

days. They consider the third day the beginning of the critical stage. [See Shabbos 18a 108b 140a, Poskim. Tur Sh Ar OC 321:18 328:21, commentaries. Minchas Shabbos 91:9. Shmiras Shabbos Kejilchasa (II) 34:note 76. Igros Moshe OC II:82 III:53. Or Letzion II:36:9. Tzitz Eliezer VIII:15:15:15-17 XII:45:2 XIV:50. Avnei Yashpeh I:90:3. Shulchan Shlomo, Refuah, II p. 172-173.]

C) Causing danger to health on Shabbos

The Talmud forbids embarking on a voyage within three days before *Shabbos*. The week is divided into the days connected to the last *Shabbos*, Sunday, Monday and Tuesday, and those connected to the coming *Shabbos*, Wednesday and on. Passengers might become seasick. Some add that this is worst in the first three days of travel. This will detract from *oneg Shabbos*, enjoying *Shabbos*. When traveling in dangerous places it is also forbidden to leave after Tuesday. This will mean that *Shabbos* might need to be violated, albeit in permissible circumstances. This raises questions about undertaking a course of action that might result in medical emergencies on *Shabbos*. If it must be done anyhow, due to danger, there is no issue. Similarly, for a *mitzvah*, all of this is permitted, including any kind of travel. The issue arises when one has the choice to begin earlier. The treatment will be needed at some point. Should one arrange it to avoid the three days before *Shabbos*? [The nature of the permissibility of *Shabbos* violation for the sick is the subject of discussion. It could be suspended or permitted.]

In our case, the medicine have unpleasant side-effects. These might actually be the medicine doing its work, due to the aforementioned process. Second, the illness might begin as *maichush bealma*. Once the patient begins the course, he enters into the category of *choleh she'ain bo sakanah*. Two considerations come into play to mitigate this. First, the restrictions on the three days prior to *Shabbos* are of Rabbinical origin. Second, the actual violations in question are primarily Rabbinical. Taking the medicines and the decrease in *oneg Shabbos*, are not Scriptural in nature. Some consider *oneg Shabbos* quasi-Scriptural, as it is rooted in a Prophecy. Our case has the additional factor of being a ten day course. Inevitably, one *Shabbos* will be included. The only question is whether to avoid taking it for two *Shabbosos*. [See Shabbos 19a, Poskim. Tur Sh Ar OC 248, commentaries. Refs to section B. Extensive discussion Tzitz Eliezer XII:43.]

In conclusion, the patient may begin his course of antibiotics on *Erev Shabbos*.

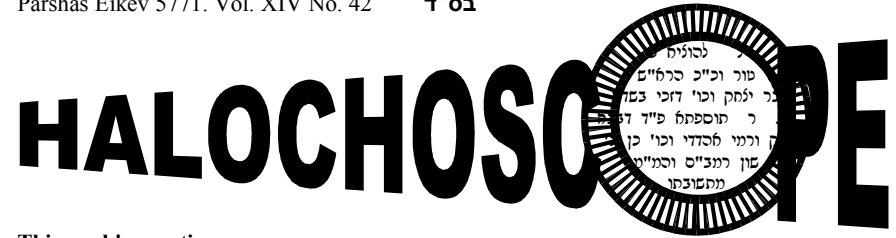
On the Parsha [Hashem] fed you with the mohn in the desert, that your forefathers did not know of; in order to make you suffer ... [8:16] because you did not have any food for the morrow, you suffered with worry. [Sforno] Only enough mohn would fall for one day. Anything left over would decay quickly. This adds a new meaning to the double portion of *mohn* on *Erev Shabbos*. By getting this extra portion, the people would not feel the pressure of this worry. Although only enough would fall for *Shabbos*, the mere fact that they had more than one day's supply was a relief, at least for the duration of *Shabbos* – *oneg Shabbos*.

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Chaim ben Yehuda Leib z"l, whose yahrzeit is on the 22nd of Av. ♠

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This week's question:

May one begin a course of antibiotics on *Erev Shabbos*? The patient has an infection that must be treated to prevent it from becoming serious. He can wait a day to begin the course on *Motzai Shabbos*. However, once he begins, he must complete the ten day course uninterrupted, including at least one *Shabbos*.

The issues:

A) *Refuah* on *Shabbos*

B) Continuing taking medicine after having begun before *Shabbos*

C) Undertaking a course of action that will necessitate measures to protect health on *Shabbos*, including the relaxing of *Shabbos* law.

A) *Refuah* on *Shabbos*

On *Shabbos*, it is Rabbinically forbidden to take medications. In earlier times, medicines were made by *Shechikas Samemanim*, crushing herbs. This is a *Tolda*, sub-category, of the Scriptural *Melacha* of *Tochain*, milling. Being unprepared for a medical situation that arises, one might violate this. As a precaution, all medicines are forbidden. Both the patient and the caregiver are included in the restriction.

This ordinance applies to medicines made by mixing ingredients, whether they are taken internally or externally. Rather than institute a restriction on medications, the Rabbinical prohibition takes the form of an ordinance forbidding all healing. However, there are exceptions. Healing is restricted is as a precaution against inadvertent violation of the Scriptural *melacha*. Therefore, therapy that does not involve medicine, but is for an ailment also treatable with a medicine, is forbidden. An ailment never treated with a potion, but always with physical therapy, may be treated in its normal way. There is no risk of violating *melacha*.

The restriction does not apply to all patients equally. There is a hierarchy of severity of illness, ranging from *Maichush Be'alma*, minor complaints, to *Choleh Sheyaish Bo Sakana*, the dangerously ill. All restrictions (including most Scriptural prohibitions) are suspended when treating a dangerously ill person. For minor complaints all restrictions apply. A patient so sick that he needs to lie down, or in pain all over his body, is considered *Choleh She'ain Bo Sakanah*, non-dangerously ill. Many restrictions are lifted for him. No *melacha* may be violated. Rabbinical prohibitions are kept as much as possible; violations can be limited by having a gentile do them or by doing them in unusual fashion. This reduces their severity.

Many internal ailments are considered *Yaish Bo Sakanah*. The Talmud defines internal as from the teeth and inwards. Some external wounds are also included in this class. The risk of infection or festering, such as when a non-sterile iron implement caused the

wound, is sufficient to allow *Refuah*. In many cases it is considered *Yaish Bo Sakana*. Accordingly, one on a course of antibiotics, even for an external infection, should continue with them on *Shabbos*. The infection strengthens itself in resistance to the medicine. Interrupting the course will make it harder, if not impossible for the medicine to eventually counteract the infection. If a medical expert determines that the risk is sufficient, one may begin a course on *Shabbos*. [See *Shabbos* 108b-109b, Tur, Shulchan Aruch, Orach Chaim 328: esp. 5 6 7 40-44, Mishneh Berurah 8. 329.]

B) Continuing taking medicine on Shabbos

The poskim cite a widespread belief that if one started taking a medicine before *Shabbos*, he may continue taking it on *Shabbos*. On the surface, this notion makes no sense. If the person is sick enough to permit his taking medicine, there should be no difference when he began taking it. If he is not sick enough, he should have no special dispensation just because he already started taking it. Accordingly, some poskim dismiss this as a mistaken notion. Nonetheless, there is much speculation on how this notion came into being. The interest is twofold. Firstly, if its origins can be shown, and also shown to be mistaken, this knowledge might prevent the rise of further erroneous practices based on the same mistake. Second, such a widespread practice rarely has no credible source at all. Two ideas are cited to support this. The Talmud states that 'If Israel are not prophets, they are the children of prophets'. This means that when they follow a practice that they cannot explain, it is presumed that there is a credible explanation somewhere. Second, there is a general concept that when a practice is not recorded by poskim, and even if it is contended by all recorded poskim, it can always be attributed to great poskim whose words never merited being recorded. The caveat to this is that the practice must be possible to substantiate *halachically*. Therefore, if one can find the source for this, it could then be used by poskim later. At the very least, it could be used as a sniff, an additional 'minor' factor used in a ruling.

The main reliance on any leniencies in medicating with a medicine is that for sick people there are leniencies already in place. The issue is often, as mentioned, with the severity of the illness. The most prominent leniency for a *choleh she'ain bo sakanah* applies to asking a gentile to do a Scripturally forbidden *melacha*. The other issue relates to the decree to prevent *shechikas samanim*. Many poskim maintain that the latter is treated with more leniency. One reason for this is the current situation, in which medicines are manufactured ahead of time. It is rare for normal medicines to be made by a pharmacy. This is especially true of pills. It is almost unheard of for the patient to make his own medicine. Accordingly, some poskim cite the existence of lenient practices in applying certain leniencies, possibly including the belief that one may continue taking a medicine begun before *Shabbos*. Nowadays, many patients use herbal remedies that might involve crushing or cooking as in a tea, see below). Thus, this leniency must be used with extra caution.

The primary Talmudic source for this concept is a passage discussing a remedy for a heart ailment. *Chiltis*, an ingredient (some say laserwort or asafoetida, a well known gum used in medicines in the East), is soaked or dissolved in warm water. It must be taken three days in a row. The patient took it on Thursday and Friday, and wanted to know

whether he could dissolve it on *Shabbos*. He presumed that there would be no issue with drinking it. Since the patient had already begun drinking it for two days, interrupting the treatment would put him in danger. Therefore, he may soak it in cold water and leave it in the sun to warm up. The question is, what can be learned from this passage.

A different passage says that if an eye medicine was left to soak before *Shabbos*, it may be applied on *Shabbos*. Various explanations are offered. One view maintains that this actual passage refers to a healthy person, though it is cited in the middle of a series about ill people. Others say that this is done in an unusual manner. The patient is aware of the difference. Onlookers don't realize that it is anything more than water.

One of the main explanations for this prevailing belief is based on how the decree was made. If one takes a medicine on *Shabbos*, he might think that he is permitted to crush the ingredients. Perhaps he thinks that it is permitted outright, or that it is only forbidden Rabbinnically, or that it was relaxed for moderately ill people. However, if there is a distinction made between initiating a course of treatment on *Shabbos* and starting before *Shabbos*, the patient or his attendant will understand the difference. He will realize that preparing the medication is forbidden, and only administering it is permitted. This idea is rejected on a number of accounts. Mainly, while the person who began before *Shabbos* knows this, the onlooker does not. He might still make the mistake of thinking that one may prepare a medicine on *Shabbos*.

Some say that if the medicine requires being cooked there should be no issue with the decree. No-one would cook the ingredients. Only a medicine that can be mixed cold is forbidden. Therefore, if the patient is also in pain, he may use medicine that was cooked before *Shabbos*. In urgent situations, one of these considerations is sufficient. Others disagree with this lenient view, as it also depends on the aforementioned interpretation of the decree. In the depth of one's preoccupation with his illness, the patient could just as easily forget about cooking as he could about grinding. Some suggest that mixing the medicine in food before *Shabbos* should alleviate the situation. However, others reject this, since if this unusual manner helps, it should not need to be done before *Shabbos*. Some say that in the rare case where the patient will be emotionally disturbed if he cannot be healed from his minor ailment, he may take the medicine on *Shabbos*. The emotional condition may be considered enough of a sickness to permit. However, this kind of patient is rare. Another reconciliation of the widespread assumption is based on how *Rambam* rules in apparent contradiction on the aforementioned passage. In summary, some poskim find basis for the practice. They use it carefully, usually in combination with other factors. Others consider it erroneous.

Antibiotics raise a health concern similar to that raised by the Talmud. The medicine tries to make the body build up resistance to the bacteria causing the sickness. The bacteria responds by building itself up. If the medicine is allowed to run its course, it will eventually overpower the bacteria. If the course is interrupted, the bacteria will have become strong enough to fight off future treatments. This could lead to danger. Therefore, there is a consensus to permit finishing a course of antibiotics, even if this means taking them on *Shabbos* for an ailment that might otherwise be considered *maichush bealma*. Some qualify this by saying that the medicine should already have been taken for two