

## Chiropractic at 33,000 Feet

In 1991, my wife and I journeyed to England to partake in the wonders of Wimbeldon. We were joined in London by our son Eric, who was a student at Heidelberg, Germany. We then flew on to Frankfurt, where our daughter, a Pepperdine student studying in Madrid, Spain, joined us for an additional two-week tour of Europe. After touring through Europe, including the Scandinavian countries, we returned to Frankfurt to depart for London. We were supposed to stay overnight in London and then return to the U.S.

However, upon calling my office in South Dakota, I learned that my son, Dr. Mark Hagen, was about to have root canal surgery and would be unable to operate our Sioux City clinic. I decided to avoid overnighting in London and proceed directly to the US so I could take his practice. Lufthansa Airlines informed me that if I left an hour earlier for London in order to fly directly to the USA, it would cost an additional \$800. I agreed, then checked with the US airline that we were scheduled to take from London back to Sioux Falls. They were accommodating and put us on a standby flight from Frankfurt to Boston, on to Minneapolis, then to Sioux Falls.

Our standby status looked precarious as the airline loaded the passengers on board. Suddenly, policemen appeared with dogs and made everyone get off the plane. After an hour-and-a-half delay to search the plane, the passengers re-boarded. My wife and I got the last two seats. Needless to say, there was a surly group of passengers concerned about missing their flight connections out of Boston.

About 90 minutes out of Frankfurt, an announcement was made over the loudspeaker: "If there is a doctor on board, please identify yourself." The announcement was urgently repeated about five minutes later. I pushed my call button, advised the head stewardess that I was a chiropractor, and asked if there was anything I could do. She took me forward to the first-class compartment, then related to me that a young lady, seven-and-a-half months pregnant, was complaining of severe headaches, nausea and back pain. She might have been experiencing premature labor. (I later found out that this young lady was a military dependent who originally had been pregnant with twins but had one of the babies aborted without her permission. She was so angry with the health care she had received that she was returning to Boston to have her baby delivered in the private sector.)

I assisted the patient to a standing position, palpated the level of the hips, and found a PD right. I adjusted the standard Activator listings in the standing position. I also adjusted the sixth thoracic area for the nausea, and found the spinous axis was projecting way out to the right. Fifteen minutes later, the adjustment was complete and she was sound asleep in her seat.

Needless to say, the head stewardess was ecstatic with the results I had achieved. She informed me that they would have been forced to land in Iceland or return to Frankfurt for emergency services. After the long delay from our original estimated time of departure, a further delay could have created a passenger mutiny on board!

To thank me, the stewardess offered to move me up to the last seat in first class. As tempted as I was, I thought it better to return to my wife. The stewardess brought us one of France's finest

champagnes a little later. Being a total abstainer, I still have the bottle. Several other crew members also thanked me for my services.

In February and March of 1997, we traveled to New Zealand and Australia thanks to the generosity of our oldest daughter, who had given us business-class accommodations from LA to New Zealand, Sydney, Perth, Ayers Rock, and Cannes; then back to Sydney and home again. While in Port Douglas at the conclusion of our vacation, we were caught in a cyclone with wind speeds up to 180 knots per hour.

After a hair-raising ride from Port Douglas to Cannes that included striking a tree that had blown across the road, we flew from Cannes to Sydney, then boarded our flight from Sydney to LA. We were served a meal, and I settled back in my seat for the first sleep in three days due to the cyclone. I was abruptly awakened by the head flight steward. He asked me if I was a medical doctor, and I replied that I was a chiropractor. I asked him what the problem was, and he said a man in coach was apparently having a heart attack. I quickly asked him if there were any medical doctors on board. He said I was the only one listed as a doctor. I could see his disappointment at learning I was not a medical doctor, but I volunteered to take a look at the patient.

He escorted me to the man's seat in the mid-section of the plane. They had moved him to an aisle seat, and he was using the oxygen mask hanging down from the ceiling. He looked cyanotic and in severe distress. He was perspiring profusely. I felt his pulse and found it weak but rhythmical. I opened his shirt and listened to his heart with my ear. I found out that the man had seen his cardiologist that morning and been given the OK to travel. He was on quite a bit of medication. I did the applied kinesiology, neurovascular, and neurolymphatic procedures for heart problems. I also held pressure against his axis vertebrae, which afforded him considerable relief. After he was resting comfortably, I told him I would be back in thirty minutes to check on his status.

Thirty minutes later I returned with my Activator. An Australian nurse was checking the patient with a stethoscope and other instruments she had found in the airplane. She wanted to hook him up to a defibrillator in case his heart quit. I palpated his cervical and upper thoracic region, and adjusted the second thoracic and the axis with the Activator.

There was no place to hook him up to the defibrillator equipment except up in the galley, so we moved him there with a portable oxygen tank. We laid him on the floor, and just then the plane was caught in severe turbulence and we were ordered to take some seats in the flight-crew compartment for about twenty minutes. We left the poor patient lying on the floor. When we returned, the patient was feeling much better, and didn't want to be hooked up to the defibrillator. He returned to his seat, eventually got off the oxygen, ate his breakfast, then departed the plane on his own.

Upon returning home to Sioux Falls, my wife received a call at our residence from the overseas marketing director of the airline, commending and thanking me for my services, and especially for helping avoid an emergency landing in Hawaii. That kind of delay would have resulted in rebooking 400 passengers on different flights. He called me several weeks ago and thanked me again.

In reflecting back on this situation, I can recall how disappointed the head steward was when he discovered I was not a medical doctor. However, when one considers scientifically the capabilities of a chiropractor and a medical doctor on an airplane, who has the advantage? Does the medical doctor carry a suitcase full of cardiac meds? I think not.

I have also traveled to Jamaica on five occasions for missionary work, to the Ukraine, and to Poland twice. A chiropractor does not need an MRI -- or a CAT-scan, an x-ray or an automatic processor.

Even in an emergency, your hands, an Activator, a bed, a couch, a chair or a portable table are all you need to render care to 98% of the populace.

Thinking back on my 44 years of practice and my varied experiences, I think maybe I should become a cruise-ship chiropractor in my retirement.

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