

Medicine in Shangri La

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“Chok de!” - Nepali folk saying

The Ganesh Himal mountains came into perspective best as we left the clinic in Tipling, a remote village in northern Nepal just south of the Tibetan border. My journey there had begun mundanely, as had many others, with a hurried trip to the airport and an office full of unresolved details.

On the transatlantic flight a white airplane symbol on a video map made slow progress across a blue virtual ocean. Arrival in Delhi after midnight was followed by a quick trip through customs and expulsion into the public area of the airport. A porter blocked and feinted through the tropical night for me and my overweight duffel bags through a seemingly friendly mob, directed me to a van, and awoke the driver. I rested at the Centaur Hotel and 12 h later arrived in Kathmandu in a misty rain. As I stood outside the airport building I met a gynecologist from New York and a dentist from Ohio, both traveling to Tipling. Our group (**Figure 1**) eventually would number seven and include a pediatrician, gynecologist, pulmonologist and four dentists.

That evening we met and discussed tentatively what we thought we would find in Tipling. During that meeting, a sense of panic gripped me as I realized I could not remember the details of any parasitic disease, not one. The only textbook available was the Washington manual that I had carried with me, and save malaria, its discussion of parasitic diseases is nonexistent.

Before leaving Kathmandu we obtained safe deposit boxes because wallets, credit cards and ID's would be irrelevant in the shadow of the Himalayan mountains. A trekking permit is the only document needed in rural Nepal. We carried only enough cash to pay the porters (8000 Rs = \$40.) and to buy the only souvenirs, Khukuri knives forged on wood fires by the men of a Kami (blacksmith) village next to Tipling.

A bus carried us from Kathmandu through its suburbs, the King's forest and on to Trishuli, the last town before the mountains. Like many street merchants, a hardware store there had an iron balance suspended by a chain from a wooden frame. The shopkeeper sensed my interest in functional folk art, and told me the scale had been in his family for over 300 years, "since before the British." I assumed it was a priceless heirloom, but he told me I could have it for "75 dollars US" - and it would be wrapped and ready when I returned!

Ten hours of travel that day brought us 150 km closer to Tipling to a farmhouse in Ghatlang at 2700 m where the road ended. The mountains were not visible because of overcast and we felt a cold drizzle, as unwelcoming as a November rain in New England. Our tents began to appear as we huddled in a farm building lit by hissing Petromax lamps. Ram Ra, our chef, swung a chicken in an arc at the end of his arm and broke its neck before cooking dinner.

I do not remember sleeping that night at Ghatlang; the morning was dry and cold. When I left the tent to wash with a bowl of warm water colored purple by potassium permanganate I saw Nepali hill people - all wanting to be porters - for the first time. Most were dressed in thick, brown homespun wool tunics, some had threadbare olive sneakers, and some wore only flip-flops.

The trail up passed through a grazing field behind the farmhouse. Snow covered the Himal even this late in April. Soon I was soaked with sweat, while the air became colder and the breeze stronger. That day we stopped for lunch at Yuri Kharka (3400 m), a sheep pasture with remnants of small stone buildings, from which we could see the valley below and the mountains ahead. We hiked up Khurpu pass (3900 m) then down a road closed by a rockslide to a mining camp at Somdang. The evening was cold and wet. A fire burned in a hut. Several Nepalis sat silently in the shadows, while the pervasive wood smoke made my eyes run. The porters unloaded and set up camp in a muddy clearing.

Altitude, cold and dampness made me restless and I slept poorly that night. As we lay in our tent I told my tent mate (only half joking) that I thought we had only a 50% chance of getting out alive. He accepted this as his mantra, and repeated it often during the next days' climb. We awoke and found condensation from our breath frozen on the tent walls. The sky cleared in the morning and eventually the sun ascended to warm the valley.

That day's steep route led up over a poorly formed trail through woods, over rocks, and through damp snow. The altitude made each step like running as fast as I could. I walked slowly and rested often to catch my breath. We had lunch in a high pasture at 4100 m just below Phangsang pass. Small stone huts dotted the high pasture, because even at this altitude goats were herded here in season.

Finally, crossing the pass we saw the Ganesh Himal on our left. After the highest point we could look down and see yaks in a pasture. Porters carrying large plywood sheets (future blackboards) looked as if they might fall from the narrow trail. We then began to descend rapidly and our breathing became easier. The grassy, flat campsite that evening was surrounded by trees burned hollow by a forest fire. The porters found caves in which to sleep and began to cook over open fires. We rested in the cold air drinking hot tea with milk and eating cookies from a large aluminum platter.

We passed through a forest of rhododendrons with occasional stands of pitcher plants and around a bend that brought our first look at Tipling. Cultivated fields and stone walls appeared. Children and black goats surrounded us as we followed a stony path. An old woman approached and, asking for medicine, thrust an arthritic knee at me - the irony was lost on her but I had injured my right knee on the climb down that morning and was well behind the main group.

When I finally reached the health post my knee was throbbing. A Brahmin with Aryan features introduced himself as Ram Babu (later "Rum Babu" after an evening of drinking) and asked if I could see a patient with him. On a small hill behind the health post and we found a hut made of reed mat arched over thin sticks. It was open and a gentle rain fell through the frame. The grass floor was punctuated with cattle droppings; he had brought all of his possessions to this place. He lay on a mat next to a fire with a small circular iron grate. A collection of white ashes suggested the fire's longevity.

The man was icteric and had massive ascites. I pushed on the huge spleen and liver, which felt likely slightly buoyant objects that take along time to surface after submerging. He said he drank "raksi" (alcohol), but no longer. Ram Babu escorted me back to the clinic and showed me the available medicines. I spotted 25 mg hydrochlorothiazide tablets. We climbed to the hut again, Ram Babu carrying a glass of water and two tablets. We watched him swallow the pills and left the hut as goats, chickens and cows walked freely through it.

Our days at the clinic began at 6 am with a Nepali boy unzipping our tent and saying, "Morning sir, tea?". I would grumble, "No thank you," and ask for coffee. I received it and an aluminum bowl of purple water.

By sun up a crowd that resembled a medieval bazaar had gathered and stood, sat or squatted waiting patiently for us to call their names from a chit showing their village and previous diagnosis. The first morning I attempted to record the chief complaint and diagnosis for each patient. I wrote this in my notebook: "worms (x2), ventral wall hernia, ascites and portal hypertension, abdominal pain (x2) . . ." Then I became overwhelmed and recorded nothing else for the next five days.

We did not speak to the patients exactly, but rather routed our 2-way communications sequentially through Nepalese and Tamang interpreters. The villagers spoke Tamang, which some Nepalis understand besides English, but no villagers speak both languages. Not unexpectedly, histories were both brief and stereotyped. Abdominal pain, nausea and diarrhea were usually assumed to be due to "jugga" (worms). Hurting and aching all over might be due to osteoarthritis, after years of carrying huge loads and climbing steep paths. Respiratory complaints appeared due to bronchitis resulting from living in unventilated houses in which fires burned year round. Tuberculosis is prevalent in Nepal and it

was impossible to know who among our patients was infected. The government health ministry provides no source of continuing TB medications after patients are diagnosed definitively in Trishuli.

One busy morning the wooden doors of the clinic room opened and a boy was carried in. His family had carried him on a cloth litter for several days to reach us. A kerosene lamp had fallen and exploded near him. Full thickness burns were present on each thigh, his eyes are glazed and his oral mucosa dry. He was awake, appeared filthy, and smelled like smoke. I found a use for the glass bottles of Lactated Ringers that sat on a windowsill. A steel needle was inserted in a vein and fluid began to flow. Since we had no IV antibiotics, I gave him oral dicloxacillin and ciprofloxacin. Lillimani, one of the outstandingly dedicated Nepali health post workers, remained cool and professional. He and the dentists debrided the boy's burns. The boy was given floor space in a closet-sized room so his mother could sleep with him and feed him. I finally had time to check his pulse and blood pressure and he looked at me with eyes no longer glazed. By the end of our stay he was alert and eating normally.

A man arrived at the clinic late after dark on our last night before trekking out. We were working as long as needed to finish, since many remaining patients had walked two or three days to see us. A Petromax lamp provided a warm but constantly diminishing glow. The man was carried in by two others. His face was round and swollen, and his legs were massively edematous. As I examined him he read a textbook to me: anasarca with pitting edema to the umbilicus, hepatomegaly, a variable S3, clear lungs. I could not guess the etiology of his decompensated right ventricular failure. I had only a diuretic to offer (by this time I had found some furosemide) and gave him digoxin. I left for the evening meal - a goat had been slaughtered for us - but returned later to check on him. He slept outside on a mat next to the clinic building. Before bed, I checked patients again. We had seen by then a total of 675.

The porters and the Nepali staff were anxious to leave and packed hurriedly in a light rain. We physicians wanted to linger and check patients, say goodbyes, and delay the start of the walk. As I was about to leave the clinic, the ascites patient I had seen the first day appeared. He was walking and was much less swollen. He approached me gratefully and handed me some papers. On them I found a record of a hospitalization in Trishuli - he had undergone upper GI endoscopy and had already had sclerotherapy for varices.

We began to climb away from Tipling, first up a hill from which we could see the clinic diminishing. We walked toward the Kami village, where smiths forged Khukuri knives around a wood fire fed by a leather bellows. We climbed past the village and down through the heat of the day.

After arriving at our lunch spot, two of our team were scolded by villagers for skinny dipping in the village water supply. In the afternoon we walked further through pine forests and across hillsides where rockslides had made the landscape appear lunar. Late in the day, we arrived tired at Jharlang Bridge, which had collapsed during a flood last year. Our porters clambered across the river bed and up the other side. Our campsite was in a deep bowl of hills, so at night we sat and watched the stars in the center of the sky.

Leaving Jharlang we found a pool of clear aquamarine water and small fish, and barely warm enough to dive in briefly. Dahl bhaat was served as we sat on large rocks in the stream. A single Nepali sitting in a water driven-stone mill watched us bemused, but happy, after receiving a Polaroid of himself. Nearing the end of that hot afternoon we collided with the "big up," a cliff about 75 meters tall with tiny stone steps and hand holds made by local villagers.

We climbed slowly, step-by-step, and rested for a long time after reaching the top. The Nepalis who walked with us smoked cigarettes while we rested and caught our breath. The remaining walk to town was short and we found the village developed. A bar in town sold raksi, Fruitis and beer - but none of it cold. We bought a liter bottle of beer and drank it together. The cook crew set up in a bright orange sunset glow. The townspeople had a volleyball net and a game began. That night we slept on the playing field of the village school. Some children there had Western clothes so we knew we were nearing the city.

The next morning's walk was long and we were tired by lunch. We passed through an electrified village and saw a TV antenna before stopping. In town radios played but again there were no cold drinks. We were able to nap for a few minutes after lunch but were awakened by rain and thunder. That afternoon's hike was in the worst weather we had encountered. Massive thunderclaps, much louder than any I'd heard before, shook the mountains. Sweating, we continued to climb through cold hail then rain. We stopped briefly in a small store at the next village to get warm and dry and then went on. The path became a road and our pace quickened. Finally, in the rain, we reached Deurali, a town with a bank and restaurant and a new school under construction. The last night of the trek slept in the schoolyard. There were no vehicles in Deurali but we were close to Trishuli and the road to Kathmandu. The next morning we hiked down a steep hill into brilliant green rice paddies. Walking through a riverbed into Trishuli we saw trucks, heard radios and passed shops. By then, a town this big seemed like a foreign country.

Figure 1: The Spring 1994 medical trek to Tipling group photograph:

