## Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

## Fierce Warriors -- Only Smiles

CHRISTIAN D.C. AIRLIFTED INTO BRAZILIAN RAIN FOREST.

Ben Markham, DC

TOTABE, Brazil -- From our Missionary Aviation Fellowship's (MAF) Cessna aircraft, we stared at the miles of rich, green carpet of dense rain forest stretching below. Touching down on a very narrow and short airstrip, carved out of the jungle, we were met by a welcoming committee I'll never forget. A more friendly people you'll never find. This was the beginning of an incredible week with one of the world's most primitive cultures, the Yanomami Indians of the Brazilian rain forest.

Before reaching the Yanomami Village of Totabe, we stopped first at Manous. It is a highly humid area (90-98 percent humidity), that invites plenty of mold and fungal growth. We could see fungal infection under finger and toe nails. This history fits the classical candida syndrome patient. Compounding these problems was the pervasive persistence of poor bowel function with parasitic infection and redundant malaria infection, despite the repeated treatment of antibiotic and steroid application. It's that scenario that leaves a very weak immune system prone to allergy, hypoadrenia, pancreatic dysfunction, various viral syndromes, and candida overgrowth.

Word spread that a chiropractor had landed and the rest of that day was spent in treating missionaries and their families. Due to air lift/air weight constraints, I could not bring my portable adjusting table. Along with some donated homeopathic remedies, I brought my otoscope, examining gloves, depressors, activator instrument, and my main tools -- my hands.

In addition to the typical musculoskeletal complaints that we would see in our daily practice, I saw a high percentage of patients with obvious chemical imbalances that were impacting them structurally and emotionally. The Brazilian norm is the heavy intake of very black coffee, sugars (especially chocolate), and heavy hydrogenated oils.

You may know of missionaries who suffer "burn out," mental and physical fatigue that drove them to leave the field. I witnessed several that were trapped in this cyclical process, being treated with traditional symptomatic allopathic procedures, trying to cope, but remaining sick. Through some muscle testing I helped them identify certain food sensitivities and related immune deficiencies, culminating in spinal adjusting. One missionary's wife had been on an extended medical furlough still without a satisfactory recovery or answer. After my examination and adjustment, I removed her from her dairy intake. She responded so well that her husband made an arduous trip across Manous to report that his wife's severe headaches were gone and to generously thank us for our care.

We'll soon be receiving some specific vitamin, mineral, glandular, and homeopathic combinations to administer to these individuals. I am confident they will respond well and should experience long-term health improvement.

During our temporary stay in Manous, another field missionary suddenly arrived from deep in the interior on an MAF emergency flight to the hospital here. The missionary was accompanied by a young Indian woman who had been attacked by a Jaguar and dragged off into the jungle. Fortunately, two men managed to fight off the Jaguar and bring her to safety. The victim suffered a

fractured femur, several lacerations, and radical shock. Mission work is not child's play, nor for starry-eyed romantics out for an adventurous safari!

Aloft again, our MAF aircraft touched down in another jungle airstrip at Totobe village. Our welcoming committee consisted of several missionaries, the Yanomami chief, and numerous unclothed women and children. On our 15 minute trek from the airstrip to the forested Totobe village, we experienced "sensory overload." Beautiful parrots, toucans, and macaws screeched at us as from their ensconced perches among the lush green forest of cashew nuts, dense vines and bush, towering trees, and unique wild life.

The Yanomami people see so few outsiders that they just stood and stared at us by the hour through their open-screened windows and doors. We were their television. The Yanomami are described as fierce warriors, but we saw only their smiles and warm welcome. Each tribe owns at least one round house or "Yamo" where approximately 140 people live communally. The Yamo is a large thatched structure with an opening in the center of the roof. Each family strings up their hammocks around the interior wall. They are excellent hunters who deftly use their bows and curare-tipped arrows. Both bow and arrow are taller than the hunter! Their game consists of wild pig, monkey, parrot, and fish. Our first meal was wild turkey; it was absolutely delicious.

Our first day began at 6 a.m. We forged a river, the missionary clutching his Bible and teaching material, wrapped in plastic, in one hand held above his head. A 20 minute hike from the river bank brought us to another Yamo.

Our host missionary is one of the best linguists in the Yanomami dialect and speaks with nearly perfect precision. The native men sat in a semicircle to the front and the women and children close behind. The missionary chronicled God's dealings with mankind, starting with creation (the Yanomami believe evil spirits created and control their world), continuing through Adam and Eve, and concluding with Christ's work.

In the deep guttural Yanomami dialect, the missionary asks questions and reviews the previous lessons to be sure they are understanding clearly and are retaining the crucial ideas. However, Yanomami live in fear of evil spirits and the witch doctors attempt to control the people through these means. The witch doctors engender fear of the spirit world by secretly attacking Yanomamis along the jungle paths, and breaking their bones, i.e., elbows, knees, or the spine. Such an attack, the witch doctors tell the villagers, is a message from the evil spirits seeking certain items or favors.

Because of the nature of these attacks and the injuries incurred, the senior missionary wasn't sure how the Yanomami would react to the sounds of the cavitation of the spinal or extremity adjusting. To be wise, I elected not to adjust the Yanomami this trip, but next tour could prove favorable. Health care was circumscribed to nutrition, dietary, and homeopathic procedures this tour.

Before anyone criticizes a missionary for working in a primitive culture, they need to visit this setting themselves. Beyond bringing the good news of the gospel of Jesus Christ, missionaries perform vital and unique services such as:

- keeping an airstrip open: without this the native people would never see government personnel, anthropologist, or emergency health services.
- providing daily treatment for malaria and dysentery; tribes without missionary assistance are being ravaged by malaria.

- teaching these people to read and write in their own language.
- teaching them farming methods and fishing by hook and line instead of endangering their lives in dangerous rivers.
- teaching them to craft unique items to trade or sell so they can remain economically independent.

As we lifted off the tiny airstrip and nosed the aircraft homeward, leaving these Yanomami people behind, I realized my thinking had changed.

I am seeing my material and spiritual priorities shift into reality. This entire mission was a very humbling experience. Would I go back? First chance I get, if I can convince my wife to come with me.

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Editor's note:

Dr. Ben Markham is a member of the Christian Chiropractors Association (CCA) and has been in private practice for 15 years in Chattanooga, Tennessee.

A Statement of purpose from CCA Mission Chairman Gregory White, D.C.

The CCA is committed to maintaining an ethical and open cooperative relationship with the World Chiropractic Federation and its delegate doctor members in the regions where our STM doctors participate.

Our STM doctors are careful to respect and enhance any contiguous commercial chiropractic practices by referral of the patient to them for continued care. Our main theater of operations continues to be confined to the remote communities calling for the care of the indigent and needy. Our doctors always function within the total ministries of established Christian missions and their ministries.

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