Taburat hamishpacha is a fundamental area of Jewish law that serves to bring tabara, or purity, to the Jewish family. It is the Jewish woman who bears much of the responsibility to maintain this purity, as it is upon her to ensure that no uterine blood is discharged prior to engaging in coitus with her spouse. While Sarah, the first of the Jewish matriarchs, was alive, a cloud would be continuously stationed over her tent (Rashi, Bereshis 24:67). The Maharal explained that the cloud that hovered over Sarah’s tent was analogous to the clouds of glory that hovered over the mishkahn, or tabernacle, which served as the earthly manifestation of the Shechina, or Divine Presence. Sarah merited this extraordinary honor due to her fastidious observance of the laws of taburat hamishpacha (Netzach Yisrael Ch. 54). Thus, it is through today’s scrupulous observance of the laws of family purity that the children of Israel merit to have the Divine Presence dwell in their homes [8]. Unfortunately, although the laws of Taburat hamishpach serve to elevate the Jewish home to awesome spiritual heights, in certain instances, their observance may cause a woman to have difficulty conceiving and bring about additional challenges in coping with gynecological abnormalities, such as endometriosis.

The Bible states “you shall not approach a woman in her time of unclean separation to uncover her nakedness” (Vayikra 18:19). Niddah is a state during which a Jewish woman must separate from her husband, as she is considered to be halachically impure. Most commonly, the niddah status is typically brought about by menstruation but can be brought about by the emission of uterine blood, including bleeding due to hormonal contraception, ovulation, ante-partum, intra-partum, and post-partum bleeding, and due to pathologies, such as endometriosis. If the cervix is opened to a certain extent, which can occur during certain gynecological procedures, even in the absence of bleeding, a woman might be considered to be in a state of niddah. Intercourse is also forbidden on days during which a woman anticipates her menses, known as onot perisha, or “days of separation.” Additionally, if a woman experiences a consistent physical symptom indicating the onset of her menses, termed a veset haguf, she is forbidden to engage in coitus [4].

If a woman becomes a niddah due to the onset of her menses, she must wait five days before she can begin a seven-day purification process, regardless of the duration of her bleeding. Upon the conclusion of these five days, the woman examines herself with a white cloth, termed a bedikah cloth, to check for blood. If she is clean, she begins counting seven clean days. However, if she finds blood, she must wait until her flow ceases to perform the examination again and begin counting the seven clean days. During the seven clean days, a woman performs two examinations per day and is required to wear white undergarments so that she can be absolutely certain that no blood has been discharged. At the conclusion of these seven days, a woman immerses in a mikvah, or ritual bath. It is only upon the completion of this process that a woman may resume coital activity with her husband [2].

Although the observance of the laws of niddah can be quite challenging, studies have demonstrated that those who refrain from coitus during menses are generally at a lower risk for contracting certain sexually transmitted diseases and certain gynecological disorders, such as endometriosis. Symptoms of chlamydial and gonococcal salpingitis are more prevalent in women within 7 days from the onset of menses than during the 7 to 14 days following menses. The higher incidence of these infections during menses could be attributed to the presence of iron in menstrual blood. Iron is important for the growth of gonococcal bacteria and would potentiate the risk of infection. Additionally, the premenstrual peak of estrogen and progesterone facilitates chlamydial infection [1].

Engaging in coitus during menses with a partner who has human immunodeficiency virus (HIV) can also increase the risk of

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transmitting the infection; this is most probably because during menses, a woman's cervix secretes cells that are capable of hosting HIV. Additionally, because a woman's cervix widens during menstruation, her uterine wall is more vulnerable to contamination by infectious seminal fluid. In addition to being more susceptible to certain sexually transmitted diseases (STDs), engaging in coitus during menses can increase a woman's risk of developing endometriosis, a pathological condition in which a woman suffers from ectopic deposits of endometrial tissue lodged most commonly in the pelvic cavity, but also in other areas of the body. The increased prevalence of endometriosis among women who engage in coitus while menstruating is attributed to the increase in retrograde flow of menstrual discharge during orgasm [1].

Jewish law mandates that a couple have children, as it states in the Bible, “be fruitful and multiply” (Bereishis: 1:28, 9:1-7, 35:11). In general, Judaism attaches great importance to marriage and family life to the extent that a wedding party has the right of way over a hearse. Although Judaism does attribute great importance to the social aspect of marriage, the main reason for matrimony is procreation [3]. Despite the import granted to procreation, a woman must strictly adhere to the laws of niddah and cannot engage in coitus with her husband until she has properly completed the purification process and immersed in the mikvah, even if this were to decrease a couple's chances of conceiving.

Orthodox Jewish women who ovulate at an earlier point during their cycles are likely to experience difficulty conceiving. Vollman (1977) used rises in basal body temperature (BBT) to calculate the duration of postmenstrual phases of cycles of differing lengths. A rise in a woman's BBT is thought to occur 1-2 days following ovulation. Thus, Vollman's “postmenstrual phase” is defined as the interval from the onset of menstruation through ovulation or one day post-ovulation [2].

Vollman found that 22.4% of women complete the postmenstrual phase in 14 days or fewer (However, Vollman's figures were slightly inappropriate because they are based on a sample of women between the ages of 11 and 55. A more accurate estimate could be derived from applying his observations to women in their key reproductive years). Since most Orthodox Jewish women complete the niddah period and attend the mikvah on or before day 14 of the postmenstrual phase, then according to Vollman, only 22.4% of women would potentially experience reduced fecundability due to the observance of taharat hamishpacha [2]. This would mean that the majority of women are potentially exposed to coital activity during a fertile period even when sexual relations are not resumed until the 14th day of their cycle. In fact, for the majority of cycles where the end of the niddah period coincides with a highly fertile period, the increased likelihood of coitus shortly after a woman's immersion in the mikvah could potentially enhance fertility.

Recently, new treatments have been developed to delay ovulation in Orthodox Jewish women who ovulate prior to the completion of the taharah process. Speroff et al. (1999) prescribed clomiphene citrate be taken on day 7 or 8 of a woman's cycle, with ovulation expected to occur 5-10 days after the last day the medication is taken [6]. Clomiphene citrate, a selective estrogen receptor modulator, interferes with estrogen feedback to stimulate the luteinizing hormone (LH) surge that triggers ovulation. As a woman's follicles mature during the follicular phase of her cycle, they produce estrogen. Eventually, the follicle destined to become the dominant follicle matures and secretes increasing amounts of estrogen, which exhibits positive feedback on LH, generating the dramatic pre-ovulatory LH surge [9]. High levels of LH cause the follicle to swell and rupture; the oocyte is expelled and is viable for about 24 hours. Without estrogen feedback at this precise point in a woman's cycle, ovulation will not be induced. Although clomiphene citrate can be used to delay ovulation, it is associated with a 5-10% risk of multiple gestations and can cause an atrophic endometrium and hostile cervical mucus, which sperm have difficult penetrating [5].

Yairi-Oron et al. (2006) devised a different treatment to resolve the dilemma faced by Orthodox Jewish women ovulating prior to ritual immersion. Estrogen was administered on the second day of menstruation until the first two clean days to 26 patients attending clinics for the treatment of religious infertility, diagnosed on the basis of findings of a prolonged menstrual flow or a short follicular phase with ovulation occurring during the 7 clean days before the ritual bath. Patients were given 4 mg of beta estradiol. The characteristics of each patient's menstrual cycle with and without treatment were compared. The number of days of bleeding decreased after estrogen therapy and patients attended the ritual bath after a significantly shorter period; patients also ovulated at a significantly later point during their cycle. Prior to treatment, patients ovulated 0 to 5 days before attending the ritual bath whereas with estrogen therapy, they ovulated 2 to 10 days after the ritual bath. Estrogen treatment resulted in a 23% pregnancy rate per cycle, which is similar to the natural conception rate in the normal, fertile population [6]. The positive findings of this study are in agreement with the findings of Ziegler et al. (1991) that exogenous estrogen may inhibit follicular growth for up to 2 weeks after the onset of the last menstrual period [7].

In addition to its potential to diminish the likelihood of conception, the observance of taharat hamishpacha can also greatly
magnify the anxiety of Orthodox Jewish women suffering from endometriosis. Endometriosis is a chronic pathology characterized by ectopic deposits of endometrial glands and stroma outside of the uterus. Women with endometriosis may experience premenstrual bleeding, staining, or pelvic pain, as well as various other physical sensations [4]. Many of these symptoms are due to displaced endometrial tissue acting as it normally would—thickening, breaking down, and bleeding—with every menstrual cycle. Surrounding tissue can become irritated and scar tissue may develop [10]. Interestingly, studies have shown that endometriosis is less prevalent among women who observe taharat hamishpacha. However, the symptoms of endometriosis pose unique and difficult consequences for those Orthodox Jewish women who unfortunately struggle with the condition.

Endometriosis can cause premenstrual spotting as well as inter-menstrual bleeding. In either of these cases, although the woman technically is not menstruating, this blood might very well render her a niddah, if of a certain quantity and if observed on a white garment. This could potentially detract from the already limited time that an Orthodox Jewish couple has to engage in marital relations. If a woman with endometriosis were to experience irregular bleeding during her seven clean days, she would most likely be obliged to begin her counting of the seven clean days anew, further delaying reunification with her husband. Although irregular spotting and bleeding might not be particularly significant to non-Jewish or non-observant women, these symptoms can bare extremely adverse consequences for an orthodox Jewish woman.

In addition to irregular spotting and bleeding, a woman with endometriosis might experience pelvic pain. Because pelvic pain is typically experienced prior to menstruation by even normal women, an Orthodox Jewish woman suffering from endometriosis might be apt to confuse the pelvic pain caused by her condition with a veset haguf, or symptom indicating the onset of her period, which would necessitate that she separate from her husband [4]. Furthermore, if a woman has endometrial deposits in her vaginal canal, she might aggravate the tissue while performing a bedikah, resulting in her rendering an unclean examination. If she cannot be certain that this blood is not uterine blood, then she may be required to begin counting her seven clean days anew.

It is imperative that an Orthodox Jewish woman suffering from either religious infertility or endometriosis consults a competent rabbinic authority with regard to the course of action to pursue. A Rabbi might allow a woman with endometriosis, for example, to take birth control pills to reduce her bleeding or to wear dark underwear to avoid seeing irregular spotting. It is important that the woman be informed of the available halakhic courses of action, in addition to seeking medical treatment. It is also advisable that she see a physician who can understand and be respectful of the requirements of Jewish law while treating her. An Orthodox Jewish woman might need to avoid scheduling diagnostic procedures, for example, during her seven clean days or the few days prior to the onset of her period to avoid having to attribute any blood that might result from the procedure to her menses [4]. Additionally, certain clinical symptoms of endometriosis, such as spotting, might be insignificant to a physician but can be extremely significant to an Orthodox Jewish woman and must be addressed. Together the advice of both physicians and rabbinic authorities can aid Orthodox Jewish women in observing the laws of taharat hamishpacha with greater ease and serenity.

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