

How Often is Often Enough?

"Do not come near a woman during her menstrual period of impurity to uncover her nakedness." (Vayikra 18:19)

Among alternative therapies, reflexology is a popular alternative treatment that is based on the theory of mind-body interrelations and that all of the body systems are represented in a person's foot. Purportedly, the foot is divided into sensory centers that correspond with different regions of the body. "Correctly" massaging the feet supposedly transmits electrical signals and various energies around the body and enhances function. Reflexology treatment can be tailored with the intent of enhancing whole-body function or alleviating symptoms in one or more specific regions. Those who put their faith in these theories believe that reflexology therapy cures or alleviates chronic diseases, anxiety, and more.

Like most alternative medicine, the theoretical underpinnings of reflexology are questionable, as is its efficacy. Nonetheless, for some reason, reflexology has gained more recognition in public opinion than other alternative therapies, and its use is particularly widespread. Nonetheless, no peer-reviewed studies have confirmed the efficacy of the therapy.

The questionable efficacy of reflexology has few practical ramifications. As reflexology is not associated with any known risk, there are few, if any, regulations restricting or prohibiting willing adults from seeking out therapy. However, this essay will focus on significant halachic implications of the treatment.¹

Several halachic articles in the previous generation reported testimonies from women who had undergone reflexology. Allegedly, even following a one-time treatment, these women experienced uterine bleeding. Of course, such bleeding rendered the women *Nida*. This raised the question of whether a woman (of childbearing age) must perform a *Bedika* to ensure that she has not bled following reflexology treatment.

In this article, we will briefly review the opinions of some of the Poskim who dealt with the issue. We will challenge some of their assumptions and attempt to contribute new considerations to the discussion.

¹ [Editor's note: It should be clear to the reader that the intent of this discussion is neither to condone nor condemn this or any other alternative therapy. Reflexology is only being discussed in the context of the *Teshuvos* and other writings of the *Gedolei haPoskim* in recent generations and the related Halachic issues.]

In an article by R' Meir Brandsdorfer *zt"l*, one of the leading Poskim of Yerushalayim of the previous generation, he relates to the phenomenon of post-reflexology uterine bleeding as a fact:²

The matter is known to cause blood to flow from the uterus... Certainly, these types of medical treatments cause the blood to flow from the uterus, sometimes a little and sometimes a lot, sometimes immediately and sometimes after a few hours. Not only [does this occur following] the massages performed on the woman's body itself, [but] even reflexology treatments that are primarily performed on the toes, as its main benefit is to balance the blood flow inside the body, and it [also] influences the flow of blood from the uterus. This is common and very frequent. All this is clear and known to anyone interested in this matter.

It is important to note that despite his final statement suggesting that such bleeding occurs commonly, this is not Rabbi Brandsdorfer's intention. He explicitly states later in his article that most women do not experience bleeding following treatment sessions.

He ultimately rules that every woman is required to perform a *Bedika* following reflexology therapy due to the rule of "*Mi'ut haMatzuy*" – that one must take precautions for an outcome with a probability that is less than 50% but is nonetheless "prevalent".

He bases his ruling on a *Teshuva* of the *Noda b'Yehuda* (*Kama* 46), addressed to a woman who would always find small red spots on her *Bedika* cloths and could never accumulate *Shiva Neki'im* (seven consecutive days without uterine bleeding). The *Noda b'Yehuda* ruled that since she had established that she was incapable of counting up *Shiva Neki'im*, it no longer sufficed for her to perform just two *Bedikos* each day. Although *Chaza"l* deemed one *Bedika* each morning and one *Bedika* each evening sufficient evidence that uterine bleeding has ceased for the average woman, this woman's track record required her to check herself several times each day. He further cites the ruling of the *Shem Aryeh* (*Y.D.* 39) who ruled in a similar case that the woman must perform a *Bedika* several times each day due to *Mi'ut haMatzuy*.

To evaluate Rabbi Brandsdorfer's position, we will briefly explain the law of *Mi'ut haMatzuy*:

The law of *Mi'ut haMatzuy* is a general halachic principle based upon the obligation to examine an animal's lungs after *Shechita* to ensure that they do not have defects that would render it a *Treif*a. While we are not required to check for most *Treif*a defects, as we rely on *Rov* – the statistical majority that most animals do not have such defects – we are required to examine the lungs nonetheless. The *Rishonim* offer various reasons for this stringency (see *Chulin* 9a and 11b). One of the most popular reasons is

² Subsequently published in *Shu"t K'nei Bosem*, 3:71.

Mi'ut haMatzuy, namely, that even though we “do not have to take precautions for a statistical minority”, we still do have to take precautions for a statistical minority that is “prevalent”.

Another reason is that a person may not knowingly turn a blind eye to a potential for transgression; if he can check something out and ascertain the facts, he is obligated to do so. This Halacha also applies to examining fruit for bugs (*Y.D.* 84:8). Fruits of a species known to be infested by bugs at a rate that constitutes a *Mi'ut haMatzuy* must be checked before they are eaten. This principle is also applied to other Halachos. The *Shach* (39:8) explains that this requirement is *mid'Rabbanan*.

Returning to our discussion, Rabbi Brandsdorfer reasoned that the principle of *Mi'ut haMatzuy* is similarly applicable to a woman who has undergone a reflexology treatment. He considered the incidence of bleeding to be sufficiently prevalent to be considered a *Mi'ut haMatzuy*. He therefore ruled that it is obligatory to perform a *Bedika* after each treatment to ensure that no bleeding has occurred.

This ruling can be challenged on several counts:

Firstly, the *Poskim* disagree on how prevalent a phenomenon must be to be considered a *Mi'ut haMatzuy*. The *Rivash* (191) understands that it must occur almost 50% of the time. The *Mishkenos Yaakov* appears to say that it must occur at least 10% of the time. Others still (see *Shevet HaLevi*, 4:81) conclude that *Mi'ut haMatzuy* has nothing to do with statistical prevalence; it depends on whether the minority phenomenon can be explained by a consistent and plausible natural mechanism. In our case, it is obvious that uterine bleeding does not occur 50% of the time, and it is similarly fair to assume that it also does not occur 10% of the time. Therefore, according to many of the *Poskim*, the incidence of post-reflexology uterine bleeding is not sufficiently prevalent to be considered a *Mi'ut haMatzuy*.

Secondly, some *Poskim* maintain that we are not authorized to apply the rule of *Mi'ut haMatzuy* to a new context without a precedent from the *Rishonim*; see the *Beis Ephraim* (6). There is no precedent for it in the context of this issue.

Thirdly, there is a big debate among the *Poskim* as to whether one must take precautions for a *Mi'ut haMatzuy* that only creates a “*Re'usa*” – that only challenges our assumption that a particular animal is as healthy as the majority of animals, but without asserting that it must have a defect that renders it a *Treif*a. For instance, the *Beis Ephraim* (6) asks why the *Rema* rules that there is no legal obligation to check the esophagus of a force-fed goose for *Treif*a defects – does he not rule that esophageal defects are commonly found in such geese? He answers that the *Mi'ut haMatzuy* that such geese have esophageal injuries is not a concern that such geese are *Treif*os, as not all esophageal injuries render a goose a *Treif*a. Although practically speaking, if any esophageal injury was found we would treat the goose as a *Treif*a, that is only because we lack the necessary expertise to determine which defects render a goose a *Treif*a and

which defects do not. However, in theory, there are two possibilities: a *Treifa* defect and a non-*Treifa* defect. The *Beis Ephraim* derives from here that the *Rema* holds that there is no requirement to perform an examination when the *Mi'ut haMatzuy* only points to a *Re'usa* but the potential complication is not definitely would not be a Halachically unacceptable outcome. Although the *Mishkenos Yaakov* (*ibid.*) disagrees with this interpretation, many of the Poskim cite the position of the *Beis Ephraim*. See *Pischei She'arim* 31:1 (although he does note that the *Mishkenos Yaakov* disagrees in his *Mahdura Basra*), *Zivchei Tzedek* (*ibid.* 6; see also *Toras Zevach* 29), *Kaf haChaim* (*ibid.*, 6), and *Yehuda Ya'aleh* (Y.D. 7).

In our case, it seems that there is not a *Mi'ut haMatzuy* of uterine bleeding that can be directly attributed to reflexology treatment. We can never know for certain that past incidences of bleeding were caused by the treatment. Perhaps the minority of women who reported bleeding would have bled anyways even had they not undergone the treatment. Moreover, there is no credible scientific evidence that reflexology has any medical effect. Therefore, at best, the *Mi'ut haMatzuy* only creates a *Re'usa*, namely, that we are unable to assume that the body of a woman who has just undergone reflexology functions in the same way as the bodies of the majority of women who have not. However, this does not equate with the probability that a specific woman who undergoes such treatment will experience uterine bleeding. Therefore, a woman who undergoes reflexology treatment should not be required to perform a *Bedika*.

Finally, Halacha specifies various forms of *Veses haGuf* – activities or foods (*e.g.*, garlic or peppers) that can become associated with the onset of uterine bleeding (See Y.D. 189 for the particulars of each *Veses*). Yet, Halacha only requires those women for whom these trigger behaviors have become associated with bleeding to perform a *Bedika* after engaging with them. Nowhere do we find that the entire population of women must perform a *Bedika* on the unlikely *Mi'ut haMatzuy*-chance that they too share this association. There is no compelling reason to argue that the incidence of bleeding following reflexology is significantly more prevalent than the incidence of bleeding following any of these other trigger behaviors. Therefore, the Halachos of *Veses haGuf* would not apply to the population of women at large who have not previously experienced uterine bleeding following reflexology treatment, no *Bedika* is required.

When Rabbi Brandsdorfer's ruling was published, many objected to it. However, Rav Shmuel Wosner *zt"l* subsequently wrote a *Teshuva* (later published in *Shevet HaLevi* Vol. 10 138:2) in which he supported Rabbi Brandsdorfer's requirement for a *Bedika*, but for an altogether different reason:

Regarding women who undergo reflexology treatment and other similar treatments and on many occasions subsequently saw blood whether she requires Bedika that day: My opinion is like the opinion of the outstanding Rabbis of Yerushalayim that she is obligated to perform a Bedika, for it is obvious that

anything capable of destabilizing her Chezkas Tahara³ automatically brings with it an obligation to perform a Bedika. Even though she has not developed a Chazaka for this [bleeding following treatment], nevertheless, this is how it seems, since we have seen this phenomenon expressed in her, and she is liable to it.

As his words suggest, Rav Vosner based his ruling on accumulated testimonies which together suggested that “on many occasions” women experience uterine bleeding. He therefore concluded that this occurrence is sufficiently prevalent to destabilize the woman’s *Chezkas Tahara*.

However, when one considers that all these testimonies run against conventional medical wisdom that does not recognize the effectiveness of reflexology treatment, it seems that these testimonies should be insufficient to undermine the woman’s *Chezkas Tahara*. It is more reasonable to attribute her previous post-treatment uterine bleeding to chance than to conclude that she has the propensity to be affected by the treatment.

Underlying this question is another fundamental question: which medical science should Halacha rely upon? The straightforward and obvious answer is that we must rely on the opinions of doctors whose expertise and knowledge are informed by conventional medical science. Their opinion must have decisive weight when pitted against the dissenting opinions of practitioners of alternative medicine. After all, no one would think of relying on the latter and fasting on Yom Kippur if a conventional doctor advised otherwise.

This distinction is relevant to the Halacha of medical malpractice. Halacha exempts a doctor from legal action on account of his mistakes. However, only a doctor who is legally licensed by Beis Din to perform his work enjoys this privilege (*Ramban, Toras haAdam Sha’ar haMeichush Inyan Sakana; Tur, Y.D. 336*).

Who is considered “legally licensed by Beis Din”? The *Aruch haShulchan* defines this as (*Y.D. 336:2*): “*He must have governmental certification that he has permission to treat illness*”. This definition is accepted by several Poskim (see *Tzitz Eliezer*, Vol. 5, *Kuntres Ramat Rachel*, 22). Nowadays, the only individuals who have such certification are practitioners of conventional medicine who have completed the full course of training in medical school. Although alternative therapies are also recognized and regulated, they are not recognized as medicine; they have altogether different tracks for training and licensing. Therefore, in the context of medical malpractice, it seems that only conventional doctors should be exempt from legal action over their mistakes.

As applied to our discussion, it should be self-explanatory that the assumption that we are to give credence to the disputed views of reflexologists and therefore associate uterine bleeding with reflexology therapy is not to be taken for granted.

³ The presumption that she is not currently bleeding based on the status quo and past experience.

Furthermore, Rav Vosner's subsequent clarification suggests that his ruling is just a *Chumra* – a stringency that goes above and beyond the letter of the law. In *Siman 139 (ibid.)*, he responds to a critique of his original ruling as follows: "*And until we know things with certainty, it is good that she should perform a Bedika, and there is nothing to lose; this is only preventing a Michshol*".

My dear friend, Rabbi Gavriel Zurba *Shlit"a* (personal correspondence; see also *Shevet haCohen*, Medical Examinations p. 151) distinguishes between reflexology treatment in general and reflexology treatment that specifically targets hastening the onset of delayed menses:

The reality is that as a norm⁴ they do not [bleed] at all, and only in cases of reflexology performed to bring on delayed menses should one take this precaution. This is also what HaGaon R' Shlomo Zalman Ullman (Shlit"a) zt"l told me, that as a norm she does not require a Bedika, and only if they treated her to hasten her menses should one take precaution and check. And in a similar vein, HaGaon R' M.S. Klein Shlit"a told me that she does not require a Bedika. However, they do have to be vigilant and perform a Kinu'ach⁵ before intercourse, as if a woman would bleed [following treatment], it is only after a day or two, and it will not help that she performed a Bedika immediately following the treatment.

In practice, we asked *HaGaon* Rabbi Asher Weiss *Shlit"a* for his view. He ruled that a woman who underwent reflexology treatment does not require a *Bedika* unless she had previously bled following such treatment, in which case the trigger of reflexology is treated in accordance with the Halachos of a *Veses haGuf* (as discussed above). However, in the absence of a precedent, she need not be concerned about uterine bleeding.

⁴ Women who undergo reflexology treatment.

⁵ An external swab or wipe to look for blood