



## REVIEW ARTICLE

# Sasang Medical Perspectives on Viral Immunity: A Discussion of Intrinsic, Constitutionally Related Factors in Disease Onset and Resistance

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**Abstract**

There remain more questions than answers regarding the manifestation of certain diseases, such as Ebola, in some otherwise healthy individuals but not in others. *Sasang* medicine offers a possible clue to solving this mystery by introducing a constitutionally based, intrinsic approach to determining disease susceptibility. The *Sasang* constitution is identified by a detailed examination of inherent physiological and psychological traits that are likely, but not yet, to be associated with specific genetic patterns. Hence, it is anticipated that after further examination, the *Sasang* model will contribute to the advancement of medical research and treatment by establishing genetically traceable psychological and physiological traits that contribute to, or offer protection against, various diseases. To progress along this journey, additional research involving *Sasang*-based organ-associated emotions and inherent emotional/physiological inclinations is warranted. This study presents an argument in favor of additionally examining constitutionally specific disease components related to viral epidemiology.

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## 1. Introduction

An article about the Ebola virus outbreak stated that scientists “have been puzzled for years over why some people survive Ebola while many others perish [1].” This observation is not unique to Ebola, and has often been the focus of individualized medical approaches throughout the history of Eastern and Western medicine. In modern medicine, however, a thorough investigation of the disease host, and their own innate resistance to specific diseases, has been overshadowed by an emphasis on the disease itself.

The altruistic approach to vaccine distribution, for example, may facilitate disease resistance in some individuals, but have no effect on, or make matters worse for, others. According to the 2011 *Adverse Effects of Vaccines: Evidence and Causality* report, significant correlation was established between inoculations and the onset of several anaphylactic occurrences among children: whereas certain cases were attributed to contaminated vaccines and weakened immunity, others hinted towards genetically-based explanations [2]. The onset of fever after the vaccination of healthy adults with live vaccinia, and seizures among children injected with the MMR vaccine, have been linked to host-specific genetic variations [3].

Lee Je-ma (1835–1891), a physician during the Chosun Era in Korea, expressed how disease progression is often the result of an altruistic medical approach in which remedies are administered according to symptomatic presentation without full assessment of the constitutional differences between individuals [4]. In his treatise the *Dongueui Susei Bowon* (東醫壽世保元), Lee Je-ma repeatedly admonished against the hasty prescription of medicine based solely on symptomatic presentation, and warned that doing so could result in disease exacerbation, or even death [5]. He attributed these instances to the disregard of constitutional factors that contribute to disease vulnerability and onset. Lee Je-ma eventually established a system, referred to as *Sasang* medicine, which emphasizes host-specific factors that contribute to the onset of disease.

While the influence of constitutionally specific factors in disease onset has yet to be fully understood, they have been considered. In the search for an Ebola vaccine, researchers have discovered a surprisingly large percentage of the Gabonese population in Africa are not at risk despite their close proximity to the epicenter of the outbreak [6]. Further investigation revealed that viral resistance is credited to the existence of specific antibodies in their blood, which provide immunity [6]. It is currently suggested that immunity against Ebola comes from prior exposure to a lighter form of the virus found in fruit contaminated by bat saliva [6]. Prior viral exposure, however, does not necessarily ensure lifelong immunity, which can lie dormant within the body and later proliferate when given the opportunity. *Sasang* medicine holds that viral immunity is primarily dependent on intrinsic factors rather than extrinsic factors, such as viral exposure. Hence immunity, according to this approach, depends on ample flow between one’s hyper- and hypodeveloped organ systems. From this perspective, interorgan balance is therefore equivalent to an impenetrable fortress that even the fiercest viral onslaught cannot penetrate. Each

constitutional type has its own pair of hyper- and hypodeveloped organs.

## 2. Genetics and Sasang medicine

Each of the four *Sasang* medical constitutional types [*Tae Eum* (TE), *So Eum* (SE), *Tae Yang*, and *So Yang* (SY)] exhibits different physiological and psychological aspects, based on fluctuations in fetal organ development [4,7]. This theory holds that *in utero* organ development is a selective process by which certain organs are given functional and structural priority. Health is maintained when high-priority (herein referred to as hyperdeveloped) organs assist with the function of lower priority (herein referred to as hypodeveloped) ones, and is compromised when the former ignores this responsibility. Hyper- and hypodevelopment, according to *Sasang* medicine, refer primarily to the function of a given organ rather than its actual size, although inflammation of hyperdeveloped organs and surrounding local tissues has been noted [8].

The *Sasang*-based concept of organ hypo-/hyperdevelopment elaborates upon aspects of the inter-organ relationship that lack investigation in modern research. It emphasizes how, in a healthy state, blood and energy flow smoothly from the hyper- to the hypodeveloped organs within the body. To an extent, this explanation is equivalent to the process of diffusion, involving the exchange of oxygen and carbon dioxide across the alveolar wall within the lungs, whereas gas and fluid travel from a high-pressure gradient to a lower one. In comparison, hyperdeveloped organs may be considered high-pressure gradients, while the hypodeveloped organs are low-pressure gradients. Even though the investigation of diffusion within the lungs and other organs has been well-documented, its role between organs and different quadrants of the body is still warranted.

Organ relationships in eastern medicine resemble the interaction among family members, all intimately connected, yet not always getting along with one another. The hyperdeveloped liver of the TE type for example, sends energy and blood flow to their hypodeveloped lungs when healthy, but inhibits, or deranges, this flow when there is a state of psychological or physiological imbalance. Health is maintained when, as with siblings, hyperdeveloped organs *share* and assist their hypodeveloped counterparts. It is compromised when hyperdeveloped organs *horde* blood flow and energy, leaving the hypodeveloped organs vulnerable to illness.

Lee Je-ma’s theory of hyper- and hypodevelopment does not always correlate with hyper- and hypofunction of each organ. Generally speaking, even though hyperdeveloped organs are inclined to hyperfunction, they may eventually hypofunction. Thus progression of the TE type’s liver inflammation (hyperfunction) and congestion may result in liver failure (hypofunction). Accordingly, hypodeveloped organs are prone to hypofunction, but may eventually hyperfunction in an attempt to compensate for their vulnerability. Asthma and allergies, which are considered hyperimmune responses often triggered by airborne allergens, illustrate the TE type’s hyperfunction of their hypodeveloped lungs. According to *Sasang* medicine, hyper- and

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