Again be creative, and see what works for you. For the period of the trial, please follow the above three mind-training factors every day.

**The Sixth Factor: Balance**

Health was a matter of harmony. In all of the above five factors, we must retain balance ('exercise, food, drink, sleep, sex, all in moderation.') The great maxim on the temple at Delphi ‘Nothing in Excess’ was a cornerstone of Galen’s method, as can be seen from the passage below, which also shows that we can correct an excess by doing the exact opposite. That way, we are restored to a balanced middle ground. He wrote:

‘And in the nature of eating and drinking...the objective also is moderation, so as to take neither too much, nor too little, but as much as, digested and distributed and nourishing the body well, if need be will supply symmetry to the still growing parts of the body, and leave nothing superfluous or lacking. And so also in sleep, and wakefulness, and baths, and the activities of the mind, and other such things, it is obviously suitable to preserve moderation, and, if ever anyone errs in respect to any one of the aforesaid aspects, to correct the fault. And let the common object of all correction be the employment of the opposite excess, if the body has tooled too much on the previous day, by diminishing the quantity of exercise, and if too little, by increasing it; and so also if it has used too swift motions by abating them moderately, and if too gentle, by intensifying them...(and so on)...correct excesses by means of the opposite excess, in order to stay healthy.’

It is also important to stress that this sixth factor, of balance in all the factors, makes clear that each factor relates to the other, and supports the other. For example, someone in a state of mental wellbeing will ‘...desist from food and drink, when they have been sufficiently filled.’ But they will need enough sleep, and the right amount of exercise to be in that good state of mind. All aspects inter-relate, and focussing on one will help all the others.

**In Conclusion:** By actively taking part in this trial on Galen’s theory of preventative medicine, you are practising a type of skill which Galen valued

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59 Ibid. 53.
60 Galen, *On the Cure of the Affections in Each Man’s Soul.*
61 Green, *The Art of Preserving Health*, 77.
above all others. He wrote: ‘For how should not these works of art be great and marvellous, to keep a human being growing old to an advanced age, free from suffering in his senses, healthy through everything, without sickness, without pain, intact of life.’ We do this, by trusting in our bodies’ own natural capacities to be healthy from following a natural diet (in the sense of the Greek word). Our bodies and minds, Galen would say, know how to be healthy if given half a chance. These two weeks are concerned with that half a chance. Health is natural, and so will your actions be over the next two weeks. Galen wrote: ‘...the healthy condition is determined by functions occurring naturally; and that this is the optimum and, as one might say, the fulfillment and height of health’. The spirit of preventative medicine, with which you are engaging, is captured in the following verses, attributed to Eupolis:

‘Nature was the greatest part, but then
I lent my hand to Nature eagerly.’

Nature knows how to stay healthy, but it is up to us to help Nature in every way that we can. Living in this way is a life skill. As Galen wrote: ‘All can be Healthy at all Ages.’

N.B. Do not change any advice that you are following from your doctor and do not do anything which would contradict your own doctor’s advice. Consult your doctor if you are unsure of anything. The Galenic principles should fit easily into your life, and should complement any other regimen or advice which you are currently following.

Appendix A to Information Booklet

An exercise in Deep Breathing, believed by Galen to aid in the removal of bad humours.

Find a quiet spot, somewhere you won’t be disturbed for five minutes, or however long you feel is appropriate for you. This could be a break from work, in the library or your office, or in bed at night just before sleep. For this short period of time, bring your awareness to your body as a whole, lightly focussing on your respiration. Simply enjoy focussing on your breathing in and out, slowly, gently yet deeply. If you lose concentration, just gently bring it back to your breathing. If practising this exercise during the day, practise in such a way that you feel refreshed by the end of the exercise. If in bed at night, practice in a way that brings relaxation. Don't worry if you fall asleep!

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62 Ibid. 189.
63 Ibid. 12.
64 Ibid. 18.