

## Parting Thoughts

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Editor's note: This is the final installment of Dr. McKechnie's neurology column. We first introduced Dr. McKechnie's column in our January 18, 1991 issue, and have since felt fortunate to have someone of his stature writing for "DC." Thank you, Dr. McKechnie, for all the work you've put into your column, and the many interesting articles you've given our readers.

It has been a pleasure and honor to be of service to this profession through Dynamic Chiropractic. During this period we have examined many neurological concepts and disease entities and I have heard from many of you regarding the subjects discussed. In this last column I would like to ask each of you a question. Each month we treat patients with serious, even life-threatening diseases who have exhausted their options and are facing tough choices. How do you handle these moments in your practice? The following is a story about one of our colleagues who faced one of these moments.

In 1990, a 34-year-old chiropractic physician sustained a cervical spine injury while tubing down the Comal River in New Braunfels, Texas. Subsequent to the injury, the doctor developed burning paresthesias in all four extremities and in the perioral region. This was followed by an episode of loss of sensation from the jaw to the umbilicus after a prolonged session of word processing at the computer. A mild degree of proprioceptive gait impairment made climbing stairs difficult, and required paying attention to the task. It became very difficult for the chiropractor to adjust patients, as "electric shocks" would radiate down his arms when adjustments were performed.

A cervical MRI revealed a centrally herniated disc at the C5/C6 level, which compressed the spinal cord. Additionally, the discs at C6/C7 and C7/T1 were bulging.

The chiropractor sought a neurosurgical opinion from one of Houston's finest neurosurgeons, a doctor known for his conservative approach and pro-chiropractic position. When the neurosurgeon prescribed an anterior discectomy and fusion to properly treat the problem, the chiropractor was devastated. He left the neurosurgeon's office at the end of January and embarked on an aggressive course of conservative therapy: adjustments; axial distraction; intermittent cervical traction; cervical collars during symptomatic exacerbations; cervical pillow; bed rest; activity modification; nutritional supplementation; and ibuprofen in prescription doses, as a last resort. This therapeutic regime was carried on for weeks to no avail.

The chiropractor knew he was facing a surgical procedure and felt it was a no-win situation. He knew there was a significant chance (1:3,300) that he could die as the result of an anesthesiology mishap. The possibility of becoming disabled from the surgery was also paramount in his mind. The fact that he had two degenerated discs below the proposed fusion would accelerate the lower cervical spine degeneration and lead to more symptoms, surgeries, and disability. There was also the issue of the effects that the surgery and subsequent problems would have on his family and leisure activities.

After weighing all options, the doctor and his wife elected to consider the surgical route because of the unremitting nature of the symptoms. A second opinion was scheduled and an appointment for a

more current cervical MRI. About 10 days prior to the scheduled repeat MRI, the doctor was in a Sunday morning church service and he went forward following the service to receive prayer to heal his condition. Following this, the doctor related an incredible feeling of warmth coursing through his body and from that moment his symptoms seemed to be gone. The repeat MRIs were done as scheduled during the first week of April and they revealed significant improvement in the disc herniation at C5/C6. All evidence of spinal cord compression was gone. He then called his neurosurgeon and related the MRI results. The neurosurgeon called him in immediately and reviewed the new MRIs. The only comment the neurosurgeon could make was that in his 20 years of practice he had never seen a case of disc herniation respond like this case.

Many of you may be skeptical at this point regarding the healing power of prayer. I would probably be right with you on this except for the fact that the story that I have just related to you was about me. We all encounter patients facing seemingly insurmountable odds in our practices and we all experience things which occur in our dealings with patients that cannot be explained by science as we know it.

Flying home from a workers' compensation meeting a few years ago I passed the time with a Reader's Digest. In that issue, I found an interesting quote pertaining to medical practice which said, "When you close the door on hope you close the door on God." When you experience these moments in your practice do you allow the door to be open to hope ... or do you slam it shut?

DECEMBER 1995