

Debbie's Smile

Barry L. Hughes, DC

The first time I ever heard about Debbie was on a sign on the main street of our small town. "Pray for Debbie Rasco. She has had a severe accident and may not make it."

Over the next several months the sign had changed text but continued to have the same message -- Debbie was in bad shape.

That was in July of 1985 and I was in the process of taking the state boards in Texas and was nervously awaiting the scores. By the time I had the paper, gotten a small (very small) loan, and opened up an office I had almost forgotten about Debbie, other than as a prayer for a person I did not know.

Enter Kathy Goolsby. She has to be one of those patients every chiropractor hopes to get. She was personally responsible for about half of all the patients I procured my first year in practice and I can honestly say I don't believe I would have made it without her help. Her problem directly stemmed from the time and effort she was exerting trying to help her sister, Debbie Rasco, recover from a severe brainstem injury.

Debbie was a victim of a drunk driving accident. She was on her way to the hospital where she worked as a nurse. A young man, who had five prior Driving While Intoxicated (DWI) convictions, was driving in the opposite direction after a 24-hour drinking and drugging binge. He swerved into the other lane and Debbie's plight began.

My understanding was that she was pronounced dead at the scene of the accident; then later, after someone noticed she was breathing, she was extracted from her small car with the "jaws of life." Her family was told she would not make it to the hospital. At the hospital they were told she would not make the flight to the regional trauma center in Houston. At the trauma center, they were told she would not survive the surgery ... and so on.

I had been treating the entire family: three sisters, a brother, her mother, nephews and nieces, over a period of about six months. One day Kathy bounced into the office and stated that Debbie would be coming home. Her doctors had suggested she be placed in an institution due to the severe brainstem injury. They explained that she would never move, eat, talk or otherwise communicate with anyone ever again. In essence they were telling them that she was a vegetable.

Kathy, however, announced that they had also said Debbie would never swallow, but Kathy had proven them wrong by getting her to swallow a teaspoon of water -- which was considered a minor miracle. The whole family would pitch in and take care of her. Also, she said, the visiting nurses association would be there for 24 hour nursing service and help with Debbie's needs.

Kathy was very excited and so, almost without thinking, I timidly volunteered to come visit some time. Kathy informed me that another area chiropractor was a close friend of Debbie's and that they they considered asking her but had not. I basically just left the thought open never once considering what I was letting myself in for.

I guess it must have been a month or six weeks that passed after Debbie came home that Kathy began to get somewhat despondent. She explained that Debbie had done great initially, but was lethargic and having continual bladder infections as well. She was, however, able to blink her eyes for yes and no but she was not as of yet moving. I timidly asked if the other chiropractor was going to come out and quietly offered to go to her house myself. Even before I could react Kathy had accepted, smiled, and said, "Thanks for the adjustment" and headed out the door while rattling off instructions to the house. I had finally stuck my foot in it to the knee.

The next day, a little before noon, I armed myself with my pinwheel, tuning fork, ophthalmoscope and Activator, placed them in my little doctor bag, just to look official, and pointed my Landcruiser toward the country. The house was not hard to find, especially with Kathy's car in the front drive. I wasn't too pleased with the big dog that met me but he was friendly enough and Kathy called him off before he ate both of my legs. I was ushered into a large room with a big foam-padded bed and a catalogue full of medical equipment. In the center of the room was Debbie.

I knew she had seen better days but I was determined not to let it bother me. After all, I was a (REAL) DOCTOR. She still had the bandages from the halo she had worn for nearly six months taped to her mostly bare head. Her arms were flexed across her chest with fingers clasped in what appeared to be a death grip. Looking at her feet, pointed, spastic and crossed, I suddenly realized that nothing in my training had prepared me to deal with the destruction of the human being I was facing. I turned to Kathy, "Can she hear me?" I asked. "Can she respond?"

A big smile came over Kathy's face and she looked straight at Debbie. "Her doctors said she can't hear much and can't respond, but we all know different, don't we Debbie?" I didn't look her way. "See, she said yes. Doctor Hughes is going to look at you today. Is that okay with you?" This time I turned to look. "Debbie, you better answer me."

Just for a moment I thought I saw her blink her left eye.

"She said okay, but she's a little shy of strangers. Aren't you Debbie?" Again I turned to catch a glimpse of her eye twitching. "Good. Doctor Hughes is a very nice and he wants to try to help you so don't give him a hard time."

I examined Debbie and found her in a sorry state. She was terribly jaundiced and her skin had lost its turgor. The alleged vitamin supplement she was taking was one tablespoon of "pediatrivite" daily through her gastric tube. She was also getting fed mostly through the tube, but they were able to get very soft food down her mouth in minute quantities. Her urine, which was accumulated in a bag on the floor, was cloudy and the catheter tube had a large amount of sediment sticking to the side.

I adjusted her the best I could using the Activator instrument from head to toe, literally. I also performed occipital line point pressure at which she flexed her head and body forward, possibly to escape the pressure from my fingers. At that point, Kathy became elated. She explained that this was the most movement Debbie had made since the accident. That was encouraging news.

I explained that patients with brainstem and spinal cord injuries also suffer from malabsorption syndromes and that the nutritional program Debbie was on wasn't enough to keep a rat alive. So I increased her vitamin C through her gastric tube and explained that I would order the proper liquid vitamins so that they could be given, at least in small doses, by mouth. Remember Pavlov's dogs? Food that was not masticated was not absorbed.

Within one day of receiving the new vitamins and taking part by mouth, Debbie's skin was

beginning to show signs of coming around to normal. Her bladder infections, that had plagued her since her catheter was placed, all but disappeared. Even the jaundice and dark stool had leveled out.

Very soon afterward Debbie's progress began to speed up. She began to move her mouth and left arm and her legs were not continually crossed. Her ability to eat food increased and she slowly began to flex and rotate her head, just to name a few of her accomplishments.

It has been over six years since her accident and nearly six since I began to see her. I've gone from Activator only to adjusting nearly full spine by hand -- even her upper cervicals (C2).

Her recovery has been remarkable, from the way I remember her initially. She is now able to show great emotion, quite loudly I might add, and her movements have increased tremendously. One thing I have noticed is that people who see her quite often comment on how bad she looks and how terrible it must be for her to be an invalid. A neurologist performing an EEG once even told all who could hear, including Debbie, that she was total vegetable and that the only responses she could make were reflex in nature. Of course, when the EEG came back perfectly normal she had to do a major back-up -- open mouth, insert shoe.

The point is that to anyone who had known Debbie before the accident and hadn't seen her since, she is in terrible shape. She is no longer the vibrant, outgoing active person that she used to be -- outwardly. But from the accident victim who wouldn't make it another hour, to the person who comes to my office every Wednesday, I have personally seen a great deal of improvement.

The reason is quite apparent. A family whose love and care included sacrificing time and expense to care for her, whose reverence for the sanctity of life would not allow for her's to be wasted in an institution, and whose realization of the strength of the family unit truly noted that it was only as strong as its weakest link. The rest of us should be so blessed.

So what does that have to do with me and chiropractic? The point I am trying to make is that even though these people may not be able to get up and move around, or complain of back pain or headaches, etc., you as a chiropractor can help. People like Debbie have a nervous system and a spine. Even if the brain isn't completely connected, there are reflex arcs and cranial nerves that can be interfered with. Even Debbie's nurses can tell the difference when she doesn't get an adjustment. And I don't mean for the spasm or mobility factors. I mean that upper respiratory infections, stomach cramps, bladder spasms and other general health problems have all been lessened when she makes her appointments. And when she doesn't -- you guessed it.

Some skeptics would say it is the placebo effect. Maybe. When a doctor walks into the room, there's a placebo effect. At any rate, there are some of us who are willing to try anything to be of service to our patients. If that means doing something that is out of the ordinary, so be it. The risks are small but the pay is great. I get mine every time Debbie smiles.

Barry L. Hughes, D.C.
Brazoria, Texas

OCTOBER 1991