Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

Chiropractic Adventures in Guatemala

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Recently, I returned to Guatemala to satisfy the field requirements of a six-months Community Health Development course. I took this course through the University of the Nations in Kona, Hawaii. My family and I were part of a team which also included a Canadian nurse and a Jamaican health worker. We were to spend three months working in a rural village implementing a community health program of our own design.

Community development is especially needed in Guatemala due to the unavailability of local health care professionals and poor health practice in general.

Due to malnutrition, children under age five represent 40 percent of the total health mortality rate. Guatemalan medical doctors trying to promote better standards of health are thwarted by traditional beliefs. For example, some believe malnutrition is caused when the spirits of a child's dead ancestors return and kidnap his soul.

Less than half of the population has access to clean drinking water, and only one-fourth have access to modern sanitation. Notably, the leading cause of death is due to parasitic and infectious disease, but this is the subject of another story.

I arrived in Guatemala a week early, in order to better determine where our team's project might be best located. Upon arriving, I made the acquaintance of a United Methodist Church group from Woodinville, Washington; they had come to Guatemala for a three-week outreach.

Since they were going into one of the areas that our team was considering, I accepted their invitation to accompany them.

Their team consisted of two medical doctors; a family practitioner; a cardiologist, accompanied by his wife; a youth pastor; a computer programmer; a retired federal judge; a contractor; and several more adult male church members. The remainder of the group was comprised of college-bound high school graduates from the church youth group. This brought the total to 21 people. It is the story of this team that I would like to share with the chiropractic profession and the supporters of outreaches to needy countries.

1. National Geographic
2. Target Earth

In addition, we had a bilingual Guatemalan health care worker and a recently graduated Guatemalan MD.

The bus waited while I said goodbye to my family. Having participated in many outreaches of this type, I knew that we would see a fair amount of musculoskeletal disorders, so I traveled with my portable Lloyds adjusting table. However, since I was technically just "along for the ride," I commented to one of the MDs that if nothing else, "we could use it as an examining table."

After passing an enjoyable three hours on a chartered bus, we arrived at our destination -- the mountain village of Nino Perdido.

The team quickly moved the mountains of suitcases, bedrolls, and back packs into a corner of a large, one-room church. Our kitchen was set up next door on the pastor's porch, with a water filter attached to his outdoor faucet -- a luxury in this area.

As we had the rest of the afternoon off and it was not time for supper, we chose to make a house call on some older expatriate Americans living a short distance away. We discovered they'd been recently robbed at gun point by militant guerrillas, so we attempted to encourage them, as we addressed their health needs.

On returning to the church that night, the kitchen's crew had prepared a wonderful Italian meal. After cleaning up, we bedded down for the night on the tiled church floor. The next morning, the church's pews were arranged in such a way as to create a central hallway; a semi-private examination room created by using two large blackboards; office rooms for the medical doctors; a space for my portable adjusting table (they insisted); a pharmacy staffed by responsible young people; and finally the used clothes fitting area, which was staffed by two young ladies.

The line proceeded out the church's back door to the wound care center staffed by the computer programmer. The ever-popular lice shampoo station was staffed by more youth, up to their elbows in suds, while whole families sat on church pews in the back yard, waiting to be deloused.

Finally there was the dental station. Even though no dentist was available they wanted dental treatment, a need that is frequently greater than other medical care in Third-World countries.

Several youth were having families chew little red dye tablets to show where they had missed brushing. They were instructed in the use of dental floss and proper brushing technique. Each participant received his own tooth brush, floss, and dental paste.

This "soup to nuts" clinic approach appeared to work smoothly with the 200 patients we treated over the next two days.

Meanwhile, inside, the medical doctors were in full swing treating the usual: scabies, impetigo, otitis media, parasitic infections, and colds. One young mother brought her child in with such a classic case of marasmus, that I included the child's picture, being examined by Dr. Leon Green. The classic "necklace of bones" indicates to what degree malnutrition has advanced in this case. We pointedly told the mother that unless the child's condition turned around in six to eight weeks, she could expect the child to die. This seemingly callous remark was intended to force compliance with our nutritional recommendations.

Just as I had expected, the doctors were beginning to see a fair amount of musculoskeletal complaints. Since they were not entirely satisfied prescribing anti-inflammatories for chronic pain complaints, they referred them to me. Over the next two days, I examined and treated 60 patients. By the end of the outreach I had treated two of the three medical doctors and most of the rest of the team.

Interestingly, many of the Guatemalans we examined had upper thoracic pain. Included in this article is a picture of an 11-year-old Indian boy who weighs 50 pounds, carrying a sack of fertilizer over twice his weight.

When the Guatemalans describe the location of their pain, they point to the area of the scapula and say their lungs have been hurting. Likewise, low back pain is called kidney pain. It got to be a joke between Dr. Allen Kelly and me. He would call out from the next set of pews, "Ed, I have another kidney patient I'd like to refer to you."

In addition to the medical care, some of the men were working with their Guatemalan counterparts, laying cinder block for a new Sunday school, while everyone lent a hand to paint the inside of the church.

The last night I delivered a sermon and the youth group put on a puppet show, in Spanish, using a professionally recorded Christian tape.

At the end of the service, the entire church presented each of us with small locally-made gifts. On the way home the team stopped at a rural hospital to donate new and refurbished medical equipment given by a medical firm that owed the cardiologist a favor. This included a vacuum obstetrical device, a defibrillator, and an electrocardiograph machine.

Needless to say, the team was invited to come back anytime. While the outreach did not permanently affect the villages' health, as community development would have, their intention was relief, and this was relief at its finest.

In conclusion, I would like to offer a few suggestions for short-term chiropractic outreach, relief-oriented teams:

First: Bring what you'll need. If you need therapy in your office, bring a portable therapy unit. If you use nutrition supplements and orthopedic supports, bring a supply to give to your patients. The same goes for face paper and educational material printed in Spanish.

Second: Try to bring the same level of skill you use in your office. If a new patient examination is routine, do not fail to perform them here. If you normally see new patients more than once in your office, plan to spend your whole outreach in one location so your patients can have the normal follow-up care.

Third: Read up on the culture you are going to visit. Try to communicate what you are doing in culturally acceptable terms. If needed, hire a qualified guide and interpreter, and involve the local community and the local health care professionals.

Fourth: Be radical. Think of yourself as a part of a health care team and consider offering services you might not always offer, but that are needed in the community. This could include a delousing clinic or a dehydration and diarrhea clinic, instructing people in the use of oral rehydration solution and sanitation.

These kinds of practices will open doors for chiropractic in foreign countries and will result in our being welcomed back.

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