

HERE'S my STORY

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IN G-D'S HANDS

DR. AVRAHAM LORBER

My name is Dr. Avraham Lorber, and my medical specialty is heart impairments from birth. I studied medicine at Tel Aviv University, completed my internship at Carmel Hospital, and then went on to study pediatric cardiology at Guy's Hospital in London, under Professor Michael Tynan. I had the privilege to be his student from 1983 to 1985.

During the time I was at Guy's Hospital, a baby boy came in for treatment whose parents were Jewish, from Golders Green. This child wasn't gaining weight as expected; he had shortness of breath, and he was extremely agitated. His functional disturbances were very pronounced.

All this was due to a congenital heart defect. The defect was a large hole between the chambers of the heart. It was causing an excess flow of blood to the lungs which, in turn, caused the entire heart to swell, increasing the pressure on the pulmonary arteries. The baby was gasping for breath and exhausting all of his energy for sheer survival — just to breathe and maintain a heartbeat. His food intake simply could not provide enough energy to enable him to grow.

While the child was being evaluated in the hospital, the family heard that I was from Israel, and they requested that I be involved, even though I was just a student of the professor.

After the evaluation was complete, I explained to the family that the child's condition was deteriorating, that medication was needed to save his life from immediate danger and that, after we stabilized him, we would have to do several invasive procedures. We would need to insert a diagnostic catheter into his heart, which was necessary so that we could collect data from inside the heart chambers themselves — such as blood pressure and oxygen levels — and, to do so, we would need to inject radio sensitive material to pinpoint the exact location of the defect. This data would then be presented to the senior surgical team that would do open-heart surgery to close the hole, during which time the child would be



connected to a heart-lung machine. The surgeons would then stitch him up, and that would be followed by a period of rehabilitation and recovery.

The family received the news with understanding. They were very thankful to the medical team for their attention, but they requested that we hold off our intervention for just a short while — until they could consult the Rebbe of Lubavitch and receive his guidance and blessing for the operation.

We, of course, obliged — although the non-Jewish staff didn't get what this was all about. As someone who understood such matters a bit, I explained it to them and told them that, no doubt, the family would return with the Rebbe's blessing to go through with the operation.

And indeed, they returned. In their hands was a dollar bill. They had gone to the Rebbe to ask his advice, and he had given his blessing for the child. They had in hand this dollar to be given to charity on the child's behalf. And holding this dollar — as a sign, or a symbol — they said, "This is a sign that the Rebbe has blessed our child. And he told us that G-d will watch over our child's health and welfare. Do not

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MY ENCOUNTER
with the **REBBE**

An oral history project dedicated to documenting the life of the Rebbe, Rabbi Menachem M. Schneerson, of righteous memory. The story is one of thousands recorded in the 900 videotaped interviews conducted to date. Please share your comments and suggestions. mystory@jemedi.org

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interfere. Just monitor his development and vital functions.”

We were astounded. Naturally, Professor Tynan did not agree with this, since he was convinced that surgical intervention was necessary for the child to regain his health. But as the parents were firm in their decision — and they were very warm and loving to the child — we devised an alternative plan. We agreed to let the child go home while stabilizing medication was being administered, on the condition that he would be returned to the hospital for frequent evaluations and monitoring. The entire medical team expected that, after two or three visits, the child would be on the brink of disaster, and the parents would beg us to save him.

From the second check-up, however, we saw unmistakable improvements. By the third and fourth check-ups — and these were all not far apart — the improvements were so significant that the perception of the entire medical team was transformed.

We were seeing a sickly child turn into a child with an impairment which was under control. Everyone was shocked by these developments — from the nurses who weighed the baby and monitored his breathing rate, to the senior medical team whose members were supervising the process to ensure that no mistakes were made which might compromise the long-term welfare of the child. All these people realized that something was different here. No less so Professor Tynan and I. With every single visit we saw great improvement.

Before our very eyes, we saw the heart irregularities gradually reducing. And as the left ventricle of the heart became smaller and closer to the normal size, the hole between the verticals shrunk. This child was not in danger anymore!

All of us who were following this realized that this was not a routine occurrence, or a statistical fluke. We never would have predicted anything like this. Every time we were gathered in a staff meeting or party, the subject of this child came up, and we argued about it a lot.

Meanwhile, the child continued to show dramatic improvements — he began to blossom, to grow, to crawl... to do things that are simply impossible for a baby with a heart defect to do.

About this time I completed my studies and returned to Israel, but I heard from the family in Golders Green that the child had completely recovered.

Years later, they all came to Israel and organized a large

Bar Mitzvah for him at the Western Wall to which I was invited. I was even able to check the boy — now a young man — and see that he was fully developed for his age and, I might add, very smart too. In short, I found him to be completely healthy without any trace of the impairment which he had when he was a baby.

This is an amazing story with a happy ending which I am proud to relate. In my entire career I have never seen such an unpredictable change, and even though I've seen many changes, I never witnessed such a powerful one — powerful for the patient and for the doctors, who were great scientists in this field of heart defects from birth.

Perhaps the most surprising response came from Professor Tynan himself. Even he — who had been very skeptical and very scientific — came to understand that this case before him was beyond rational explanation, that the developments we saw were miraculous. He himself spoke in those very terms. When we'd meet at professional conferences or hospital meetings, he'd often bring up this story. He was a very open-minded person, but he also had to reconcile with the fact that his academic training, his knowledge, and his extensive experience were overturned by this miracle.

Dr. Avraham Lorber is the Director of the Institute of Congenital Heart Defects and Children's Cardiology at Rambam Hospital in Haifa. He was interviewed in April of 2010.

לע"נ ר' ישראל יעקב וזוגתו מרת קריינא ע"ה לאקשין
ע"י בניהם ר' נחמן ור' אברהם ומשפחתם שיחי

This week in...

> **5736 — 1976**, marking the birthdays of the Baal Shem Tov and the Alter Rebbe, the Rebbe launched “*Mivtza Ahavas Yisroel*”, the tenth Mitzvah campaign, focusing on the mandate to love one's fellow Jew. This would be the last of the main ten Mitzvah campaigns that the Rebbe launched, and he would often refer to it as “the principal Mitzvah campaign, from which all the others flow”.¹ *18 Elul*

1. *Sichos Kodesh 5736 Vol. 2, p. 685*

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