

The Jewish People Under The Microscope

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As Orthodox Jewish communities grow in size and numbers, medical and health care professionals have become increasingly aware of the special requirements for this unique population. Appropriate articles in medical journals accompany this awareness. Several of the earlier articles in the medical literature made note of Jewish dietary laws.¹⁻⁴ In the more recent medical literature the concern broadened to include the special needs of Orthodox Jewish patients in the emergency department,⁵ in hospice care,⁶ in reproductive issues, such as infertility, assisted reproduction, multifetal pregnancy reduction, and genetic screening,⁷⁻¹¹ in pregnancy, childbirth, and breast feeding,¹²⁻¹⁴ and in psychotherapy.¹⁵ An extremely "warm" article (co-authored, in part, by graduates of SCW), explaining to health care professionals the lifestyle of Orthodox Jewish couples, was published in a journal devoted to occupational therapy.¹⁶

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As research scientists and physicians became more familiar with Orthodox Jewish populations, clinical case histories and scientific research studies were cited in the medical and scientific medical literature. A series of articles has identified the lifestyle of the Orthodox Jew as healthier, both physically¹⁷⁻²¹ and mentally,²² to that of the secular Jew. This topic was reviewed, in part, in a prior issue of *Derech HaTeva*.²³

The most common scientific and medical studies are of Jewish genetic diseases. The phrase "Jewish genetic diseases" is found in the medical literature and numerous diseases have been identified in the *Ashkenazi* and *Sephardic* communities. Some of the better known *Ashkenazi* Jewish genetic diseases include Tay Sachs disease, Gaucher disease, Canavan disease, Niemann-Pick disease, mucopolipidosis IV, Bloom syndrome, idiopathic torsion dystonia, familial dysautonomia, PTA (factor XI deficiency), pentosuria, and cystic fibrosis.^{24, 25} The genes for breast cancer, which may be at an elevated incidence among Jewish women of *Ashkenazi* descent,^{26, 27} and the gene for inherited deafness in *Ashkenazi* Jews²⁸

recently have been identified. A higher incidence of specific genetic diseases has been noted in *Sephardic* subpopulations. For example, of the following neurologic genetic diseases, cerebrotendinous xanthomatosis was identified in Moroccan Jews, Creutzfeldt Jakob disease in Libyan Jews, corticosterone methyl oxidase deficiency type II in Iranian Jews, and oculopharyngeal muscle dystrophy in Bukhara Jews.^{29, 30}

The identification of Jewish genetic diseases is a two-edged sword. On one hand there is the obvious practical importance of recognizing a genetic basis for any disease. Dor Yeshorim sponsors a program to promote genetic screening of young people considering marriage. Potential couples are tested and subsequently informed whether their match is compatible (i.e., they are not at risk of having children with the genetic disease in question) or are alerted that they each carry a recessive gene that could result in a child with one of the inherited diseases. Those latter couples are then invited to come in for genetic counseling.³¹ On the other hand, the focus on Jewish genetic diseases makes it appear that the Jews are defective as a people. Also noted by Korczyn,²⁹ "the scientific study of these [genetic] diseases has been hampered for many years by the fear – among Jewish scholars – of contributing to prevailing prejudice, and among non-Jews by fear of being suspected of anti-Semitic motives." Grady,²⁸ in an article in the *New York Times*, noted: "... some Jewish people fear that genetic studies involving Jews will stigmatize them by creating the false impression that they are more prone than others to hereditary diseases." In that article, Rabbi M.D. Tendler was cited as explaining that although he considered genetic testing for individuals to be acceptable, the screening of populations to find the incidence of a gene was amoral and potentially a source of employment and

insurance discrimination against Jews.

Interest in the Jewish people as the subject of clinical/medical research is easily demonstrable. Through the site, <http://www.ncbi.nlm.nih.gov/PubMed/>, the National Library of Medicine was searched for relevant articles published in the biomedical literature. Using the key word, "Jews," a search conducted on January 2, 2000, for articles within the prior year (1/199 – 12/31/99) revealed 170 publications, primarily in the discipline of genetic diseases. This literature search did not include articles submitted to psychology/psychiatry or sociology journals and did not include literature on medical ethics. The key word "Jewish" was not utilized in the search, as that key word also provides articles in which the term "Jewish" appears to identify the researchers' affiliation (e.g., Long Island Jewish

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Hospital) and most of those citations are not concerned with Jewish issues. Using the key word "Protestants" 186 references were retrieved, but mostly were not "hard science" publications; e.g., articles, such as "Aging, religious doubt, and psychological well-being" or "Celebrating sixty years. Faithful to a mission," were common. For some other religious groups, the number of "hits" was: 33, Christians; 7, Catholics; 5, Hindus; 3, Moslem; and 2, Buddhists.

The type of articles published in the scientific literature also demonstrates interest in the Jewish population. Below is a summary of the more unusual articles that have appeared in the medical literature. Whereas some of these articles are intellectually and scientifically interesting, the clinical significance of others is dubious and, most probably, simply represents an over-interest in Jewish topics. For example, consider

the following articles on the various Jewish holidays.

Rosh HaShannah: Emphysema – a lung disorder – is usually associated with chronic exposure to cigarette smoke or other noxious chemical irritants. However, a case history is described of a 17-year old boy who apparently over-exerted himself during his shofar blowing on *Rosh HaShannah*. The youth, admitted to a hospital with pain in the midline of his neck and with difficulty in swallowing, was diagnosed with interstitial emphysema in the lungs and the soft-tissue layers of the neck. He fully recovered within 24 to 36 hours.³²

Yom Kippur: The Day of Atonement was the subject of three diverse clinical studies. (a) Mosek and Korczyn³³ observed that chronic headache sufferers were much more likely

to develop headaches during the Fast than those without such history of headaches (66% versus 29%, respectively). This headache, termed the "Yom Kippur headache," is characterized as nonthrobbing,

mild to moderate in intensity, and bilateral and frontal in location. Caffeine and nicotine withdrawal did not influence headache development. (b) Three studies showed a correlation between the *Yom Kippur* Fast and inducement of labor. In the study at Shaare Zedek Medical Center in Jerusalem, a striking increase in the rate of spontaneous deliveries occurred for the 24-hour period after the termination of the Fast; this correlation has been termed the "Yom Kippur effect."^{34,36} (c) Overindulging after the Fast lead to the following case study reported by Solomon.³⁷ Two hours following her meal after the *Yom Kippur* Fast, a woman experienced pain originating in the stomach area but then radiating to her back. The woman was rushed to the emergency room. Elevated levels of the enzymes amylase and lipase, needed for the digestion of

starch and fats, respectively, were detected in her blood. After being put on a clear liquid diet for 24 hours, then advanced to a low-fat diet, her back pains and elevated enzyme levels were corrected.

Chanukah: Apparently, “*Chanukah gelt*” (i.e., the chocolate coins encased in a foil wrapping) should have a “hazardous to health” warning label. During *Chanukah* a woman experienced pain upon swallowing. The pain increased with each day of the holiday until, eventually, she could barely swallow. X-ray analysis showed that a piece of *Chanukah gelt* was lodged in the mid-portion of her esophagus.³⁷

Purim: The Fast of Esther, followed by drinking and dancing on *Purim*, were the bases for the case study, titled “*Purim* syncope,” which describes the loss of consciousness experienced by a yeshiva high school student who over-celebrated on *Purim*. Apparently, his fainting on *Purim* resulted from a combination of stress factors: fasting on the day prior to *Purim*; commencing the *Purim* festivities by consuming three glasses of wine; and dancing with “his fellow Yeshiva friends.”³⁸ Another interesting clinical case made note of an 8-year boy hospitalized with vomiting, abdominal pain, hallucinations, sweating, and pinpoint pupils. Such symptoms are indicative of opium intoxication. Prior to exhibiting these symptoms, the boy had eaten about two dozen freshly prepared poppy seed hamantashen. Whereas poppy seeds *per se* are opium-free, the vegetative coat, or capsule, that contains the seeds may contain opiates. It was postulated that the poppy seeds used in these hamantashen were contaminated with opium alkaloids, resulting in the apparent opium intoxication noted in the youth.³⁸

Pesach: Can the will-to-live, a psychosomatic process, influence the time of death? The question of whether people can postpone their death until the

arrival of an important event was investigated by Phillips and King.³⁹ The event selected was *Pesach*, which is a time of importance for Jews, as it functions both as a religious holiday and a time for family gatherings. This period of time earned no particular significance for the non-Jewish population, the control group in their study. The investigators studied the patterns of Jewish and non-Jewish death rates around the time of *Pesach*. In the week before *Pesach* there were fewer Jewish deaths than in any week in their 24-week study period. Conversely, in the week after *Pesach*, there were more Jewish deaths than in any other week in their study period. This pattern, termed the “Passover effect,” was noted for the three leading cause-to-death categories, i.e., heart disease, cancer, and cerebrovascular disease. The non-Jewish death rate

males attending Orthodox schools. Except for the Orthodox Jewish males, the data for the other groups were consistent with background levels in other populations. The researchers concluded that the higher incidence and prevalence of myopia in the Orthodox Jewish male students was due to their heavy accommodative eye use, attributable to their particular study habits. The study habits of the Orthodox Jewish males were characterized by: (a) sustained near vision, (b) frequent changes in accommodation due to the swaying habit during study – the rocking back and forth of the upper torso apparently is an aid to concentration, (c) use of texts characterized by different sized prints side-by-side, and (d) the need for accurate accommodation when reading tiny print – the letters in the commentaries, that accompany the main text, may be as small as 1 mm in height.

Occupational hazards of a scribe: An interesting incident of occupational toxicology was described for a 70-year old scribe in Israel.

This elderly gentleman was admitted to a hospital subsequent to a grand mal seizure followed by confusion. Elevated levels of lead were detected in his blood. Apparently, the scribe, who used a home-made lead-containing ink for writing on the parchments, was accustomed to licking his ink-loaded feather quill frequently during work. Lead, a potent neurotoxin, was identified as the causative agent.⁴²

Skin cancer and tz'ni'uth: In recent years there has been a great increase in the number of persons with skin cancer, which has been linked to exposure to the ultraviolet radiation in sunlight. There are various types of skin cancer; the form termed malignant melanoma arises when dermal melanocytes (i.e., pigment-containing cells) become cancerous. Light-skin individuals who burn easily seem to be especially at risk for this type of cancer. Within the city of Jerusalem the incidence of malignant

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remained unchanged.

Other clinical studies with a Jewish orientation include the following:

Focusing on learning Torah: In the early 1980s Berson *et al.*⁴⁰ observed that myopia, or nearsightedness, was significantly higher among Orthodox Jewish school-aged males, as compared to background levels in the general population. As only males were studied, a familial factor could not be excluded, i.e., perhaps a higher incidence of myopia also occurred in females attending Orthodox Jewish schools. Zylbermann *et al.*⁴¹ continued this study and evaluated male and female students, both Orthodox and secular, among the Jewish population of Jerusalem. The prevalence of myopia was 31.7% in females attending secular schools, 36.2% in females attending Orthodox schools, 27.4% in males attending secular schools, and 81.3% in

melanoma for European/American born males in the Orthodox Jewish neighborhoods was significantly lower than in the rest of the city; for females the degree of significance was borderline. A similar pattern was evident upon comparison of the populations in the Orthodox Jewish city of B'nei Brak to its neighbor city, Givatayim. The investigators attributed the lower incidence of malignant melanoma to the protective role of the orthodox traditional clothing. "Orthodox males wear heavy, dark clothing all the year round, grow full-length beards and cover their heads with a wide-brimmed hat. Females wear long-sleeved dresses, thick stockings, and – following early marriage – a head covering. Both males and females are less frequently exposed to sunbathing during adolescence, and definitely afterwards."⁴³

Pork parasite in Orthodox Jewish community: In the early 1990s four Orthodox Jews from the New York City area were diagnosed with neurocysticercosis. This disease is characterized by seizures, brain lesions, hydrocephalus, and various other neurologic disorders. Neurocysticercosis is an infection of the central nervous system by the larval form of the pork tapeworm, *Taenia solium*, and is acquired by ingesting taenia eggs shed in the feces of a human carrier of tapeworms. A spectrum of investigators, including those from the Centers for Disease Control and Prevention in Atlanta, GA., were mobilized to identify the source of the pork-derived parasite. The investigators surmised that disease transmission was linked to the tapeworm-infected immigrant housekeepers employed in these Orthodox Jewish households. The housekeepers were from Latin

American countries where *T. solium* was endemic.^{44, 45}

Allergic to tefillin: Hypersensitivity, an exaggerated immune response resulting in tissue damage, is manifested in the second or subsequent contact with an antigen (termed, the allergen). Allergic contact dermatitis, a type IV hypersensitivity, is caused by haptens, or small molecules which are not antigens themselves, but can become antigenic if they bind to a larger carrier molecule, such as a protein. In allergic contact dermatitis the hapten combines with skin proteins to form the allergen that elicits the immune allergic response on the skin. Common haptens include metals and jewelry. Two case reports in the scientific literature describe allergic contact dermatitis to *tefillin*. The case report of an Israeli Orthodox Jewish male read as follows. "Examination revealed erythematous, crusted, and oozing linear lesions that began on his left arm and extended in a continuous clockwise spiral fashion down his left forearm, onto the wrist, and onto his middle and fourth fingers. Similar eczematous lesions were present on the nape of the neck and feet."⁴⁶ The other case report involved an American Orthodox Jew with severe dermatitis on his left arm, spreading to the right arm, hips, and legs.⁴⁷ The metallic anion, chromate, used in the leather tanning process, was identified as the causative agent (i.e., the hapten) responsible for inducing the dermatitis.

Can't fool mother nature: Anaphylaxis is a type of allergic reaction. Scientifically, it is a type I hypersensitive reaction, resulting from the interaction of allergens with IgE antibodies on the surface of mast cells and basophils, causing them to produce

mediators of anaphylaxis (histamine, leukotrienes, kinins, and prostaglandins) that bring about increased permeability of blood vessels, increased smooth muscle contraction, and increased mucus production. As a result, a person may experience inflammatory responses, difficulty in breathing through the constricted bronchial tubes of the lungs, and a runny nose from excess mucus secretion. Anaphylactic reactions that are systemic, affecting several parts or the entire body, can be life-threatening.⁴⁸ Individuals that are allergic to milk products often rely on kosher labeling to select dairy-free foods. Gern *et al.*⁴⁹ noted six patients allergic to milk proteins who experienced adverse allergic reactions after eating frozen desserts labeled "nondairy" or "pareve." Jones *et al.*⁵⁰ cited the case of a 2-year old milk-allergic boy who experienced anaphylaxis, which included spasms of the bronchi, after ingestion of "pareve"-labeled raspberry sorbet. Trace amounts of milk proteins were detected in the "pareve" sorbet. In both studies, trace amounts of milk proteins were, most probably, incorporated into the frozen desserts, as equipment used to package ice cream was subsequently used to package the sorbet.

The above-cited case histories and/or clinical research studies should not be construed as the more common type of study on Jewish populations. These studies, which were reported in the peer-reviewed medical journals, however, do underline the interest in Jewish rites, customs, and holiday as related to medical concerns. At times, however, it seems that the Jewish people are overly analyzed, i.e., viewed under a microscope. **DH**

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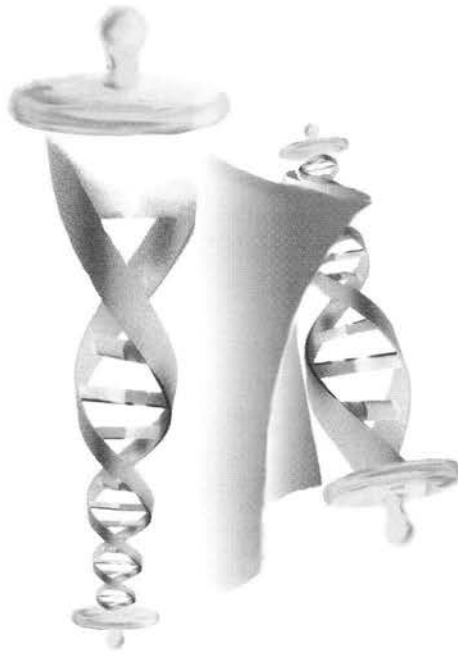
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ADDITIONAL NOTES (not incorporated into the manuscript)

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