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Biopsychosocial-Spiritual Model of Medicine: A Revival of Ibn Sina (Avicenna) Legacy

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ABSTRACT

Contemporary medicine often overlooks the spiritual dimension of health and the critical role of preventive care, which are fundamental aspects of Ibn Sina's teachings. This paper explores the striking parallels between Ibn Sina's integrative medical principles and the biopsychosocial-spiritual (BPS-S) model, demonstrating how his insights remain relevant in addressing contemporary health challenges. The emergence of the BPS-S model as a holistic healthcare framework has paved the way for reintegrating Ibn Sina's legacy into contemporary medicine. By incorporating spiritual well-being into mainstream healthcare, this approach offers a more balanced and patient-centered paradigm. Furthermore, the findings support the adoption of "Ibn Sina's Biopsychosocial-Spiritual Balance" as a guiding framework for healthcare, particularly in Malaysia, where holistic healing traditions remain influential. His philosophy aligns with this model by advocating for a multidimensional perspective on health, recognizing the interplay between biological, psychological, social, and spiritual factors in disease prevention and treatment. This model can enhance medical education and improve well-being by integrating Ibn Sina's wisdom with modern advancements, redefining the future of healthcare.

Key Words: Biopsychosocial-spiritual, Ibn Sina's medicine, integrative healthcare, modern medicine.

Ibn Sina (980–1037 AD) aka Avicenna in Europe, was one of the most renowned Muslim physician-philosophers. Born in Afshana near Bukhara, he demonstrated exceptional aptitude in philosophy and logic during his youth and commenced his study of medicine at the age of ten (Amr & Tbakhi 2007). His unwavering commitment to acquiring knowledge from scholars of various cultural and intellectual traditions, coupled with his deep analytical approach to the principles of medical science, extensive clinical experience, and extraordinary memory and precision, established him as a preeminent physician and scholar (Dunn 1997). As a result, his

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textbook, the *Canon of Medicine (Qanun fi al-Tibb)*, has been regarded as a foundational medical reference in universities worldwide for centuries, incorporating numerous valuable and noteworthy diagnostic and therapeutic clinical insights (Ghaffari et al. 2022). Ibnu Sina is a pioneering figure in medical history, integrating diverse fields of knowledge, including philosophy, medicine, ethics, and spirituality, to create a unified understanding of health (Lim & Khan 2016: 8). He further advanced the system by integrating Greek concepts with insights from Persian, Indian, and Arab medical traditions (Pajević et al. 2021). Ibn Sina's intellectual legacy shaped medical science's foundations and influenced philosophical thought, bridging the gap between metaphysics and empirical inquiry (Yasneen 2015) in Unani medicine.

Unani medicine, deeply rooted in the works of Ibn Sina incorporates his theory of temperament (*mizaj*), central to its diagnostic and therapeutic framework. Ibn Sina expanded on the Greco-Arabic medical tradition by proposing that the human body is governed by the balance of four humours: blood, phlegm, yellow bile, and black bile (Gutas 2014: 72; Hoosen 2017). Illness arises from imbalances in these humors; achieving equilibrium is essential for maintaining good health (Donden 2003: 34). Unani physicians assess a patient's temperament to prescribe personalized treatments involving diet, lifestyle adjustments, and herbal remedies (Ali et al., 2024). The concept of temperament, central to *Unani-Tibb*, continues to align with *Tibb al-Nabawi (Prophetic Medicine)*, the foundation of Islamic medicine that integrates spiritual, emotional, and physical dimensions (Hoosen 2017). This holistic approach emphasizes equilibrium as essential for health, reflecting Ibn Sina's belief that physiological and psychological well-being are interconnected (Ansari et al. 2017). His insights into individualized care have become the cornerstone of Unani's medical practice, demonstrating the enduring relevance of his contributions to traditional medicine (Hoosen 2017). In contrast, a gap exists in modern medicine, where the separation of disciplines hinders a truly comprehensive view of human health that leads to a multidimensional approach.

Medicine has shifted significantly in recent decades, moving from a purely biomedical model to a more comprehensive biopsychosocial model of health (Anandarajah 2008). The biopsychosocial (BPS) model, introduced by George Engel in 1977 provides a holistic framework for understanding health by integrating biological, psychological, and social dimensions (Engel, 1977). The World Health Organization's (WHO) Traditional Medicine Strategy 2014–2023 highlighted the significant role complementary and alternative medicine (CAM), a patient-centred and wellness-oriented approach focused on individualized treatments based on lifestyle factors, in supporting healthcare across developing nations (WHO 2013). It challenges the reductionist biomedical approach by emphasizing that biological and physical health cannot be fully understood without considering emotional and social factors. While the BPS model has significantly improved patient care, its implementation in modern medicine frequently faces challenges due to systemic issues, including time limitations, insufficient interdisciplinary collaboration (Ross 2019), inadequate training in psychosocial aspects (Borrell-Carrió et al., 2004), and the weakening of patient-physician relationships (Snyderman & Weil 2002). However, addressing this gap by incorporating spirituality could enhance the model's capacity to deliver truly holistic healthcare by introducing the biopsychosocial-spiritual (BPS-S) model.

The biopsychosocial-spiritual (BPS-S) model of medicine revives Ibn Sina's legacy, emphasizing the harmony of health's physical, psychological, social, and spiritual dimensions. Ibn Sina or Avicenna (980-1037 A.D) recognized the critical role of mental and emotional balance in overall health, reflecting a holistic view of prevention and care. In the *Canon of Medicine*, he championed a comprehensive perspective, acknowledging that emotional states could manifest as physical ailments and emphasizing that spiritual well-being was integral to achieving holistic health. This integrative approach aligns with the biopsychosocial-spiritual (BPS-S) model, which bridges the ancient wisdom of Ibn Sina with contemporary medical practices to promote truly holistic patient care. His acknowledgment of the profound influence of mental and spiritual states on physical health mirrors modern findings on the psychosomatic connection. Ibn Sina placed spirituality at the core of health, advocating devotions such as prayer, meditation, and connection to the divine as pathways to inner peace and physical wellness (Gutas 2014: 206). This article

seeks to examine the connections between Ibn Sina's approach and the biopsychosocial-spiritual (BPS-S) framework, and their potential to shape a new legacy of Ibn Sina in Malaysia.

Aligning Ibnu Sina's Insights with Biopsychosocial-Spiritual Model

The biopsychosocial-spiritual (BPS-S) model of medicine represents a revival of Ibn Sina's legacy by embodying his integrative approach to health, which acknowledges the interconnectedness of the physical, psychological, social, and spiritual dimensions of human well-being. Ibn Sina emphasized the holistic treatment of patients, integrating physical medicine (aligned with his theories of humoral balance) with psychological and emotional considerations, alongside a strong focus on spirituality as a means of healing and self-realization (Gutas, 2014: 376). While some of his views, such as the influence of celestial bodies on health, were reflective of the era's beliefs, his reliance on empirical observation and logical reasoning set the stage for modern medicine. Similarly, the BPS-S model seeks to address not only the biological causes of illness but also the mental, social, and spiritual factors that influence health outcomes, reflecting Ibn Sina's belief in the unity of mind, body, and soul (Cerić & Mehić-Basara 1997). By incorporating practices such as psychotherapy, patient-centered communication, ethical relationships, and spiritual guidance, the BPS-S framework reaffirms Ibn Sina's timeless principles that health is rooted in balance and harmony across all dimensions of human existence (Puchalski et al. 2009). Modern medicine, through the BPS-S model, revives and enhances Ibn Sina's holistic wisdom, integrating it with contemporary advancements to offer comprehensive care tailored to the complexity of the human condition.

The Canon of Medicine was published in 15 editions in Latin and Hebrew, serving as a foundational text in medical education for nearly six centuries. It was widely studied in madrasas in the East and universities in the West, particularly in England and Scotland. Its first official recognition occurred in 13th-century Poland (Cerić & Mehić-Basara 1997). This remarkable work systematically compiled the complete medical knowledge of its era. This encyclopedic work is divided into five books, addressing critical medical topics. These include a description of the human body, its constitution, temperaments, physical abilities, and somatic diseases. This integrative framework aligns with both Ibn Sina's view of health as a harmonious balance of interconnected elements and the BPS-S model's emphasis on patient-centered care. It bridges traditional healing with contemporary advancements, advocating for a multidimensional approach that combines physical, emotional, mental, and spiritual well-being to enhance both prevention and treatment outcomes. This holistic model provides modern medicine with a path to address the multifaceted needs of patients, echoing Ibn Sina's timeless principles of integrative care.

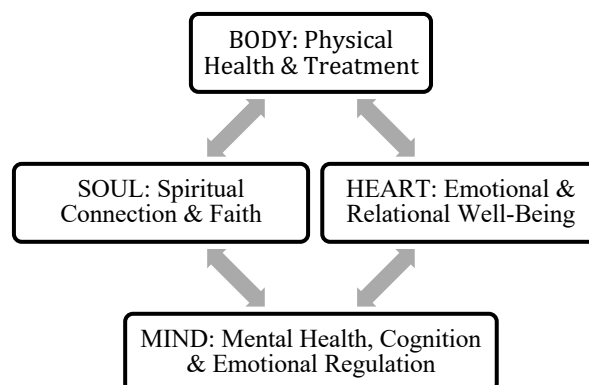


Figure 1: The Interconnectedness of the Biopsychosocial-Spiritual Model

The Figure 1 provides a comprehensive framework emphasizing the integration of the body, mind, heart, and soul as essential components of holistic health, resonating strongly with Ibn Sina's understandings and the modern biopsychosocial-spiritual (BPS-S) model. The body symbolizes physical health and treatment, reflecting the biological dimension, which focuses on

maintaining physical balance through medical interventions, nutrition, and lifestyle (Avicenna 980-1037 A.D: 358; Engel 1977). The mind represents mental health, cognition, and emotional regulation, corresponding to psychological resilience and the role of therapies such as cognitive-behavioral approaches in managing stress and promoting balance (Puchalski et al. 2009). The heart, emphasizing emotional and relational well-being, highlights the social dimension, underscoring the importance of ethical relationships, empathy, and family or community support in recovery (Puchalski 2001). Finally, the soul reflects spiritual connection and faith, aligning with the spiritual dimension that acknowledges the transformative role of purpose, meaning, and transcendence in navigating life's challenges and fostering resilience (Gutas 2014: 206). These four aspects are illustrated in the following way.

Biological Aspect

The biological aspect in Ibn Sina's medicine and the modern biopsychosocial-spiritual (BPS-S) model emphasizes maintaining bodily balance, though their frameworks differ. Ibn Sina's approach centers on balancing the four humors blood, phlegm, yellow bile, and black bile through diet, environment, and lifestyle management (Avicenna 980-1037 A.D: 76; Gutas 2014: 72). Building on the works of Ibn Sina and Al-Razi, along with contemporary research, the classification of temperaments, i.e. sanguine, phlegmatic, choleric, and melancholic is explored, highlighting their characteristics, diagnostic methods like pulse examination and bodily analysis, and the role of *mizaj* in disease prevention and personalized treatment (Ahsan et al. 2024). The Ibn Sina system of medicine provides different treatment approaches depending on the nature and causes of the illness; i) regimental therapy (*ilaj-bil-tadabir*) and dietotherapy (*ilaj-bil-ghiza/ilaj bi'l-taghziya*), ii) pharmacotherapy (*ilaj-bil-dawa*), and iii) surgery (*ilaj-bil-yad*) (Ansari et al., 2017).

Regimental therapy is a distinct treatment method implemented by adjusting and regulating the six essential factors, known as *Asbab-e-Sitta-e-Zurooria*. Health relies on six essentials: air, nutrition, sleep, elimination, physical activity, and mental balance (Ali et al. 2024). These regimens aim to eliminate morbid humours (*Istifraagh-e-Akhlaat-e-Radiya*) or restore the body's natural temperament (*Tadeel-e-Mizaj*). These harmful humors are the primary cause of disease, and once they are removed through specific therapeutic methods, normal health is restored. Dietotherapy (*ilaj bi'l-ghiza*) entails prescribing a tailored diet, serving as the most straightforward and natural method of treatment provided by a physician (Ansari et al. 2017). Pharmacotherapy (*Ilaj-bil-Dawa*), or treatment with drugs, is advised when regimental therapy or dietotherapy alone cannot effectively restore health. The treatment primarily relies on natural drugs, with around 90% sourced from herbs, 4-5% from animals, and 5-6% from minerals, comprising a pharmacopoeia of over 2,000 remedies (Britannica 2016; Ansari et al. 2017). Surgery (*Ilaj-bil-Yad*) originated from the Unani system of medicine, with its physicians being pioneers who developed specialized instruments and techniques (Ansari et al., 2017). These comprehensive treatment approaches emphasize the balance and integration of natural methods to restore health effectively.

The integrated framework, drawing on traditional and modern practices, advocates combining herbal remedies and nutrition with modern medical advancements to create a balanced approach to health (Vickers & Zollman 1999). The BPS-S model focuses on biological mechanisms like genetics, physiology, and disease processes, employing modern interventions such as surgery and pharmacotherapy (Engel 1977). Despite its technological advancements, the BPS-S model aligns with Ibn Sina's emphasis on preventive care and the body's natural healing processes, reinforcing the enduring relevance of holistic medical principles. This approach mirrors Ibn Sina's principles of using natural remedies while incorporating new knowledge to enhance the healing process. It also encourages lifestyle balance as a preventive measure, reflecting a shared understanding that health is about treating illness and maintaining equilibrium in the body (Donden 2003: 23). Furthermore, Ibn Sina's philosophy extended to a broader understanding of environmental and cosmic factors in health. He emphasized the impact

of clean air, climate, and sanitation on recovery and recommended isolation to prevent the spread of contagious diseases an early acknowledgment of quarantine principles (Pormann & Savage-Smith 2007: 58). This balance, combining modern techniques with traditional wisdom, could enhance regenerative medicine, particularly in stem cell therapy, while strengthening preventive care and fostering long-term health benefits.

Psychological Aspect

In the psychological aspect, Ibn Sina delved into various topics, including the structure of the human psychological apparatus, the relationship between psychological functions and the brain, and the psyche's role in the development of somatic diseases (Pajević et al. 2021). He presented a philosophical foundation for understanding metaphysics and the relationship between body and soul, advocating for a more integrative approach to addressing mental health disorders (Rizkiah et al., 2024). Ibn Sina also examined specific psychiatric disorders, providing insights into their causes and suggested treatments. Recognizing the significance of psychology in medicine, his works offer detailed discussions on the nature of the human soul, consciousness, intellect, and other psychological functions (Pajević et al. 2021). The term "soul" denotes the essence of these phenomena and its relationship to such activities. Ibn Sina argued that the soul is distinct from the body, being immaterial and representing the form or perfection of a being, highlighting its non-physical nature (Pajević et al. 2021). Notably, he understood the profound influence of an individual's mental and emotional states on their physical well-being, recognizing that psychological factors could trigger or exacerbate imbalances in the four humors (Arroisi et al. 2024). This approach highlights Ibn Sina's innovative understanding of the mind-body connection, emphasizing the importance of addressing psychological factors to achieve overall well-being.

While his predecessors relied on logical reasoning to prove the soul's immateriality, Ibn Sina introduced a novel approach by employing mental experiences as evidence. Ibn Sina's contributions to psychology emphasized the inseparable connection between mental well-being and physical health. This psychosomatic connection aligns with modern psychological practices, where conditions like anxiety and depression are treated through therapeutic interventions such as cognitive-behavioral therapy (CBT) and medications (Engel 1977). He integrated cognitive therapies with his understanding of emotional balance, advocating for self-reflection and introspection as tools for maintaining mental health, grounded in the belief that mental and emotional states directly influence physical health. Ibn Sina addressed and managed depression through lifestyle changes, natural remedies, and therapeutic techniques. He highlighted using happiness, aromatherapy, and music therapy as common treatments for various ailments (Khodaei et al. 2017; Sidik et al. 2020). Ibn Sina recommended around 30 medicinal herbs for treating depression, some of which have been shown to have antidepressant effects in clinical trials. A scientific review of his other proposed methods and treatments could lead to the development of new approaches for managing depression (Khodaei et al. 2017). This perspective emphasizes the importance of life balance, dietary practices, lifestyle adjustments, body humor regulation, and psychological well-being as key elements for maintaining mental stability (Arroisi et al. 2024). This theory has made a lasting contribution to the understanding and development of the biopsychosocial model of health and well-being.

The psychological dimension of the biopsychosocial-spiritual (BPS-S) model acknowledges the profound impact of mental health on physical health, echoing Ibn Sina's emphasis on emotional balance for overall well-being. His exploration of psychology is primarily found in the sixth chapter of his *Kitab al-Shifa (The Book of Healing)*, within the section on "Natural Sciences". Additionally, he addresses psychological concepts in *Kitab al-Najat (The Book of Salvation)*, *Al-Isharat wal-Tanbihat (The Book of Directives and Remarks)*, and several shorter writings. While his psychology is deeply rooted in Aristotelian thought, Ibn Sina extends and surpasses Aristotle's framework. One of the central questions he addresses is the existence of the soul. Ibn Sina provides a detailed analysis of the human soul, mind, mental processes, intellect,

dreams, prophecy, and desires, highlighting their continued relevance in contemporary psychology (Cerić & Mehić-Basara 1997). By combining modern therapies with ancient wisdom, such an approach encourages a more holistic understanding of mental health, wherein emotional and psychological well-being are seen as integral to overall health (Baum 2016: 3). Ibn Sina's theories on biopsychosocial balance emphasize the importance of psychological interventions, highlighting the continuity between his holistic approach to health and modern mental health practices.

Social Aspect

Ibn Sina's socio-ethical concepts are reflected in his logic, theology, and psychology writings. Kashani & Hoseini (2013) maintain that Ibn Sina was not a sociologist and did not aim to explain social phenomena, he examined society and human issues within his philosophical framework. In this regard, Ibn Sina explored the logical foundations of social ethics by analyzing ethical statements and their content. He viewed society as the source and framework from which morality arises and where moral virtues are established. Logic, in his perspective, serves as a tool to study and solidify these moral concepts. To define the boundaries of rationality, Ibn Sina proposed religion as the framework for lawmaking and analyzed moral statements through dialectics, identifying various origins of morality. He further integrated religion and rationality by establishing a logical criterion to assess morality, evaluating ethical statements based on their coherence and logical certainty (Kashani & Hoseini 2013). Additionally, Ibn Sina recognized the dialectical relationship between human health, nature, and environmental factors, understanding that when human influence on nature exceeds its adaptive limits, environmental disruptions and crises arise (Hikmatovna & Tukhtaeva 2021). This aligns with Ibn Sina's broader perspective, where community and social ethics are central to health, emphasizing the interconnection between social relationships and mental well-being, highlighting their critical impact on overall health and harmony.

Ibn Sina's perspective on social philosophy highlights the significance of human relationships and interactions within a community. A central focus of his work is the pursuit of moral happiness, which he addresses through rational and ethical dimensions, emphasizing social ethics and regulating relationships among individuals within a community (Kashani & Hoseini 2013). Ibn Sina emphasized the deep connections of individuals have with themselves and others, highlighting the need to uphold moral and ethical principles within the social structure, starting with personal attitudes and behaviours (Arroisi 2022). He believed that social life originates from the inherent needs of individuals, such as cooperation for survival and well-being. In his view, ethical concepts are not innate but emerge from the shared ideas and values developed within a society. Ibn Sina did not endorse the notion of collective human identity but focused on the dynamic interplay between individual needs and the communal structures that arise to fulfil them (Kashani & Hoseini 2013). It acknowledges that patients are not isolated individuals, but part of a larger network of relationships that influence their health and healing (Engel 1977). This view aligns with the modern BPS-S model, which emphasizes the significance of family, culture, and social support systems in health.

Spiritual Aspect

Ibn Sina's holistic view of health is deeply embedded in spirituality, where health is intrinsically tied to spiritual harmony and purpose (*tawhid*). This integration draws on Ibn Sina's notion of the mind-body connection, emphasizing the role of spiritual practices in fostering emotional resilience. His proposed method for achieving this elevated spiritual state is closely tied to the Sufi path, which emphasizes self-knowledge and perfection through self-discipline and cultivating moral virtues. This approach encourages individuals to align their feelings, thoughts, behaviors, and lifestyle by nurturing with the soul (*nafs*). Ibn Sina viewed the soul as a living, spiritual essence that animates the body, serving as the foundation for acquiring and applying knowledge. Unlike the body, the soul is immaterial and eternal. Islamic education, guided by Ibn

Sina's insights must integrate psychological and spiritual elements to nurture human potential and develop them into exemplary individuals (*insan kamil*) (Prasetia et al. 2022). He viewed a person holistically, addressing all dimensions of their being, focusing on spiritual wisdom, religious devotion, the pursuit of inner peace, and methods for achieving spiritual fulfillment by purifying the soul (Pajević et al. 2021). It is a comprehensive, holistic method viewed through modern psychotherapeutic science, incorporating aspects of spiritual, psychoanalytic, existential, cognitive-behavioral, and gestalt therapies (Pajević et al. 2021). It creates a comprehensive framework for understanding human health from a spiritual perspective.

Discussion

Integrating spirituality into the BPS model as proposed by Sulmasy (2002) and Koenig (2012: 5), the BPS-S framework leverages evidence on spirituality's health benefits to tackle chronic illness and mental health challenges. A notable shortcoming in modern medicine is its insufficient recognition of spirituality as a fundamental component of healing, often confining it to religious or counselling services rather than integrating it into standard patient care (Sulmasy 2002). This approach frequently disregards the intrinsic interconnectedness of the mind, body, and spirit, resulting in fragmented and incomplete healthcare delivery (Aronowitz 2008). It overlooks the role of spirituality in enhancing patient well-being, despite evidence demonstrating its benefits in reducing stress, improving quality of life, and supporting overall recovery (Puchalski et al. 2009). Additionally, the model's exclusion of the spiritual dimension has been criticized, especially given the growing evidence linking spiritual well-being to better health outcomes. Spiritual care is typically underutilized or unstandardized, despite growing evidence that it enhances coping, emotional resilience, and recovery rates (Koenig 2012:45).

In medical texts, Ibn Sina also linked spiritual well-being with physical health, emphasizing that mental states such as hope, fear, and happiness significantly influence bodily functions (Pormann & Savage-Smith 2007: 43-48). Ibn Sina's perspective on spirituality is deeply rooted in his philosophical and medical writings, where he integrates rational thought with metaphysical concepts. Ibn Sina viewed the human being as a composite of body and soul, where the soul is an immaterial, rational entity connected to the divine. His approach reflects a synthesis of Aristotelian and Neoplatonic traditions, combined with Islamic spiritual principles (Gutas 2014: 37; Lim & Khan 2016: 8; Khan 2006: 12). In his works such as *Al-Shifa' (The Book of Healing)* and *Al-Isharat wa al-Tanbihat (Remarks and Admonitions)*, he explores spirituality through metaphysical inquiries, emphasizing the soul's journey toward intellectual and spiritual perfection (Amr & Tbakhi 2007). His holistic approach established a framework where spiritual and physical health are interconnected, making his philosophy a foundational element in both Islamic thought and pre-modern medical traditions.

In the integrated framework, there is an effort to blend traditional cognitive methods, such as self-reflection and mindfulness practices rooted in spiritual traditions, with contemporary psychological therapies. The integrated framework takes this further by incorporating personalized spiritual counselling and practices such as prayer and meditation into treatment plans (Gutas 2014: 206). By focusing on the existential beliefs of patients, it recognizes that spiritual well-being is an essential aspect of holistic health. This is consistent with Ibn Sina's teachings, where spirituality was not a separate entity from physical and mental health but an integral component of the whole person. Modern health systems are beginning to personalize care plans, incorporating spiritual needs and integrating these aspects with conventional medical treatments, thus bridging the gap between modern healthcare and the timeless wisdom of Ibn Sina's approach to healing (Puchalski et al. 2009). These methods, grounded in both spirituality and psychology, offer a rich framework for treating the emotional and psychological needs of patients, maintaining continuity with the integrated approaches of both Ibn Sina and modern medicine.

In conclusion, the integration of Ibn Sina's medical philosophy with the biopsychosocial-spiritual (BPS-S) model offers a comprehensive approach that addresses the multifaceted nature

of health. While modern medicine has made significant advancements in treating disease, it often neglects the spiritual and preventive dimensions of health, which are essential for long-term well-being. Ibn Sina's holistic approach, which emphasizes the interconnectedness of the body, mind, and soul, aligns seamlessly with the BPS-S model's focus on integrating biological, psychological, social, and spiritual factors. This convergence of ancient wisdom with modern frameworks provides a more complete model of healthcare, one that goes beyond symptom management to prioritize the patient's overall health and spiritual harmony. This model not only seeks to heal physical ailments but also strives to restore balance and harmony in the patient's overall wellness.

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