

**'Great things are done when men and mountains meet'**

Himalayan Health Exchange 2011 – Kargiakh – non profit organisation providing free healthcare to those in the Zaskar region of the Himalayas

As the 24<sup>th</sup> of July drew closer, having had the final relief of passing exams, I began to contemplate what else was required for a month on the mountains. Although told by many that it would be 'a once in a lifetime experience', in all honesty, in the midst of the chaos that had been fourth year, I had been far from sentimental when thinking about my elective. With issues such as 'emergency evacuation' and 'acute mountain sickness', it would be somewhat of a lie to say I wasn't apprehensive, yet I would have it no other way.

After a week of post-exam relaxation south of the country in Goa, Delhi was the first destination on the itinerary of the Kargiakh trip. Only a night's stay before taking a 'spectacular flight' to Leh; flying in at 11,500ft. The team (consisting of 28 medical professionals from various specialties and countries) were given two days to acclimatise in a beautiful sanctuary-esque resort with pure vegetarian food and a backdrop of mountains. Strict instructions to avoid exertion ensured most avoided the altitude sickness.

The two days of luxury gave rise to two long days of coach travel, each 12 hours long, by the end of which we had reached our first clinic site. Here, finally, we were to lose our supply trucks and coach, embracing instead 40 mules. We also had the pleasure of meeting our kitchen staff and horsemen, an incredible team whom undoubtedly made the trip considerably easier for us.

Each clinic was made up of different stations (tents) that patients were referred to accordingly once triaged. The stations being; General Medicine 1 +2, Obstetrics & Gynaecology and Paediatrics. Each station had a captain (senior doctor), whom the allocated medical students reported to, having taken a history and examined the patient. The clarity and organisation of the clinics was a pleasant surprise, nothing like the haphazard structure I had imagined. The first clinic was based on the doorstep of an orphanage and thus, Paediatrics (the one I had been allocated to and incidentally is a prospective career option) was, as to be expected, inundated!

The first hurdle encountered was language. Although a handful of us spoke Hindi, it wasn't much use unless a Ladakhi translator was present. By translator, I mean a child or teacher from the orphanage that spoke both hindi and Ladakhi. It was a pleasure to treat the children, which such minimalistic intervention, interaction took precedence in the care pathway. I saw many ailments, including scabies, reflux, warts, phimosis, for all of which, simple advice and treatment made all the difference. The highlight of that clinic had to be a child complaining of long sightedness with accompanied headaches and squinting whilst reading books. Through trial and error I was able to determine which strength reading glasses he required. The right pair planted a huge grin on his face as well as earning him numerous pats on the back from colleagues.

That night was a rough one; a sandstorm brew, leaving our tents like a sandpit by the morning. However all had dissolved at dawn and we completed our first trek lasting two hours from Ichar to Reru. After lunch we set up for clinic, I had been allocated to Obstetrics & Gynaecology this time. Patients trickled in but we were in no great demand. The one patient we were able to substantially help was a 49year old woman who came in complaining of 'not being able to pass water for 3days'. She was actually from Manali (7-8day trek away) but was visiting her parents at the time. On the first day she had gone to the local

hospital in Manali where the nurses were unsuccessful at catheterising her. I managed to take a history, however with difficulty, due to language limitations specifically with regards to the lady's sexual history. Since the presence of interpreters (whom were most male) was not appropriate I persevered till the relevant information was collated. I had to convince her for an internal exam, to which she seemed disconcerted, so I took her into an empty tent, made sure it was a female only environment and then tried to explain, to the best of my ability, why it would be beneficial. She finally agreed, allowing a senior and I to perform a bimanual examination, in which we found a rectocele and a hard cervix, in addition to the distended abdomen, suggesting bladder retention. A nurse from the team was called to attempt catheterisation, who, with difficulty, managed successfully to relieve 650mls of urine, I say relieve in both senses of the word, the patient let out a huge sigh to signify it. Although we were able to solve the problem temporarily, the root of the problem remained unsolved, for which we referred her to a hospital. This posed many practical problems for her, as it would take at least a week to reach there, and it was likely she would suffer from retention again meanwhile. Unfortunately, we had no self catheter packs to give her, and could therefore only offer paracetamol and advice about pelvic exercises instead. This case highlighted the importance of the work HHE does, however also the disadvantage of the lack of long term follow up.

The next day, we did our first long trek, setting off at 8am to finish at 4.30pm. The sun was out, making it a very scenic route, with valleys and peaks either side of us, rendering hydration all but essential. The trek was well worth it as at the end, we were rewarded with one bucket of warm water...i.e a shower!

After the long trek the day before we woke up leisurely to start a clinic, to which this time, I was to help in Pharmacy. It was a refresher to see the treatments of various problems. During the clinic I was called out to help with a case of suspected Leishmaniasis. It was a 10 year old male who had a large lesion on his head with various satellite lesions appearing over the past week. His father, the head of Char (village) had put fluorescent pink nail varnish on his head to stop the oozing. The lack of access for seven out of twelve months does not leave much in the way of promotion of public health, leaving the locals often helpless. The history of inflamed lymph nodes and painful lesions pointed towards differentials of either Cutaneous Leishmaniasis or Tinea capitis. Since my topic for evening discussion was Leishmaniasis I was consulted about treatment to which I suggested a few, Fluconazole was one we had in the pharmacy and would treat the other differential too, thus was the treatment of choice.

The next few days were spent at a place called Purne, from which we did a one day trek to a beautiful monastery. We were greeted by the llamas, toured around and given tea, as well as being blessed with a Tibetan shawl. The monastery carved into the mountain was a height to climb to, allowing for stunning scenery nearby. They had kindly lent us a room from a guesthouse at the base to carry out our clinic. In general medicine this time, I was able to see management of cracked ribs, benign prostate hypertrophy and a long standing cough; prophylactically treated as pneumonia. It was a pleasure to be around such enlightened souls with their kindness and honesty radiating through the team.

Over the next few days we did small 2-3hour treks from Purne to Testa to Tangay to Kargiakh, carrying out clinics at each place. From Kargiakh we ascended to base camp at 15,300ft. It was steep hike with winding and narrow pathways half way up mountains with often no real hiking trail. It had finally arrived, on day 20, the day most of us had most awaited, the Shingo-la pass. This was the 17,500ft peak that was to be crossed. Word had

reached us that adverse weather conditions meant someone had passed away on the peak the previous week, leaving the team leader a little apprehensive. We set off at 6am, with an incredibly steep climb up a slippery ice laden trail. Regular breaks had to be maintained as the effects of altitude were at its peak, due to the quick ascent. Although we managed to get to the peak with no problems, we were only able to spend 15minutes rejoicing our success, as the fear of being caught in a blizzard with the new onset of snow forced a quick departure. We did, in fact, have to walk for hours before we could even stop for lunch just to ensure we were on safe territory. Even after lunch, the campsite seemed an eternity away, which we finally reached, a good 12hours after departure. The hardest part of the trip completed.

The next day we set off on a further 6hour hike to Palmo, an interesting hike from the cold of the mountains to the end of what seemed the mountain ranges. The weather completely changed, the whole team stripped off their base layers before crossing a bridge to civilisation, where our supply truck was waiting for us. The hikes were no longer difficult, but rather were walks on straight roads, not mountain trails! The work was not yet over, we set up clinic that afternoon. The clientele were completely different to that of previous clinics. Most who attended clinic were construction workers, thus complaints were a variety of musculoskeletal problems.

Our final trek to Chikka involved walking on newly built roads and jumping over waterfalls to reach the last clinic setting. The clinic had a poor turnout but colleagues saw some interesting patients, from anxiety disorders to unusual dermatological complaints for paediatric patients.

The supply truck had brought various musical instruments which we heard the kitchen staff playing at night; intrigued, we crept towards the interesting sounds of singing and playing, we were welcomed with open arms to play, sing and dance. The following night was a repeat, with a huge bonfire to mark our last night on the mountains, a sad, yet monumental day.

Without sounding too clichéd HHE really was life changing, I was not only able to help many of the 603 patients we saw in total, but also learn valuable things about myself as a person and my preferences about my career, in addition to meeting a fantastic team whom I intend to keep in contact with. It was surprising to hear that the last time many of the locals were seen by a doctor was the last HHE trip the previous year. The work HHE does is truly awe inspiring and consider myself extremely lucky to have been a part of it. If there was one word that I would have to choose to describe the experience, it would be – humbling. The lack of electricity, showers, mobile reception and toilets showed me how people lead fulfilling lives with no real need for the aforementioned. It was a lifestyle I became accustomed to quite love, ironic since those were actually my fears before setting off.

Expedition medicine, although has its drawbacks of lack of continuity of care and follow up especially in the case of chronic disease, has far more benefits in my view, both for the patients and the professionals. I felt that I achieved my aim to make a real difference to those I set out to help, illustrated through (a few of the many) cases above. Holistic care, in the form of advice, multivitamins, toothbrushes as well as treating the presenting complaints were addressed. Additionally on a personal note, it character built in no way any other hospital-based elective would have. The pressures of resource-poor environments and language barriers allows for learning of completely different coping mechanisms and promotes whole-hearted teamwork. Learning medicine at a fundamental level with patient interaction at the forefront of the care pathway, virtually eliminating tests, was all but refreshing and thoroughly enjoyable. The responsibility given,

and experience gained, of taking a history, examining, deducting differentials and suggesting treatments was invaluable.

The conclusion I came to by the end of this elective was that expedition medicine was definitely my cup of tea! I had managed to stay healthy throughout and therefore enjoyed it to the maximum, relishing the social and professional aspects of it. It also confirmed my love for Paediatrics which I now hope to pursue a career in. It is an experience I would highly recommend to anyone thinking about it. The leader and the team based in America are all very approachable and the program is for a truly charitable cause. Finally, I would like to thank the South Asian Health Foundation for deeming me worthy of their award last year; I can assure that the fund has done wonders for many.