The Talmud in Kesubos 110b presents a discussion regarding changing one’s location of residence. According to Rabbi Shimon Ben Gamliel, a man may not require his wife to move from a bad dwelling to a good one because a good dwelling tries a person’s constitution. At first glance this seems quite odd considering that a good dwelling denotes exceptional living conditions. However, Shmuel explains that when an individual’s routine is changed, he or she will inevitably experience health ailments. Rashi, a medieval Talmudic commentator, elaborates that any change in lifestyle, even for the better, can harm the body [1]. Rambam, who was famous for being a doctor and philosopher, outlines strict guidelines in the Mishnah Torah on how to lead a healthful lifestyle, and he warns against the harmful nature of change: “He must avoid that which harms the body and accustom himself to that which is healthful and helps the body become stronger [2].” Specifically, relocating from a bad dwelling to a good one may negatively alter one’s eating habits, thereby compromising one’s health. This enthralling Gemara presents itself on many occasions throughout Jewish history.

During the times of the Beit Hamikdash, the kohanim encountered physiological stresses due to requirements of their priestly jobs. They were required to abide by unusual work, which included consuming large portions of meat within strict time restraints [3]. Since there was no refrigeration in their era, consumption of beef by the general populace was uncommon. During their work in the Beit Hamikdash, the kohanim transitioned from a diet low in beef to one rich in beef, causing tremendous detriment to their health and intestinal ailments [4, 5]. Additionally, the kohanim were strictly prohibited from wearing shoes or footwear in the Beit Hamikdash while giving sacrificial offerings. They would stand barefooted on the cold stone floor, weakening their immune systems [6]. Furthermore, the kohanim were inadequately dressed for their activities and were barely protected against the cold weather [7]. These rapid transitions in lifestyle caused the kohanim’s physical constitution to weaken and the well-functioning of their internal organs to suffer when they reached the age when they officially began their priestly role[5]. Fortunately Ben Achiya, a gastroenterologist during the times of the second Beit Hamikdash (Mishnah Shekalim 5:1), used his illustrious skills in herbal medicine and provided medical care to the kohanim on a daily basis [6].

Similarly, a sudden change in diet and lifestyle had adverse effects on the health status of immigrant populations who emigrated from third-world countries to the State of Israel. Acculturating post-immigration consistently involves major cultural changes in the diets of various Jewish ethnic groups. The immigration and urbanization of Yemenite and Ethiopian Jewry to Israel had an adverse effect on their health as they transitioned from a low calorie, low fat, and low sugar diet to a high caloric diet rich in fat and sugar [8].

Yemenite Jewry dates back 2,600 years with a history of geographic isolation from other Jewish groups. Before immigrating to the State of Israel, Yemenite Jews were typically shorter and thinner than other Jewish ethnic groups. This changed in the 1950’s after immigrating to Israel. Upon emigrating from the isolated rural areas in Yemen and encountering a new Western diet in the State of Israel, Yemenite Jews developed an immense increase in the incidence of diabetes which was accompanied by severe and perilous weight gains [9]. Ten years after immigration, initial rates of diabetes at a low of 0.06% rose to a high of 13%, accompanied by high rates of hyperlipoproteinemia, an over abundance of lipids in the blood, in 27.7% of the population [8,10]. Obesity was the main factor leading to the many other detrimental health conditions that the Yemenite Jews experienced. Many suffered from coronary heart disease due to blockage of major nutrients to the heart by accumulation of cholesterol in blood vessels. The rise of hypertension led to high mortality rates amongst the Yemenite Jewish community post-immigration to Israel [13]. Even though the Yemenite Jews migrated from a “bad dwelling” to a “good dwelling,” their rapid change in nutritional diet brought forth precarious health conditions.

Origins of Ethiopian Jewry are unclear, but one school of thought traces its origin to the time of the destruction of the first Temple in 586 B.C.E. which led to a major wave of dispersion to locations outside of Israel. One community ultimately settled in Ethiopia, living in villages established on a tribal system and isolated geographically and culturally from other Jewish ethnic groups for centuries. Only relatively recently, from the early to late 1980’s, have many Ethiopians immigrated to Israel; they resided initially in absorption centers and later in various communities throughout the country. Through the inevitable process of urbanization in a newer developed location, they began to change their dietary habits from consuming unrefined flour, legumes, fruits, and vegetables to consuming meats, milk, and other foods rich in carbohydrates and fats. Following urbanization in their newly developed homes, the Ethiopians adapted to a high fat and carbohydrate diet, which was accompanied by a decrease in physical activity. This new lifestyle caused rapid weight gain, abdominal fat accumulation, and insulin
resistance leading to type II diabetes. Upon their arrival, clinical tests were performed on 158 Ethiopians under the age of thirty who immigrated to Israel from various villages in Ethiopia and were performed again a few years after immigration. Of the 158 participants, fourteen developed diabetes, fourteen exhibited impaired glucose tolerance, and thirteen displayed dramatic increases in capillary blood glucose levels [12]. This high prevalence of diabetes in the Ethiopians was undoubtedly due to their change to a Western diet. These numbers were higher than the prevalence estimated from most previous epidemiologic surveys of specific ethnic groups in Israel [13].

When considering the findings presented above, it is fascinating how the laws of the Talmud, as well as the insights of the Rishonim, align extremely well with the real life happenings of people. The halacha prohibits a man from moving his dwelling place for fear that it will effect physical health. When analyzing the health of the kohanim, the Yeminites, and the Ethiopians, all who underwent a drastic change in lifestyle, it emerges that the wisdom of the Torah and its scholars is unrivaled.

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References

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[7] Rambam, Perush Hamishnayos, Shekalim, Perek 5