Implications of Endometriosis for Women who Observe Jewish Law (*Halakha*)

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Abstract

Endometriosis is a chronic disease characterized by ectopic deposits of endometrial glands and stroma located outside the uterus. Women with symptomatic endometriosis may experience premenstrual bleeding or staining, pain and other physical sensations, as well as other symptoms dependent upon the stage and location of the endometrial implants. We discuss the particular implications of these symptoms for women who observe the part of Jewish law known as *hilkhot niddah.* The laws of *niddah*, also known as *taharat hamishpahah* (family purity), dictate the timing of the physical relationship between a married couple. These laws proscribe any physical contact between the couple during the time that the wife has the status of *niddah.* This status is obtained by any uterine bleeding that is not caused by injury. Menstruation is the most common cause of the *niddah status, but niddah* and menstruation are not synonymous. Since, to the best of our knowledge, there is no written discussion of the specific implications of endometriosis for this population, we discuss the relevant halakhic and medical literature and hope that such analysis will facilitate efforts to assist the observant couple in gaining regular *niddah*-free segments of time.

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Halakhic background of *niddah*

Jewish law (*halakha*) forbids all physical contact (not only intercourse) between a married couple during the time that the wife has the status of *niddah*. The *niddah* status is generally brought on by uterine bleeding not due to injury. The most common situation is menstruation, but also includes withdrawal and breakthrough bleeding from hormonal contraception, side effects of hormonal treatment, bleeding at the time of ovulation, and antepartum, intrapartum and postpartum bleeding. It may also include intermenstrual bleeding that can result from medical conditions such as endometriosis. Sufficient cervical opening from medical procedures (opinions range from 6 to 19 mm) also renders her *niddah* even in the absence of any bleeding.

It should be noted that for both menses and intermenstrual bleeding the onset of *niddah* includes small amounts of spotting. Thus bleeding that has little clinical significance can have much emotional import due to long periods of physical separation between the couple with its attendant stress and strain.

According to Biblical law, a woman is rendered a *niddah* only if her bleeding is accompanied by a bodily sensation (*hargashah)* [1]. While there is no Talmudic description of the physical sensation, various definitions have been offered by rabbinic authorities [2], including a bodily tremble associated with the onset of the menstrual flow [3], feeling of urination [4], opening of the uterus [5], and sensation of an internal blood flow from the cervix [6]. Most rabbinic authorities hold that pain is not a halakhic indicator of *niddah* [7], but other halakhic authorities [8] assert that certain types of pain may be considered *hargashah*. Although some women report experiencing *hargashah*, most of the current halakhic literature considers it unusual. By rabbinic law, the onset of *niddah* occurs in the absence of *hargashah* as well.

Symptomatic endometriosis poses challenges for the niddah-observant woman, often independent of the actual menstrual flow

For staining to render a woman *niddah* by rabbinic law, it has to be of minimum size* [9], reddish or black in color [10], and found on a white surface made of a natural substance. Practical applications of these caveats – for example, wearing colored

* A stain is not rendered impure unless it is larger than a bean (*griss v'od*), which most contemporary authorities hold to be 19 mm in diameter

undergarments, wearing sanitary pads of synthetic material, changing underwear frequently to prevent the accumulation of small stains – may be used under rabbinic guidance to prevent the woman having the status of *niddah* due to staining. Under certain circumstances, these leniencies may not apply to stains, such as those found immediately following intercourse, immediately following urination, or on internal self-examination (*bedikah,* as described below).

A woman remains in the *niddah* status until she has fulfilled all of the following criteria:

- She has stopped bleeding as verified by an obligatory self-examination. This examination, known as the *hefsek taharah,* is performed by inserting a white cloth (*eid bedikah*) deep into the vaginal canal. Some women further assure the cessation of bleeding by performing the customary practice of inserting another cloth (*mokh dahuk)* and leaving it in place for approximately 20 minutes before sunset.
- A minimum of 12 days has passed since the onset of her *niddah* status. This is divided into two phases: a) A minimum of five days has passed; even if she has a shorter period she must wait five days before the onset of the second phase. (Some women of Sephardic background wait four rather than five days.) b) The completion of seven "clean" days during which the woman examines herself internally twice daily (*bedikot*) to assure that bleeding has ceased and has not restarted. If these examinations are painful, upon the advice of a rabbi the number may be reduced. During this time, women generally wear white underwear in order to discern spotting or staining. Should there be any staining during these clean days, she must perform a *hefsek taharah* again and recount seven clean days.
- She has properly immersed in a kosher ritual bath (*mikveh).*

To prevent inadvertent intercourse at the time the wife is a *niddah*, intercourse is forbidden on certain days near her anticipated menses, referred to in halakhic literature as "times of separation" (*onot perishah).* During these times (generally calculated as the same Hebrew date as her previous menses, the same interval as from her last two menses, and a 30 day interval, medically considered a 29 day cycle), intercourse is forbidden but other physical contact is permitted. Furthermore, if a woman has consistent physical symptoms indicating the onset of menses, known as a *veset haguf,* she must also observe an *onat perishah* during the time she experiences these symptoms.

Bleeding from other parts of the female genital tract such as from the vagina or the vaginal part of the cervix does not render a woman *niddah*. Bleeding from the endocervix is under debate among rabbinic authorities [11]; however, most halakhic authorities rule that bleeding from the area of the external os does not render a woman *niddah* [12,13]. If a stain can be reasonably attributed to a source other than the uterus, she does not become a *niddah* [14]. As such, bleeding resulting from injury such as lacerations, abrasions or side effects of operative or diagnostic procedures is referred to as *dam makkah* (bleeding from a wound) and does not render a woman *niddah,* regardless of the location. It is important to note that while religious terms and medical terms may overlap they are not synonymous. *Makkah* is any lesion that could explain the bleeding even if it is not a medical illness. It may also be of non-traumatic origin such as ectropion. Finding such a lesion should be relayed to the woman so that she can relay it to her rabbi for halakhic ruling. The rabbinic ruling depends on various factors including where she is in her cycle. The healthcare professional's role is to provide an accurate, non-judgmental relay of the physical findings.

The scheduling of gynecologic examinations is particularly important for women observing *niddah* because the examinations often cause bleeding. When gynecologic examinations and procedures do not render a woman a *niddah* (since they do not cause significant uterine opening), and are performed between immersion in the *mikveh* and the next anticipated period, the woman is halakhically presumed as not being a *niddah* and observed blood can generally be assumed to be of traumatic origin. If blood is found during the seven "clean" days (especially during the first three), it is halakhically more difficult to attribute it to a wound as bleeding during this time may be considered a continuation of her menstrual flow [15]. Likewise, if invasive gynecologic procedures are performed close to the day of expected menstruation, any staining or bleeding could be considered menstrual blood [16].

Efforts between clinicians and rabbinic authorities should be coordinated to provide informed, halakhically and medically sound care for the niddah-observant couple

Medical background

Endometriosis is a chronic disease characterized by ectopic deposits of endometrial glands and stroma located outside the uterus, often referred to as endometrial implants or lesions. Endometrial tissue can implant virtually anywhere in the body, although the pelvic cavity is the most common site. Endometrial bleeding in ectopic locations can lead to adhesions, with their resultant complications. The disease can be progressive as infiltration becomes more extensive.

The prevalence of endometriosis in the general population is unknown. This is because there is no reliable method for non-invasive screening and women are usually screened for endometriosis based upon their symptomatic presentation. Therefore, endometriosis may occur in as many as 50% of women undergoing laparoscopy [17]. Only one published study addressed the incidence of endometriosis among ultra-Orthodox Jewish women, reporting that among women who had undergone hysterectomies in a Jerusalem hospital between 1970 and 1989, there was a lower prevalence of endometriosis (1.12%) as compared to other published findings (16–46%) [18]. Further investigation into the prevalence of endometriosis among a wider range of Jewish women is recommended, although such a study would be difficult to undertake.

Common clinical symptoms include pelvic pain, dysmenorrhea, dyspareunia, abnormal uterine bleeding, and infertility. The symptoms of endometriosis vary among women and may remain stable, increase or decrease. Symptoms may decrease with treatment or during pregnancy but may reappear later. Some women are asymptomatic and may not be aware that they harbor ectopic endometrial implants. In most cases, endometriosis disappears following menopause. For women with symptomatic endometriosis, symptoms may interfere with social and occupational function as well as other activities of daily living [19]. The focus of this paper is the additional burden and stress on women who observe *halakha*.

The halakhic approach for common clinical symptoms in women with endometriosis can be summarized as follows:

- *Prolonged menses:* Research has demonstrated that women with endometriosis experience significantly greater blood loss, dysmenorrhea and longer menstrual periods than women without endometriosis [20,21]. Each additional day (even partial) of minimal bleeding is another day the couple must wait until they are physically reunited.
- *Premenstrual spotting:* The clinical literature minimizes menstrual dysfunction related to premenstrual spotting [22]. However, for the *niddah*-observant woman this can significantly impact on the quality of her marital life. Premenstrual spotting can add additional days of *niddah* status prior to menses every month.
- *Irregular bleeding:* Irregular bleeding such as intermenstrual or mid-cycle bleeding or spotting related to endometriosis [23] generally poses the largest problem for the *niddah*-observant woman: if she has halakhically significant bleeding during the seven clean days she must begin the examination and counting process again and wait another seven days. If this phenomenon repeats itself, she may not reach the *mikveh* immersion stage until her next regular menses begins and months may pass before physical contact between husband and wife is permitted.
- *Pelvic symptoms:* Pelvic pain and other symptoms based upon the location of ectopically located endometrial tissue often increase prior to and/or during menstruation, although some women experience symptoms unrelated to menstruation [24]. Such symptoms may confuse the woman with regard to impending menses and may lead to avoidance of intercourse at times that menses does not begin due to the halakhic consideration of *veset haguf*.
- *Gastrointestinal symptoms:* When endometrial implants are located in the gastrointestinal tract, symptoms may include pelvic pain, abdominal pain, rectal pain, dysmenorrhea, back pain, and symptoms of irritable bowel syndrome such as pain, bloating, frequency of voiding, diarrhea, rectal bleeding, constipation, and dyschezia. Once again, if consistent, these symptoms may lead to a need to avoid intercourse due to anticipation of impending menses.
- *Hematuria:* When involving the urinary tract, symptoms of endometrial implants may include sensation of urinary urgency and frequency as well as hematuria. When a *niddah*-observant woman observes blood in her urine, she must assume it is of uterine origin until proven otherwise. In a case of medically verified hematuria related to endometriosis, this bleeding most likely does not render her a *niddah* during non-menstrual days although she should contact her halakhic authority to verify her halakhic status.
- *Post-coital bleeding:* A woman with endometriosis in the vagina or vaginal cervix is likely to experience post-coital bleeding [25] or find stains on her *bedikah* cloths. In these circumstances, even minute stains are halakhically significant and can lead to prolonged periods of *niddah*, if not even more severe halakhic implications regarding the viability of the marriage [26]. Cervical bleeding is particularly challenging due to the controversy regarding the halakhic status of the cervix and its ramifications for the establishment of *niddah* status. Endometrial invasion of the cervical area presents a dilemma, since, as a common site of neoplastic change, it requires frequent examination and is therefore more likely to bleed. If the bleeding is determined to be related to endometrial implants, it is possible that the bleeding would be considered *dam makkah* and not *dam niddah*.

Practical solutions:

- *scheduling invasive gynecology appoint ments in relation to menstrual cycle*
- *examination to determine location of endometrial implants and source of premenstrual spotting or bleeding*
- *consulting with halakhic authority to explore halakhic options regarding niddah*

The woman with endometriosis is therefore advised to have the source of her non-menstrual bleeding determined by her physician so that if it is indeed attributable to endometriosis she can contact her halakhic authority to inquire whether she may remain in her state of ritual purity.

Treatment of endometriosis in *niddah*-observant women

When scheduling diagnostic procedures in this population, the timing of the appointment is important. If the procedure will render her *niddah*, she is likely to prefer that it be done close to her expected time of *niddah*. If the procedure will cause bleeding but does not cause a significant uterine opening to render her *niddah*, she is likely to prefer that it not be performed during her seven clean days, when bleeding may pose halakhic complications. Likewise, when scheduling therapeutic procedures such as surgery, the timing should also be taken into consideration.

It is important to address the halakhic challenges that staining and bleeding pose for the *niddah*-observant woman with endometriosis. If she suffers primarily from spotting, rabbinic advice – such as frequently changing underpants to avoid seeing stains of the halakhically proscribed size, and wearing colored underpants or

black panty liners to avoid seeing stains [27] – may be all the intervention needed. If this does not solve the halakhic problems, then treatment modalities used for the general population should be used as well. Hormonal intervention (oral contraceptive pills) may reduce the bleeding, although there is an increased risk of breakthrough bleeding, which should be monitored and minimized if possible in the *niddah*-observant woman.

As previously mentioned, the woman with symptomatic endometriosis often experiences pain. For those who consider pain as possible *hargashah*, analgesics may be used to mask the sensation. The use of analgesics may be particularly beneficial in reducing symptoms of sensation that could be considered *veset haguf*.

As endometrial lesions in different anatomic locations have different halakhic consequences, it is important to describe the exact location of lesions. This is particularly relevant for cervical endometriosis since even slight variances may be ruled upon differently.

Conclusion

Endometriosis poses additional challenges for the *niddah*-observant woman. To our knowledge, rabbinic authorities have not directly addressed the issue. We have reviewed the halakhic implications of the medical symptoms and suggested some practical solutions for clinicians treating *niddah*-observant women. It is recommended that efforts be coordinated between the woman's healthcare provider and her particular halakhic authority to provide the appropriate care.

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Capsule

A healing bandage

Hapto-Biotech, an Israeli start-up, and New York-based Ortec International Inc., have joined forces to develop a bandage capable of healing wounds and regenerating tissue. The method employs a unique combination of peptides and collagen. The active peptides were developed by Hapto, a start-up established by Hadasit Medical Research and Development Ltd., the commercial subsidiary of the Hadassah Medical Organization; the collagen-based biomaterial was developed by Ortec. The Hapto-Ortec collaboration is the second stage of a joint research project begun in 2002, the results of which produced the potential for the biotech bandage. Haptide, Hapto's core technology, utilizes proprietary synthetic peptides that mimic the mechanism of cell attachment to fibrin. The technique could also have an important impact on orthopedic and dental procedures.

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