



David E. Simai M.D.

Board Certified Pediatrician

660 Central Avenue
suite #3
Cedrhurst, New York 11516
Tel. (516) 374-2228
Fax. (516) 374-2044
Email: DavidSimai@yahoo.com

The Healing Powers of a Prayer

Practicing medicine at large opens the physician to a marvelous world of miracles. Any simple, redundant activity such as breathing, thinking or speaking entails such elaborate details that can not be a result of a pure accident. For that alone, I feel privileged to be a practicing physician. But very often, I feel fortunate, having witnessed inspiring medical cases and working with special parents.

As I have mentioned in the past, in 2003 I resumed my first attending position in Kiryas Yoel, Monroe. While I started a solo practice in Cedarhurst in 2006, I kept my old position in Kiryas Yoel for the next 4 years. One Tuesday morning, I arrived in Monsey (where I usually prayed before traveling northwards to Kiryas Yoel) earlier than usual. The Vizhnitz Bais Medrash has minyanim every 15 minutes, so I decided to pray there for a change. I have prayed there dozens of times, but being there early, in a less crowded minyan, felt special. With extra meaning that morning, I asked Hashem to guide me in my practice, and to continue assisting me in every case.

We were in the beginning of February, and the practice was bustling that day. Flu like symptoms brought many patients in to see us. At approximately 10 :30 am, my nurse motioned to me that we have a “really sick” patient in the next room. I always appreciated that the nurses I worked with were wise and could discern quickly which patients needed extra help. I decided to cut the line and see the sick baby first. As always, the baby’s chart was on the door so I took a quick look at it.

I knew the baby very well. His grandparents were pioneers in Kiryas Yoel and very instrumental in the community. I met the Zeidy after the baby was born and noticed that he was not extremely excited. Apparently, half of the males born into the family died prematurely from an unknown genetic disorder. This baby was merely 3 months old. By the age of 6 months, it would be apparent if this boy was affected by this disease. My partner and I paid very close attention to him.

Apparently, the baby was seen a day prior for fever and mild congestion. He had a blood test that showed a mild infection and a normal urine test yesterday. His fever persisted overnight according to the triage note. When I entered the room, I noticed that the baby was lethargic. Weak cry, poor muscle tone. I asked the mom if he had been nursing and she replied that he was too weak to have the previous 2 feedings. I immediately instructed my nurse to call Hatzalah and approached the child to examine him. In a matter of a minute, it was evident that he had an overwhelming infection. Can it be my second botulism case? Meningitis? Urinary Tract Infection. Time was extremely valuable. I had one nurse get a glucose level and the other run a cbc (complete blood count). While they were doing that, I drew a dose of antibiotics. When I heard that his glucose level was ok, I gave the baby the injection of antibiotics.



David E. Simai M.D.

Board Certified Pediatrician

660 Central Avenue
suite #3
Cedrhurst, New York 11516
Tel. (516) 374-2228
Fax. (516) 374-2044
Email: DavidSimai@yahoo.com

The Hatzalah members have now arrived. The director Mr. Steinberg, was extremely caring. He would show up on many occasions and help. He asked me if I wanted to hospitalize the baby at LIJ? (he was and still is very excited about LIJ). I replied that he may not make it there. The hospitals close by could not handle such an unstable baby, so I felt that the best choice would be Columbia Presbyterian Hospital. Hatzalah would usually get there within 40 minutes. We accompanied the baby with mom onto the ambulance and called the hospital to report his case. The initial response from the attending was very angry. Often the ER attending felt that patients should be stabilized at nearby hospital s and then transferred. But our fear was that the baby would not survive unless he was seen by pediatric ER attending that could handle the severity of his illness. Reluctantly, the attending took my report and said he would do his best to see the baby quickly.

We all prayed for the baby to arrive safely to the hospital. Exactly 45 minutes later, we called and received a word that the baby arrived and the entire ER team busy stabilizing him. On my way home, I called and spoke to the attending. He said that approximately 10 minutes after the baby arrived, while the team members were starting IV lines and drawing bloods, he stopped breathing. The team quickly intubated him. His presumptive diagnosis was meningitis. The baby was transferred to the pediatric ICU (Intensive care Unit).

On Wednesday evening, I went to visit the family at the hospital. At the bedside, the parents were delighted to see me. The baby was still intubated and hooked up to numerous IV lines and monitors. The ICU attending briefed me that morning that the chances of the baby surviving were not big. The only positive finding was that the baby did have brainstem activity of his own. The father approached me and asked what my feeling was regarding the baby's chances of recovery. I understood that the ICU team did not want to give the parents false hopes, but I felt that there is good hope that the baby will recover. After a few minutes, I started walking towards the elevators while the father and a close friend walked alongside. The father then asked: "is there anything else we could do?" to that I replied: "the only thing we could do is pray". For some reason, that answer brought a large smile onto his face. With a glowing face, he told me the following. Doctor, you know that this baby very special. He is my first son after having a few daughters. When I received the urgent phone call from my wife, she told me how you rushed the baby to the hospital fearing that he will not make it. Even though I wanted to join my son in that critical time, I did not! I first drove to the grave of the Satmar Rebbe (Rabbi Yoel Teitelbaum) to pray for my son, and only then – I drove to the hospital.

With tears in my eyes and a chocking voice, I tried to pull myself to smile and I replied – if that is what you did, I am 100% sure your son will recover, and very quickly! In my heart, I felt that something big was going to happen. But what could we expect? The baby was probably affected by the genetic disease; this was perhaps the reason for him being vulnerable to contract meningitis. On the other hand, a powerful act and such a prayer certainly will not go unanswered!



David E. Simai M.D.

Board Certified Pediatrician

660 Central Avenue
suite #3
Cedhurst, New York 11516
Tel. (516) 374-2228
Fax. (516) 374-2044
Email: DavidSimai@yahoo.com

As I mentioned, my partner and I followed the baby closely even before the infection. One of the newborn screening tests happened to show an elevated thyroid hormone known as T3. We both did some research. I called a director of pediatric endocrine at LIJ, faxed the results and received a reassuring answer that all was good. However, we repeated the test and still found some elevation of T3. While communicating with the ICU staff, my partner took the opportunity to mention this abnormal T3 level and asked the hospital for an endocrine consult.

In a matter of a few days, the baby started breathing on his own. His fevers disappeared and he started nursing as well. That was a complete shock to the hospital doctors. Just a few days later, we received more news. Apparently, an astute endocrinologist at the hospital linked the abnormal blood test and the family history of the debilitating genetic disease to a very rare genetic syndrome that was explained only a *few years* prior. The disease is known as **MCT8 – Mono Carboxylase Transporter 8** Deficiency or **Allan-Herndon-Dudley Syndrome**.

Unfortunately, there is no current cure for the disease. We contacted Dr. Refetoff (a professor at University of Chicago School of Medicine), who discovered the deficiency and linked it to the syndrome, and started the baby on experimental medication. But upon hearing this news my partner and I were glowing. Knowing this information is priceless for the family. Using the latest advancements in reproductive medicine, the entire family can use genetic screening in order to ensure that they have healthy children for generations (While some *poskim* may not support this method fully, we know people in that community that gave birth to a handful of healthy babies using these advancements).

Indeed, the father's prayer and act of complete trust in Hashem proved to bring a *yeshua* to the family. The late Satmar Rebbe has acted as the right messenger for the cause. Despite all odds, the baby did survive and recovered from meningitis. Apparently, it was not by chance that he ended up in the right hospital and at exactly the right time!

Wishing you the best of health,

David Elazar Simai, M.D.