

Mayan Healing: Chiropractic Mission to Guatemala

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The ancient Mayan civilization ruled over Central America up until the time of the Spanish invasion. The Mayans based their healing practices on herbal remedies, crystals and divine intervention. Today, their descendants still live in parts of Central America. Prayer and home remedies are prevalent among these people, as access to modern medicine is limited. For seven days, I traveled to Guatemala, home of the Mayans, to bring chiropractic care to them.

Guatemala sits in Central America, nestled between Mexico, Honduras and Belize. The country has had more than its share of hardship. For more than 30 years, a bloody civil war raged, and tourists and humanitarian groups, until recently, have shied away from Guatemala. The remnants of war have left their scars, and over 75 percent of Guatemalans live under the poverty level. Now the government has changed, and the atmosphere is much more peaceful.

Our medical mission was aimed at providing primary care for men, women and children in the El Peten region of Guatemala, home to the famous Mayan ruins of Tikal. This was my second medical mission with the "Flying Doctors of America," an Atlanta-based nonprofit organization: In 1996, I traveled to Peru and adjusted descendants of the Inca civilization in the Andes Mountains. [See "Chiropractic at 11,000 Feet," *DC*, Jan. 1, 1997: www.chiroweb.com/archives/15/01/09.html.] The 2004 team was composed of health care professionals from Oregon, Colorado, Utah, California, Maine and Georgia; among them, we were honored with the inclusion of U.S. Congressman Phil Gingray (R-GA) who is an OB/GYN by training. We received ground support from Maya Expeditions International, a Guatemalan-based outfitter that helped organize transportation, lodging, meals and service sites.

We flew from the United States to Belize City, and then traveled by van for two-and-one-half hours across Belize and into Guatemala. Our first service site was a rural hospital in Melchor, near the Melcon River, which makes up the western Guatemala-Belize border. I worked with Mirna Quiterio, a physical therapist who was in charge of the outpatient rehabilitation department. We saw a man who had been shot through the shoulder, resulting in a brachial plexus injury; a young man who had fallen down a cliff and crushed his spine, turning him into a paraplegic; and a young boy who had Bell's palsy. This was not your typical suburban chiropractic practice.

Mirna did exercises with the patients, and I adjusted each one. Mirna was eager to see what I could add to the treatment of her patients. She held great confidence, and allowed me to see the balance of her patients. Fortunately, I had a local high school student, Sylvia, who acted as my translator, as my Spanish is extremely rudimentary.

The following day, we moved our operations to the village of Polvara, home to a military

installation. Seeing young Guatemalan soldiers with automatic weapons stationed at our service site made me feel edgy. I sure hoped that no pushing or shoving would start, with the soldiers going trigger-happy on the civilians. My fears were unfounded; the military was there on a goodwill mission. Once the first soldier got on my portable table and was adjusted, we all felt more comfortable. On this day, I was practicing out of a Catholic church. The high ceilings, tiled floor and large windows and doors were a welcome relief from the dark, cramped quarters of the rural hospital.

We had two part-time massage therapists along on our trip, so they traded off working with me, and acting as dental assistants. The massage therapy was a big help, as many of the overuse syndromes that we saw benefited from the soft tissue work. We had a busy day with more than 50 patients. We saw soldiers with knee injuries from bad parachute landings; older women with neuralgia from walking barefoot too many years; and men and women who complained of "bad thoughts" and "crazy brains." I did the best I could, drawing on my training in applied kinesiology and counseling. To these people's advantage, I saw very little obesity and good muscle tone. The older people were arthritic, but strong.

Our last service day was in the village of Vinyas. I was stationed in the basement of a small health clinic. The doorway was clogged with faces getting a look at what treatment was in store for them. This wasn't just health care; it was also entertainment for these jungle dwellers. When else do you get to see one of your neighbors pulled and twisted, while they make moans and grunting noises? Some of the women were shy and a little uncertain about my approach to their aches and pains. I think most of them expected an exam and a prescription for pills. The hands-on treatment of chiropractic was new to them. I called each of them "*mi esposa*" ("my wife") to help break the ice. That got them laughing, and soon they were getting adjusted and feeling better. The rain beat down all day, but that did not repulse the hardy Guatemalans. Even though many had to stand out in the rain with not much more protection than a hand towel, they wanted to see the American doctors.

After three full days of patient care, our team traveled to the Tikal National Park to explore the famous Mayan archeological site. One of the largest excavations of its kind, the temples and pyramids of Tikal, built in the 6th century, are taller than any of the modern buildings in present-day Guatemala. We watched the sunset from the top of "Temple IV" as the monkeys and toucans cavorted in the treetops. What a great conclusion to a successful mission!

Doing volunteer chiropractic with a multidisciplinary team in Third World countries is not for everyone. You must be able to practice outside of your comfort zone in several ways. First, you will find that these countries have a much lower standard of living. Cleanliness and order are dreams; anything mechanical or electrical is bound to malfunction or break down. Second, you will be interfacing with other health care providers who may have little or no awareness of what chiropractors do, or what value they have to patients. You must be willing to explain and/or demonstrate your value to the other mission participants.

Finally, you must make do with treating patients with a sparse history, brief examinations - and no X-rays. A portable chiropractic table, a T-bar to work out trigger points, and your conviction are your main tools to bring about healing. You must be able to sleep at night with the understanding and belief that you can bring some relief and hope to these impoverished people, even if your help is just for a few days or weeks.

If service above self is an appealing motto, you owe it to yourself and your fellow human beings to check out the Flying Doctors of America. For more information on medical missions that welcome chiropractors, visit the Flying Doctors of America Web site: www.fdoamerica.org.

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