



Endometriosis: Halakhic Aspects as Indications for Treatment

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Medical treatment is usually provided when there is a specific indication for treatment. However, there are certain circumstances when treatment is given *without* a pure medical indication but in order to improve the quality of life. An example is the use of progesterone to lengthen the luteal phase, or the prolonged use of oral contraceptives (beyond the classic 21 day cycle) for the same purpose.

There are further circumstances where pharmacologic treatment is used in Orthodox Jewish populations for specific halakhic* indications. Speroff addresses this issue [1]: "Clomiphene citrate is the traditional drug of choice for ovulation induction in anovulatory infertile women. But there is one special group in whom clomiphene is indicated in women who ovulate regularly and spontaneously. For the Orthodox Jewish couple, intercourse is prohibited in the presence of menstrual flow and for 7 days following its conclusion. In some women menstrual flow is prolonged or the follicular phase is shortened, so that coitus cannot take place until after ovulation. One way to treat this group of patients is to delay the ovulation time to a more appropriate time by starting the clomiphene not on day 5 of the cycle (the usual mode of treatment) but on day 7 or 8 of the cycle." Another effective treatment (that clinicians have long advocated but has not been established by controlled studies) is to add estrogen drugs that are effective in both shortening the menstrual flow and delaying the ovulation time.

Another circumstance where halakhic aspects might influence the indications for medical treatment is endometriosis. Endometriosis is considered to be a pathologic disorder caused by an interaction of multiple genetic, immunologic and environmental factors. It has been suggested that several gene sites might be involved in the susceptibility of endometriosis. Endometriosis, characterized by the presence and growth of ectopic endometrial tissue outside the endometrial cavity, is one of the most common gynecologic diseases in women of reproductive age. The causes and factors involved in the growth of ectopic endometrium in pelvic endometriosis remain unclear. However, a large body of evidence suggests that a complex interplay of multiple genetic, environ-

mental and immunologic factors are involved in endometriosis [2]. The cause of endometriosis is unknown. The retrograde menstruation theory (transtubal migration theory) suggests that during menstruation some of the endometrial tissue backs up through the fallopian tubes, implants in the abdomen, and grows. Another theory proposes that endometrial tissue is distributed from the uterus to other parts of the body through the blood or lymphatic systems. A genetic theory holds that it may be carried in the genes of certain families or that some families may have predisposing factors to endometriosis. According to yet another theory, remnants of tissue from when the woman was an embryo may later develop into endometriosis or that some adult tissues retain the ability they had in the embryo stage to transform reproductive tissue in certain circumstances [3].

In this edition of *IMAJ*, Chertok and colleagues [4] discuss the implications of endometriosis for women who observe Jewish law. Their article relates to the halakhic implications of endometriosis in terms of two specific medical symptoms: a bleeding disorder and pelvic pain, and focuses on the additional burden and stress on women who observe halakha. Thus, there is a need to treat this population not only for pure medical indications, as mentioned above, but also for halakhic reasons.

The medical aspects of metrorrhagia or other menstrual disorders may be insignificant, as Speroff notes in the sixth edition of his book (1999) – relating to the diagnosis of endometriosis (p. 1060): "An association of endometriosis and premenstrual spotting (PMS) has been suggested but in most cases menstrual bleeding is not increased" [1]; but in the seventh edition (2005) [5], in the section on the diagnosis of endometriosis (p. 1113), he doesn't even relate to the subject of premenstrual spotting – most probably because the clinical aspects of this symptom are insignificant.

Therefore, given the lack of awareness of such disorders, which may have halakhic significance, it is important that the clinician who treats women with endometriosis and multiple symptoms consider the halakhic implications of this disease, because even if they are clinically insignificant they may be very dominant in a religious woman's life and therefore justify treatment. In addition, regarding prolonged menses, it is important to remember that the

* Relating to *Halakha*, the body of Jewish law

duration of menstrual bleeding may be longer in endometriosis. Even if the difference is only 0.3 days (meaning an average of 8 hours), there is no medical significance if a woman delays her ritual bath (*mikveh*) by one day, but it is certainly significant in terms of her sexual life and sometimes also her fertility.

A recent review published in the *Lancet* [6] notes that the question of endometriosis is neglected, even though part of the workup of women with dysfunctional uterine bleeding includes ruling out endometriosis, which may be linked to luteal phase defect or other hormonal imbalances and therefore justifies medical treatment (hormonal) even if the objective symptoms are minimal.

Chertok et al. [4] mention cervical or vaginal bleeding, clarifying that this is not necessarily *dam niddah* but rather a "wound" (*dam makkah*). We must remark that this is not a specific problem related to endometriosis. If a woman is examined per speculum and found to have a lesion on the vagina or cervix, is she not just like any other woman with a "wound"? What relevance is there to endometriosis? As the authors state, there are variable presentations of endometriosis-like prolonged bleeding, premenstrual spotting, and irregu-

lar bleeding. All these problems are significant halakhically if not clinically, and therefore justify treatment.

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Capsule

NK cells talk with others

When T cells, B cells, and natural killer (NK) cells of the immune system interact with target cells, plasma membrane signaling molecules accumulate at the cell-cell interaction site: the immunologic synapse. It seems that proteins, as well as signals, are transferred between the interacting cells at such contacts. NK cells receive inhibitory signals from cells that express self major histocompatibility complex (MHC) molecules on their surface, and the NK cells can actually acquire MHC class I proteins during these interactions with target cells. Vanherberghen et al. show that the exchange goes both ways and that NK receptors are

transferred only to target cells that express MHC class I ligands. The NK cell receptor Ly49A was transferred only to target cells that expressed the cognate MHC class I ligand. It is not yet clear what function the transferred receptor might serve, but it is possible that the NK receptor might mark a target cell that has already been scanned by a NK cell. This, in turn, might allow more efficient surveillance by NK cells if they could recognize the marker and avoid rescanning the same cell.

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Capsule

Implantable cardioverter defibrillators to fight arrhythmias

People who have suffered a heart attack have a high risk of developing life-threatening arrhythmias. Because drugs do not effectively reduce this risk, there has been increasing interest in the prophylactic use of implantable cardioverter defibrillators (ICDs): electronic devices that detect arrhythmias and shock the heart back to its normal rhythm. The success of ICDs in early clinical trials has been a cause for optimism but has also prompted debate about how widely these devices should be used, given their cost (\$20,000 each). The results of a clinical trial by Hohnloser et al. (*N Engl J Med* 2004;351:2481) suggest that

ICDs provide much less benefit to patients when they are implanted within 6 weeks of a heart attack, as opposed to months or years later. Based on the results of a meta-analysis, Desai et al. (*JAMA* 2004;292:2874) conclude that ICDs can significantly increase the survival of a different group of patients – those who have a high risk of cardiac arrhythmias because of a heart condition called non-ischemic cardiomyopathy. Together, these results emphasize the need for more extensive studies to define the patient populations most likely to benefit from these devices.

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