MOUNTAIN MEDICINE SOCIETY OF NEPAL

January 31, 2026

MMSN BLOGS JANUARY,2026

WALKING ABOVE BREATH: SIXTY DAYS TO KALA PATTHAR

Kala Patthar peak never announces itself as a challenge. From Gorakshep, it rises quietly withgentle sloping as if inviting rather than daring. At 5,545 meters, it stands just above Gorakshep (5,184 m), where I spent fifteen months working as a medical officer at the High Altitude Clinic. Those days became the golden chapter of my medical life.

During my second season in Gorakshep, between September and November 2024, a thought kept returning to me. I was treating high-altitude illness every day, explaining acclimatization schedules, warning signs, and the importance of descent. Yet somewhere beneath that routine, I wondered how deeply I truly understood altitude through my own body. One evening, the idea surfaced clearly: Why not walk to Kala Patthar every day?

What began as curiosity soon became ritual.

For sixty consecutive days, I climbed Kala Patthar either early in the morning or during the quiet evenings, fitting the ascent beyond clinic hours. No two days felt the same. Some mornings were bright and forgiving, the trail crisp underfoot. Other days brought relentless snowfall, erasing tracks and demanding patience. After heavy snow, progress slowed to hip-deep effort; on one such day, the ascent stretched to three exhausting hours. My fastest summit was fifty minutes, the average about one hour and ten.

The mountain spoke in subtle ways. There were sharp cracking sounds from nearby glaciers as temperatures shifted, echoing briefly before dissolving into silence. My own breathing often became the loud, heavy, and rhythmic sound as the air thinned with each step. On cold-windy days, my fingers ached despite gloves, flirting with numbness and reminding me how quickly frostbite can begin. At times, I felt the faint smells of perspiration trapped beneath layers and damp soil exposed by melting snow, reminding me of my own quiet presence in an otherwise austere world. Occasionally, a Kongma, the Tibetan snow bird, would glide effortlessly little above the ground, or a small mountain mouse, thick-haired and pale, would dart between rocks, perfectly adapted to a place where survival means everything.

I was never alone on the trail. I met trekkers moving slowly with uncertainty, guides reading the mountain with practiced eyes, and porters carrying loads far heavier than their packs. There, conversations came easily about breathlessness, headaches, fear, and wonder. I used to carry water with electrolytes and a small pouch of basic medicines, partly for safety and partly because being a doctor never truly switches off. After every climb, I recorded my vitals including blood pressure, pulse, respiratory rate, and oxygen saturation, and compared them with those of my health assistant, who remained at Gorakshep. At rest, my oxygen saturation typically ranged between 65 and 70 percent, a level that would be alarming at sea level but is expected and well tolerated with acclimatization at this altitude. There were no dramatic changes. Numbers stayed reassuringly stable. What changed was subtler: movement became smoother, recovery quicker, and effort more efficient. Acclimatization revealed itself not through numbers, but through experience.

Kala Patthar is known as the best viewpoint of Everest, but night ascents offered something entirely different. During Dashain, the silence felt absolute, as if the mountains, glaciers, and trails were asleep, and only a few of us were quietly awake. Each step felt deliberate, almost reverent. Standing there, watching stars and distant galaxies unfold between dark silhouettes of peaks, I felt our mere presence—small, connected, and deeply human. That night, I missed having a telescope the most and felt a slight regret at not being able to observe each detail more closely. Still, the experience needed no instruments. My colleagues from Germany and Australia could not thank me enough for

accompanying them, and their quiet gratitude reminded me that some moments gain meaning simply because they are shared.

Something else changed during those weeks—my appetite. During my first season in Gorakshep, eating felt like a task. Limited food options and altitude-related anorexia made meals forgettable. With daily exertion, hunger returned. Food became fuel again, not an obligation.

These daily ascents eventually pointed beyond Kala Patthar. On 24 November 2024, carrying the lessons of discipline and adaptation, I summited Lobuche Peak (6,119 m) with medical colleagues from the HRA Aid Post in Pheriche and the Dingboche Clinic. It felt less like conquest and more like continuation.

Kala Patthar taught me that high-altitude medicine is not learned only in clinics or textbooks. It is learned step by step, breath by breath, in silence and snow. Sometimes, the best way to understand a patient is to walk the mountain yourself.

Regards
Dr. Sunil Baniya
Internal Medicine resident at Mount Sinai Hospital, Chicago

FROM PBLS TO PERIODIC BREATHING: THE MOUNTAINS HAVE A SYLLABUS OF THEIR OWN

If you had told first-year me, fresh out of board exams, running on the hospital canteen's 'doctor set' and Chiya, that one day I would be treating patients at 4,410 meters, making independent emergency decisions with limited resources, I would have laughed, panicked, and probably asked if there was WiFi. And yet, here we are.

In April 2019, I went on a solo trek to Gosaikunda, thinking it would be a short break in between the PBLs. I returned with sore legs and a sunburn I did not ask for. I didn't know then that the mountains were quietly preparing a syllabus of their own, one that would shape how I understood both medicine and myself. The thin air, biting cold, and overwhelming silence humbled me in a way no viva ever had. Somewhere between struggling for breath and staring at snow-covered ridges, I developed a deep respect and passion for life at high altitude.

That trek opened a door I kept walking through-Annapurna Circuit, Annapurna Base Camp, Paanchpokhari, Tsho Rolpa, Tilicho, and eventually Manaslu Circuit. Each journey taught me something textbooks never explicitly say: endurance is learned slowly, resilience is built step by step, and rushing- whether up a mountain or through life- comes with consequences. I even experienced symptoms of acute mountain sickness (AMS) myself, which turned a theoretical concept into a very real headache, nausea, and a lesson in humility. It made me a more attentive trekker and later, a more empathetic doctor.

I first heard about the Manaslu Circuit in February 2020, from a group of porter brothers at Thorong High Camp en-route Annapurna Circuit trek. We were all gathered around a heater, sipping warm water like it was luxury tea, sharing life stories, and mentally preparing for Thorong Pass(5416m) the next morning. This was right after our first-year board exams, when simply surviving felt like success. They said Manaslu was the toughest trek they had ever done-steep, relentless, no mercy. At that time, it felt impossible. Medical school schedules were tight, leaves were rarer than full sleep cycles, and while we managed shorter treks, Manaslu stayed on the "maybe someday" list. Someday finally came- immediately after our final board exams. Manaslu became my eighth and final trek during medical school, and fittingly, the most transformative. We moved every day- no two meals at the same place. Every trek is part torture, part therapy. Days start before dawn and stretch into 12 hours of walking. My legs scream, my lungs protest. Ironically, we hustle more than we ever did in college, yet feel freer than ever. Crossing Larke La Pass is the closest I've come to questioning all my life choices and loving every excruciating, breathtaking step of it. As the body grows tired, the mind grows clearer. The heart is the happiest, and the mind at an unbelievable peace. Who knew exhaustion could feel so therapeutic?

Fast forward to today: I now work as a licensed medical practitioner at The Mountain Medical Institute, Dingboche(4410m), at an altitude where even walking to the toilet counts as cardio. I see how seamlessly those journeys prepared me for this role. Who knew I would be writing this article with this magnificent view of Mt. Aama Dablam right in front of my eyes, surrounded by Mt. Thamserku, Kang Tenga, Kang Thari, Lobuche, Cholatse, Island peak on all sides. At Dingboche, I manage everything from altitude illnesses and trauma to chronic outpatient conditions. I provide inpatient care, stay on 24/7 emergency call, perform minor procedures, make independent clinical decisions in a resource-limited setting, and very importantly, I am learning to rely on my training. In just over a month, I saw 332 patients, 156 foreigners, 176 locals, including 17 critically ill for whom immediate helicopter evacuation was done. There are cases of AMS, HAPE, HACE, respiratory infections, gastrointestinal illnesses most

commonly traveller's diarrhea, polycythemia, hypertension, Khumbu cough, tendon rupture, dental abscess, intestinal obstruction, cellulitis, scabies, alcohol withdrawal, STDs, UTI, epistaxis, hyperventilation syndrome, IDA, Paronychia, Cheyne Stokes Breathing, electrolyte imbalances, arrhythmias(PAC/PVC), periodic breathing of altitude, musculoskeletal injuries, frostbite, Scalp laceration caused by impact from a rock sliding down a hill, bladder outlet obstruction and emergencies that tests every bit of my training and intuition.

Some cases stay with me deeply: a porter brought in semi-conscious with no informant, later developing seizures and found out after tracking down his family members with great difficulty and thorough history taking that he had stopped antiepileptic medication; a three-year-old local child with dangerously low oxygen saturation and febrile seizure; a young trekker whose persistent headache was like a puzzle unsolved; and frostbite cases- trekkers who lost their way and spent a night outdoors above 4,900 meters. Working at altitude taught me what medical school never fully can: clinical judgment sharpens when investigations are limited, prioritization becomes instinctive, and endurance isn't optional. Long nights, early morning evacuations, and full OPDs the next morning test not just knowledge, but endurance beyond textbooks. It is exhausting, humbling, and profoundly rewarding. Years ago, I had attended altitude sickness classes at PAHS by Dr. Buddha Basnyat. Today, those lessons feel less like lectures and more like preparation for where I'm meant to be.

To my juniors especially: medical school is important, but it is not life in its entirety. Study sincerely but also rest, travel, laugh, make memories, and take care of yourself. Burnout is real. Refreshment is not laziness or luxury; it is survival. You cannot pour from an empty cup, especially when you're expected to save lives. Life is short. Experience it in all its shades. Make memories with friends while you still can. Walk when you can, pause when you must, and don't forget to live your own life while learning how to save others.

Working in the mountains is hard - unpredictable weather, limited resources, long hours, but it is also deeply fulfilling. The challenges are real, but so is the reward. And sometimes, the hardest paths are the ones that quietly lead you home.

With love, gratitude, and very tired legs,
Dr. Sarmita Shrestha, 26
Patan Academy of Health Sciences

ALTITUDE SICKNESS AND ACCLIMATIZATION

Few months ago, Me along with my friends went on a trek to Paachpokhari. The altitude of Paachpokhari is 4100 m above sea level. As a medical student, the first thing in mind after hearing the word Trek is Acetazolamide and Acute Mountain Sickness abbreviated as AMS. Two utmost things for AMS are headache and recent gain in altitude(above 2500 m). Similarly, few weeks ago I also went on a trek to Gosainkunda. Its altitude is 4380 m.

Now, let's talk about the differences and similarities between these two treks. One of the differences is that I was able to complete the trek to Paachpokhari but not to Gosainkunda(haha). The similarity is, I didn't take Acetazolamide in either of the treks as far as I remember.The most important part of
these 2 treks that I want to share is Diuresis.

During our Journal club session, one of my seniors shared that there is a difference between how our body responds to gain in altitude based on whether we are high-landers(TH) or low-landers(LL). I was born in Kalikot which is around 2033 m whereas I spent most of my childhood in Kailali whose altitude is around 186 m and then in Kathmandu which is around 1400 m.

According to this paper, Diuresis is the renal compensatory mechanism for Respiratory alkalosis which is more prominent in high landers. I wanted to share an interesting observation that I noticed in these treks. I was urinating more frequently than I normally do (about twice per hour in Gosainkunda Trek). I don't have a good memory of Paachpokhari but I remember I was urinating frequently during that trek as well. This has led me to strengthen the point that I might have the gene
of Tibetan high lander.

Regards
Mr. Ramesh Rokaya, 23
Maharajgunj Medical Campus

SUBMIT YOUR BLOGS FOR NEXT SERIES HERE !

https://forms.gle/2hViazHpB2rJJL728