

Professor Karel Lewit, MD, DrSc: an appreciation

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Professor Karel Lewit was born in 1916. He was forced to interrupt his studies at the Prague medical school because of World War II. He spent this time in the Czechoslovakian Army in England and later in France where he functioned as a member of the Czechoslovakian Armoured Brigade. In France, he met his beloved wife Iris, the charming young Englishwoman with whom he later spent over 60 years.

Karel Lewit completed medical school in 1946 and began working at the Neurology Department under the legendary Professor Kamil Henner in the same year. Here, Professor Lewit found a unique setting for his work, which determined the rest of his career. Professor Henner brought the French style of clinical neurological assessment to Prague, mentoring young doctors but at the same time supporting them in their own studies and in the development of their own area of interest. It was no coincidence that not only Professor Lewit, but also two more 'gurus' of international rehabilitation, Professors Vojta and Janda came from the same clinic.

Learning manipulation techniques, Karel realized that his treatment would have no permanent effect unless rehabilitation followed and the patient is educated in self-treatment. Closely working with neuro-radiologist Professor Jirout, studying neuroradiology and functional pathology of the movement system, Karel soon understood that manipulation does not change the shape or the position of the structure but that via manipulative treatment he could change function in the musculoskeletal system. This led him to develop the whole self-treatment system for patients with pain in the musculoskeletal system that, with many modifications, is used worldwide now. Karel was the first clinician (probably not only in Czechoslovakia) introducing self-treatment techniques

systematically. He also emphasized that the patient must leave the office with homework. His classic quotes are: 'The one who knows a technique must not become the slave of it', 'For me, manipulation is a marginal type of treatment. The patient's own muscles always do a better job than those of the best therapists. Therefore, we have to tailor the self-treatment for the specific patient and suggest an adequate self-treatment. If treatment is not helping it becomes frustrating: individual approach is critical' (Figs. 1 and 2).

Karel worked under Professor Henner for about 15 years, and after 1960 successfully continued his work at the various Neurology and Rehabilitation Departments in Czechoslovakia and later the Czech Republic. Progressively more lecturing and being involved in numerous research projects, Karel started to systematize his functional assessment and treatment techniques introducing a series of manipulative-rehabilitation-physiological courses together with Vladimir Janda and Frantisek Vele.

In 1966, Karel published his first book called 'Manipulative Treatment within a Context of Reflex Therapy'. The book that has been later rewritten many times, published in five Czech editions, three English, eight German, two Polish, Spanish, Russian, Italian, Japanese, and Swedish. Each edition, however, was almost a new book. Karel was never lazy about exploring new techniques and he modified what he did, taught and published in the light of new facts and discoveries. He never wanted to be petrified. 'I can only teach with today's acceptable level of errors. I have to respect development and play an active role. Who would listen to me today if I taught the same thing as 40 years ago?'

Karel Lewit had been a passionate advocate of the functional aspect of musculoskeletal pain. 'Henner taught us that the clinical picture was always the most important. The other examination techniques, such as imaging methods, blood analysis, or any other was complementary. It scares me that today I

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Figure 1 The human hand is the greatest therapeutic tool that has been or ever will be invented!

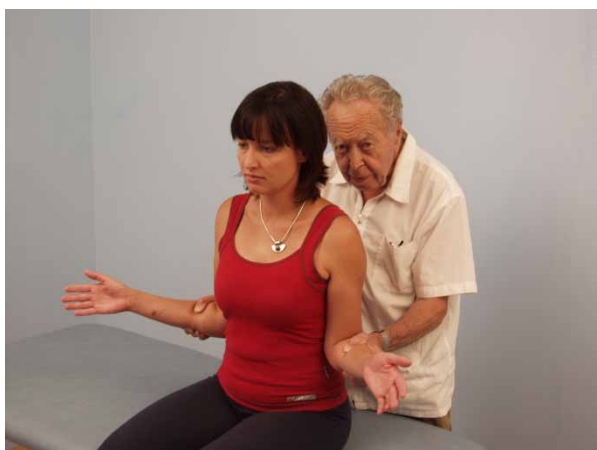


Figure 2 Rehabilitation is a therapeutic production in which the patient plays the main role and must not only be a passive object of treatment!

find just the opposite. It is a misfortune what modern medicine considers to be objective and what is so-called subjective. The hand is a very underestimated medical tool. Modern medical philosophy suggests that all that is done by human brain (and hand) is subjective and only what is performed by instruments, mainly by electronic setups nowadays, is real and objective. But no instrument can replace our hand. Using my hand I analyze numerous valuable bits of information simultaneously but also as soon as touching the patient I can feel the patient's reaction – the feedback that cannot be replaced. It is a mutual relationship of two non-reproducible systems. I have to be in harmony with the patient. The more I practise, the less force I use. If the patient feels uncomfortable during the treatment it is the clinician's fault. The patient must never feel that the clinician forces him. At the same time this approach is a curse. Modern science cannot accept this. Absurdly, if you really master something you call it "palpable". But modern medicine is a business. Handwork using no instruments does not generate any profit to companies

producing medical tools and instruments. Therefore handwork in medicine is still considered to be obscure and unpopular'.

Karel saw thousands and thousands of patients. But it never bored him. 'Even after the decades I wonder who is coming next to my office. There are many traps in the musculoskeletal system, waiting for the clinician. It is fundamental to know basic medicine. The pain is a code, it is a detective story that we have to solve. And this is so exciting! I must find the real origin of the pain, to treat the primary cause. The population is aging, but age does not hurt. At the age of 95 I have my own set of morning exercises. Five minutes every day and I feel great'.

I was lucky enough to share an office with Professor Lewit for about 10 years. Being a young neurologist in the neurological department, University Hospital Motol, one day I was at the neurology grand round when the head of the department informed us that he had spent the weekend at a refresher course in manual technique skills under Professor Lewit who had complained that he recently had no young physicians to mentor and teach. The head of the neurological department offered that one doctor from the clinic could once a week shadow Professor Lewit in his office. I was the lucky one to win the spot in Lewit's office. After following Karel for a few weeks I got a chance to participate in an exchange program between Charles University and Yale in the US. I was scared to tell Karel that after spending only few days with him, I wanted to leave for at least 3 months. I was surprised by his answer. 'Going to the US? Go! Go now!'. Karel always traveled a lot, lecturing regularly in Germany, Poland, Bulgaria, Scandinavia, and other countries. Being fluent in five languages, he understood the power of language, the importance of international scientific meetings and of constructive discussion. He explained to me that without traveling and working abroad one can never really become an expert, and will never have a broad scope in one's specialty field. After I returned from Yale, Karel said, 'OK, now you know a bit of language, you have seen neurology in the United States. Now you need to learn rehabilitation. You need to go to Los Angeles and meet with Professor Simons and his colleagues'. Karel donated GBP4000 to cover my costs to go to Los Angeles where I stayed for another month, studying trigger points with Simon's co-workers. After returning from my travels I still was only a layman in rehabilitation. I had just finished my neurology residency when one day Karel came to the office telling me, 'I got a call from Australia. They invited me to the soft tissue conference in Melbourne. But I am not going. It is too far so I said you would go'. It was very surprising and I was certainly pleased that I could make such an

exciting trip. Of course I expected to be a passive conference participant. What a surprise when an email from the conference president reached me, asking for an abstract of my keynote lecture and three 2-hour workshops! Considering my still very limited English and very little manual rehabilitation skills, I could not believe I was expected to be a keynote presenter at an international conference for over 500 attendees. I said to Karel that this had to be some kind of mistake, 'I cannot do it, I am not competent!' But Karel was adamant 'You said you would go: you will go. You will not make a fool of me. I promised you would present the Prague School techniques in Australia, and you will do so'. Pushing Karel to tape the soft tissue techniques, utilizing his original concept of the barrier phenomenon, I prepared for the conference. Thanks to Karel, Prague School techniques are taught in Australia regularly today. The same was true for the United Kingdom, Scandinavia, and the USA. Karel selflessly passed his personal contacts, introduced me and Professor Kolar to important international rehabilitation experts. Thanks to Karel, over 100 Prague School technique courses are organized each year in more than 20 countries on four continents.

Here is another anecdote characterizing Karel pretty well. One day I visited Karel at home. I see Iris stitching something. Asking what she is doing, she replied with her typical sarcastic tone in her voice. 'I am fixing Karel's World War II uniform. After the war they were his best clothes and he used them frequently; he skied in the coat on many occasions after the war. Now, I have to sew the badges back because he is going to the Battle of Dunkirk 60th Anniversary celebration. He will get the medal for his participation in this battle!' I was stunned. 'Karel, you have never told me that you had actively participated in the Battle of Dunkirk!' Karel frowns slightly. 'Well, it is not so interesting. I was just a common soldier in a small tank, with a number of others resisting the German army in that area making sure that none of them broke through, to attack the retreating British forces. I was only occasionally involved in gunfights. After the war, they promoted me to be a captain and I received a War Cross. But I don't really care. The veteran character does not fit me. I live in the present. I do not care to be buried in the past: it will not help my patients!'

This was Karel. Never bitter because of adversity, because of losing his only son at the age of 20, or because of being limited in his professional career during communism. As Karel admitted, he was sometimes irate, but he certainly was a person who selflessly educated several generations of clinicians, and who was never too lazy to look at a patient in the hospital, at home, on vacation, or at a course. He always looked on the bright side of life, being positive, dearly loving his wife, and enjoying her great meals, strong English tea, traveling with her when teaching all over the world, attending concerts of his daughter and grandchildren, going to galleries, skiing down slopes in Austria until 85 and cross country until 95!

Living in Prague, and raising their four children, Iris supported Karel in his career especially during the difficult communist era. She was the first reader, editor, and proofreader of his texts especially in English. Soon after starting his life with Iris, Karel learnt English fluently and Iris learnt Czech just as well. Iris could be considered co-author of Karel's English books and scientific texts. Though she was a layman in rehabilitation, during the many decades of correcting Karel's texts she became an expert. Her English style was classic, elegant, and the text corrected by her was so easily readable. Not just Karel, but later all of us, Karel's colleagues, gladly accepted Iris's help, traveling to Dobruška (the little town close to Prague where they lived) enjoying her great strong English tea with English cake while waiting for Iris to basically rewrite our clumsy English texts and presentations. The Prague School of Rehabilitation exists today, not only thanks to Karel Lewit, Vladimir Janda and Vaclav Vojta, but also thanks to Iris, Karel's invisible Czech rehabilitation supporter.

Karel was the knowledgeable, well-educated, generous man, our mentor, father of Czech and I dare to call him also father of international musculoskeletal medicine, and he left us on 3 October 2014 at the age of 98. His life was so meaningful and his work will never be forgotten: it will always be a valuable source of skills and information for many generations of clinicians in the future. Professor Lewit was an exceptional clinician and teacher who educated several generations of physicians, and he will live on, fondly, in their memories.

Karel, thank you!