

## **Romanian Mission Trip Part IV**

**Brightside September, 2018**

By Dr. Derek Conte

In the previous three articles covering my mission trip to Romania we have detailed the environment and the lifestyle of Gypsies and the Romanian world of which they are a part. This last installment will concern a case I encountered that remains strong in the memory and demonstrates the utility of “Chiropractic in the Field”. For chiropractors to be effective they don’t require much, not even electricity or an adjusting table.

Tonciu, Romania: a larger Gypsy village, not remote, with a much larger church in which we cared for over 100 people. One was young girl in a red dress, colorful leggings and pink sneakers. She walked in with her mother’s right arm hooked under her left, supporting every step as she shuffled choppily, unsteadily toward me. She used her torso to swing her legs around and forward in the circumduction seen in polio. She only touched the ball of her left foot to the floor. The foot was turned inward and appeared to be clubbed, her toes making a fist. Her Achilles tendon was clearly foreshortened from spasm of the calf muscle. There was obvious neurological involvement with this child.

Avi translated the mother’s Gypsy tongue as she pointed to her own back: “Her spine was outside her body when she was born”. This description defines a condition called spina bifida.

Spina bifida is a developmental defect where the spine and skin do not close. It is akin to a hair lip and cleft palate. There are three types of spina bifida: 1) “occult” - not usually visible or symptomatic, 2) “meningocele” - a membranous bubble-like sac outside the body usually near the tailbone containing no nerve material; sometimes symptomatic and 3) “myelomeningocele” – the sac outside the body contains spinal cord and spinal nerves and is usually very symptomatic and life-threatening causing loss of use of the legs and organ dysfunction.

She was small for her age by our standards, as all the Gypsy kids seemed to be, but perfectly proportioned. She was very sweet and shy and was afraid to get on the table so I talked to them and, after a while, she finally allowed me to look at her. What I found was a large 6-inch cruciform scar, like a “+” sign over her lower back, stretched out from growth since infancy. This was the surgery required to place the spinal cord back inside the spine. I noted the left leg was shorter than the right by 2-inches. The pelvis was dramatically rotated out of normal position.

On another larger, healthier, less fearful patient, I would adjust manually, but in this case I used an activator on the right aspect of the sacrum. She was fine with that. I spent a couple of minutes making precise, light tapping at important landmarks around the spine and pelvis. I didn’t expect much --- “Maybe at least some relief for the poor child?” Then, I checked her legs and they were perfectly balanced. I was encouraged. Could we get a neurological improvement in a case so severe and long-standing? I let her rest for a minute, then I re-checked her legs and they were perfectly balanced. I was encouraged.

Well, that beautiful child (pictured here) got off the table and walked on her own without the assistance of her mother. In fact, she walked smoothly, heel-to-toe with every step, up and down the center aisle of that church. And she kept smiling. The only irregularity I detected was the tentativeness of the child doing something she had never done before. Once she gets her strength and balance I predict she will be running around with her friends soon. The only regret I have is not being able to follow up for a period with these patients. I will put the video of this sweet moment on my website soon.

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