

A NEW INTERPRETATION OF *AKARAH* . . . *EIN LAH VALAD* (GEN. 11:30) BASED ON THE TALMUD: "UNATTACHED FOLLICLE"

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One of the classic hermeneutic rules of biblical exegesis is that there are no superfluous words in the Pentateuch.¹ When the Torah relates the story of Abram (later Abraham), it indicates that his wife could not have children: *Now Sarai was barren* [akarah], *she had no child* [valad] (Gen. 11:30). This standard translation is highly problematic. Rashi, commenting on this verse (TB *Yevamot* 64b), questions the use of the double term "barren" and "no *valad*," and deems this a *kera yeterah* (superfluous phrase). Based on that, the word *valad* here cannot mean child. A *peshat* reading of this verse may understand that since this is the first time the Bible is using the term *akarah*, the normally superfluous *she had no child* (*valad*) is simply defining *akarah*. However, the commentaries are baffling: they seem to indicate that Sarai was missing something, rendering her infertile, that she somehow acquired later on. There is the cryptic comment of Genesis Rabbah 38:14, where it is stated that *ein lah* (she doesn't have) really means that she will have later. Hizkuni writes: "but she had [a *valad*] afterwards." Similarly, Radak indicates that in Ur of the Chaldees she had no *valad*, but did have one in Canaan. If *valad* does not mean child, then there is something else that she was lacking. Then there is the very strange comment of midrashic sources, such as Yalkut Shimon and other commentators, indicating that Sarai's fertility was restored by prayer. Additionally, Radak notes that the form *valad* is unusual and, in fact, unique in the Bible. Is there thus some other meaning for the word *valad*? Could the Hebrew *akarah* refer to its literal meaning, "not attached" or "up-rooted"? Is there a logical connection between something "not being attached" and a state of infertility?

The verse *Now Abraham and Sarah were old, advanced in years; Sarah had stopped having the periods of women* (Gen. 18:11) indicates that, by definition, she did menstruate up to this point. In other words, she had a uterus and functioning ovaries, as opposed to the view in TB *Yevamot* 64b that Sarai

had no uterus. Indeed, the term *valad* is used in the text rather than *beit valad*, the term signifying a uterus. Thus, the text is not referring to an anatomical defect (no uterus) but rather a reversible physiological problem. What was this problem?

The Talmud (TB *Yevamot* 64b) indicates that Sarah was an *eilonit*, meaning a woman without secondary sexual characteristics: in other words, no pubic hair, deep voice, etc. (see: TB *Niddah* 47b). While the Bible describes Sarah as a beautiful woman (Gen. 12:11), the Talmud indicates that she was not completely developed physically. To a clinician, this scenario is an obvious sign of a common disorder in women (8% prevalence) called Stein-Leventhal syndrome (polycystic ovarian syndrome, PCOS). PCOS is failure of the ovaries to release an oocyte, a mature egg, due to an excess of androgen (male) hormone. This hormonal imbalance interferes with the ovary's ability to release eggs during ovulation, thus inducing infertility. Furthermore, the thirteenth-century commentator Ralbag (Levi ben Gershom) stated (on Gen. 16:1) that Sarah was overweight and that was why she could not conceive. Incredibly, 800 years ago (!), Ralbag found that obesity is linked to female infertility. One of the main causes of polycystic ovarian syndrome is insulin resistance and, quite often, obesity. Ralbag even explains that the reason Sarah had Abraham take a concubine (Gen. 16:1) was to make herself jealous and thus depressed, since the depression would cause her to lose weight.² I therefore suggest that Sarah suffered from PCOS, and that the meaning of *valad* is not "child" but rather that which enables offspring to be produced – in this case, the "dominant follicle."

AKARAH

But first, a brief excursus on some basic gynecological endocrinology. The follicle is the anatomical structure in which the oocyte develops. Under follicle stimulating hormone (FSH) surge, 6-8 follicles develop, one being the dominant follicle with an abundance of FSH receptors; the remaining follicles undergo atresia (a degeneration and subsequent resorption of one or more immature ovarian follicles). The dominant follicle grows and prepares itself for ovulation, and is then called a Graafian follicle. The Graafian follicle attaches itself to the uterine wall. A female patient with PCOS has androgen excess (male hormones), oligomenorrhea (very infrequent menstruation),

and infertility, because the follicle does not attach. Thus, eggs are not released during ovulation. This problem of follicle attachment fits in well with the biblical term used for an infertile woman, *akarah*, literally, "not being attached" or "uprooted".

One of the treatment modalities for PCOS, apart from the usual medications for insulin resistance, is relaxation techniques (probably affecting inflammatory cytokines and free radicals, both of which play a role in the etiology of PCOS), and these can include prayer. Indeed, there are a number of studies showing the beneficial effects of prayer on PCOS.³ It is intriguing that the first mention of PCOS in the medical literature was in 1935, yet the Bible and Talmud may be providing a description of it, along with a hint at its etiology (unattached follicle: unattached = *akarah*, follicle = *valad*).

Isaac (son of Abraham and Sarah) was known for his very passive personality.⁴ Sarah's androgen excess could also be the key to understanding her son's very passive behavior. The complex concept is described in detail by Geschwind and Galaburda.⁵

NOTES

1. See the Rules of Hillel in *Avot de-Rabbi Natan* 37, Malbim in *Ayelet ha-Shahar* and the *Baraita of 32 Rules* (also known as the *Baraita of R. Yose ben Elazar ha-Gelili*) frequently used by Rashi in his commentaries (Gen. 2:8, Ex. 14:24).
2. I. Ben-Shlomo, E. Grinbaum, U. Levinger, "Obesity-associated infertility: the earliest known description", *Reproductive BioMedicine Online* 2008; 17 (Supplement 1) pp. 5-6.
3. A. D. Domar, M. M. Seibel, H. Benson, "The mind/body program for infertility: a new behavioral treatment approach for women with infertility", *Fertility and Sterility*, 54:6 (1990) pp. 1183-4; G. M. D. Lemmens, M. Vervaeke, P. Enzlin, "Coping with infertility: a body-mind group intervention programme for infertile couples", *Human Reproduction* 2004, 19:8 (2004) pp. 1917-1923.
4. N. Lachs, "Isaac: A psychological perspective", *Jewish Bible Quarterly*, 30:4 (2002) pp. 266-271.
5. Norman Geschwind, Albert M. Galaburda, "Cerebral Lateralization: Biological Mechanisms, Associations, and Pathology: II. A Hypothesis and a Program for Research", *Archives of Neurology*, 42:6 (1985) pp. 521-552. See also: K. Wallen and J. Hassett, "Neuroendocrine mechanisms underlying social relationships" in: *Endocrinology of Social Relationships*, ed. Peter Thorpe Ellison and Peter B. Gray (Cambridge MA: Harvard University Press, 2009) pp. 32-53.