



# mmsn Newsletter

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## Editorial .....

One more of endless complains!!

Everywhere you go, everyone you meet, there are none without any complain. Life is tough, it ain't easy. But I asked to differ. I'm an optimist I dare said. Things rolled on- sometimes rough, sometimes smooth-the climb continued- for a summit, not yet seen. But then at *Deurali* things changed. I became an editor, from a plain trekker. Then things dawned- life is tough, really tough. Desperate, I called out desperate for articles.

Cries fell on deaf mountains- I thought.

But then echoes take time to reach ones ears.

Bingo- I heard one- then another- then another.

Ahoy! – A cry of joy- things ain't that rough or steep! Every climb is worth the view- every view worth the climb- my mountains are here. My cries are answered by innumerable echoes. That's what makes the mountains what they are. I am an optimist- thanks to everyone who loves these mountains- my mountains, our mountains!!



# ARE YOU READY TO BLOOM?

President's  
Corner

**O**n a fine sunny morning in November 2006, we (Anna Griffiths, echo technician of our HAPE trial, and me) set out for a day hike to Kala Patthar from Lobuje. Last night's snowstorm compelled us to make our own trail up the mountains. I had been well acclimatized and it was my second time; I was confident. The wilderness had something else in store for me. I started feeling dizzy just half an hour into the walk, that too on an almost flat trail.

I understood the meaning of "difficulty breathing" for the first time; I had always wondered during my student life. I didn't want to return but I didn't want to challenge the nature as well, with the uphill trail staring at me. I asked Anna to continue with her trek; while I rested, got rehydrated and reenergized with a Mars bar. Taking tiny steps at a turtle's pace, with fear in my heart, I restarted the ascent.

Taking rest after every ten to twenty steps and breathing heavily, I somehow managed the uphill trail. At the top of Kala Patthar, I felt that I had conquered the world. I sometimes get scared about that part of my forty eight days long sojourn in Khumbu. But, sheer will power and motivation had driven me.

It's this ever increasing will power and dedication, that our MMSN, a bud four years ago, is about to bloom. Professor Buddha and our seniors have showed us the way. And, we are eager to rise even higher. The enthusiastic

bunch of younger faces in our faces has lifted our spirits.

The recent activities of MMSN has made us very proud. From the participation in Everest Marathon and Extreme Everest research to the yearly Gosainkunda Health Camp, our horizon is ever expanding. "Mountain Medicine : The South Asian Experience II" is just another leaf being added to our golden chapter. The upcoming Gokyo research and SPACE trial are keeping us on our toes. Great going.

Who benefits from the unending battery of these activities that we are undertaking, then? Obviously, we do. And we thank MMSN, our president and our seniors for providing us with this wonderful platform to dare into uncharted territories. Dr. Prajan Subedi deserves a special vote of thanks for his unending commitment and dedication towards the upliftment our society. We learned a lot from him and still have to. Mountains and mountain medicine have a lot in store. It's upto us to explore. New opportunities will turn up to our new members to be grabbed. You just have to stay interested and motivated. Mountains will surely be a rewarding experience to you all. You will at least experience "difficulty breathing". Ha ha.

Long live the mountains and MMSN.

Adios.

**Dr. Kshitiz Alekh**  
Vice-President

# The Pilgrim at High Altitude

----- *Dr. Buddha Basnyat* -----

Mountains are perceived to be the abode of the gods, and people have sought to obtain religious merit points (punya in Sanskrit, sonam in Tibetan) by ascending mountains to pray. Moses, Mohamed, Shiva, all have important association with mountains. Mountain worship in the Andes is also well known (Reinhard, 1992). Pilgrims since time immemorial have climbed up the mountain to worship their deity.

Unfortunately, many pilgrims ascending mountains suffer from mountain sickness and characteristically die quietly. If a trekker or a climber dies at high altitude, the incident is usually reported widely; furthermore, high altitude pilgrimage sites usually do not have the same allure as Mount Everest. Yet many thousands of pilgrims travel to high altitude regions in the Himalayas to pray. For example, annually around August during the full moon, thousands of hasty pilgrims scamper up too high too fast (in 2 to 3 days) by car and on foot to a local pilgrimage site north of Kathmandu (1300 m) called Gosainkunda Lake at 4300 m. Amazing numbers seem to suffer from acute mountain sickness (AMS), high altitude cerebral edema (HACE), or high altitude pulmonary edema (HAPE) (Basnyat et al., 2000). Pilgrims feel that turning back down with illness is inauspicious (Basnyat, 2002) so they risk HACE or HAPE, the life-threatening forms of altitude sickness.

These pilgrims simulate the behavior of many overzealous trekkers, who keep ascending in the face of altitude illness and risk dying. Occasionally, pilgrim congregations and gurus, ignorant about altitude sickness and acetazolamide, fly up from Kathmandu in large Russian helicopters to 4000 to 5000 m for a religious meeting or for reading of the holy Vedic scriptures for a few days in a tranquil high altitude region. Imagine going up so suddenly in a helicopter to these altitudes! Many suffer from altitude illness and clearly are in no mood to listen to the teachings of the guru. The helicopter pilots are kept busy ferrying passengers up and down! Damodar Kunda in the Mustang region of Nepal (4890 m), Mukti Nath (3900 m) north of Jomsom in Nepal, Kedar Nath (3584 m) in India, Lake Tilicho (4900 m) in Manang, Nepal, and, of course, Lhasa, Tibet (3650 m), are some high altitude regions that pilgrims ascend to either by foot, road, or aircraft.

Probably the most visited and arduous high altitude pilgrimage site in the South Asian region is Mount Kailash (6714 m), the center of the universe in Vedic thinking, where annually thousands of Hindus, Buddhists, and Jains come to circumambulate the sacred mountain and bathe in the nearby Lake Manasarovar (4560 m). Most of these pilgrims are unaware of and ill prepared for the hypoxia of high altitude; predictably, many pilgrims fall ill and some succumb to their illness. Unfortunately, because no records are kept, the extent of the problem is unknown. Often patients are misdiagnosed as having altitude sickness and treated incorrectly. In addition, many of these pilgrims are elderly and have concomitant illnesses. Sometimes the strongly devout pilgrims feel privileged to die in the precincts of the holy mountain and do not want interventions. Indeed, many factors conspire to work against the safety and rescue of these pilgrims.

Clearly, pilgrims are a vulnerable group ascending to high altitude without prior knowledge of altitude illness. The pilgrims are in the same state as the western trekkers were in the "pre-Hackett" days of trekking in the Himalayas (Hackett et al., 1976) when trekkers suffered from altitude sickness due to a lack of knowledge and simple prevention and treatment methods for this illness. The other vulnerable group in the Himalayas are the porters (Basnyat and Litch, 1997), but I think the awareness level is even less among the pilgrims. At least, through different helpful agencies (for example [www.ippg.net](http://www.ippg.net)), people are learning to take care of their porters and helping to enhance the knowledge of porter safety. No such concerted help has been forthcoming for the pilgrim. Fortunately, there are some good signs. For more than 15 years, during the Gosainkunda lakeside festival, the doctors of the Himalayan Rescue Association have been trying to provide help for the pilgrims at the lake-side at 4300 m by treating people with acetazolamide for AMS and dexamethasone for HACE. Pilgrims going to Lhasa, Tibet, are unable to make a staged ascent for proper acclimatization, and so they are regularly advised by many local agencies to take acetazolamide, even though incorrect information is still perpetuated by many guidebooks (Mayhew and Kohn, 2005) about acetazolamide masking the symptoms of altitude sickness. In the medical school

# Angina and HAPE at HIGH ALTITUDE

--- Dr. Komal Kaul ---

curriculum in this part of the world, there has recently been a great emphasis on hypoxia of high altitude, and this increase in the knowledge base of health professionals certainly bodes well.

Many pilgrims are people living in the West (of South Asian ancestry) who are visiting friends and relatives (VFRs as they are known), so doctors in the West, while counseling these travelers, may need to recommend not only vaccinations such as typhoid, but also to provide health education about altitude sickness and fitness for travel to high altitude where relevant. Clearly, the Nepali and the Chinese government could do more. People seeking visas or permits to make a pilgrimage to Mount Kailash could be provided with a fact sheet on the dangers and prevention of altitude sickness. On the Tibet side, arrangements for helicopter rescue for descent of a pilgrim with life-threatening illness, which is at present unavailable, would be clearly worthwhile, as the Nepal experience has shown. Implementing these and other basic steps would help ameliorate the silent suffering of many pilgrims, who in spite of many hardships will continue to flock to high altitude regions to worship.

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In the fall of 2006, I was stationed at Lobuche, Solukhumbu at 4900m as a part of the HAPE trial. Here, I encountered a 58 year old Iranian woman, who came to see me after she experienced chest pain for some time.

She had flown to Lukla at 2800m and had reached Lobuche at 4900m after a 7 days trek. However after few hours of arriving, she started experiencing chest pain. Presuming it was just heartburn, she took some antacids but to no avail.

On brief review of her history, she revealed central chest pain radiating to her jaw which was brought about by exertion and relieved by lying down. She was a known hypertensive on medication.

On examination she was cyanosed, tachypneic and tachycardic. Her oxygen saturation was 68% and BP was recorded to be 180/100 mm Hg. Chest auscultation revealed diffuse crackles over both lung fields.

So with the provisional diagnosis of Angina with HAPE she was managed with Aspirin 300mg, Glyceryl Trinitrate 300 microgram (which to her luck was procured from a fellow trekker) and Nifedipine 20mg. Her chest pain resolved. She was monitored for some time and then was made to descend to 4300m. There she received oxygen overnight and was evacuated by helicopter the next morning.

Though individuals with stable coronary artery disease do relatively well at altitude, ascent to greater altitudes is known to precipitate new onset of Angina and increase severity in those with CAD. Increase in cardiac work secondary to environmental hypoxia rather than reduced oxygen supply to myocardium itself, appears to be a risk factor.

Thus, while counseling individuals with CAD, it is imperative to stress the effect of environmental hypoxia. More days should be spent around 2000 m for acclimatization. Descent should be made as soon as appearance of any symptoms.

# **mmsn and beyond....!**

----- **Dr. Matiram Pun** -----

**A**nyone could be smart enough to think about future outcome and benefits about their move, work and deal but smartness doesn't end right there, neither it is limited to it. Business is not the only sector where you expect return from your investment. Above and beyond usual thinking, practice and greediness of human being, there lies something different where the term investment no more applies. You just get an unwarranted return and it is for your whole life/career. There are people who differ with you and there are things you may not like at all but there is sense of respect after all. The field we are bound and destined to work throughout our life is the best for us, of course. Even if it is not like that you need to try to make it such at least for yourself. That is how you make yourself positive. If baseline thinking and attitude is wrong everything is wrong. Aristotle had two wives and we all know he used to believe women have less number of teeth in comparison to men but he never asked one of his wives to open her mouth and count the teeth himself! He didn't because he thought he knew. In fact another woman would have been his control. Grave mistakes happen when we think we know while we don't know in reality and despite that we harbor baseline thinking/attitude. It's wrong not to verify when controversy/confusion arise.

I'm not irritated but forced to think many times in many matters. May be I'm in the responsible dark corner where people don't have to push but staring is enough to intimidate me. That's true and it doesn't mean that you have to leave your job, mission, vision and passion to work. Ultimately you will be paid in one or another way. It may not be that sufficient and lucrative as other people think, but it is definitely something that people rarely think of and fairly utilize. Therefore happiness and achievement vary among individuals with their attitude, thinking, expectation and their hard work. If you have mere

*happy go lucky* type of people as role models, that's a whole different story.

Some people are desperate but doubtful about MMSN and some are sceptic while many are burnt with their egos! Few others are mere subjects and materials. This is normal and is as old as human civilization. Organization can never ever be compared at a person's level in anyway. People come and go but organization will be there. That's why people with organization should go with a broader perspective no matter what you may have to deal with an attitude of candy fight or with a superiority complex psycho legend. We all are aware of these people on either end with much polarity. They are human being after all. So no surprise at all if it goes other way round. There are many examples.

I'm, of course, supposed to clarify any confusion among ourselves especially regarding society. I'm clear on that. I know where exactly the organization stands and where it should be. The expectations and demands are high. The economists say 'demands of human being are unlimited'. We need to prioritize them and fulfill one by one. Everybody must be clear that we are not with the sentiments, vision and perspective of economics and politics. The baseline motto is definitely different. The membership NRs 200/- is definitely not cheap. Trekking in high altitude terrain may seem to be taken for granted. Person's grandiosity may be in the form of bartering your skill, effectively bargaining the advantages or may be in blackmail!!! Failure can be with the people who are well qualified but unable to sell their qualification and skill. We need to exploit ourselves - our quality, our skill and our hard work. MMSN is an organization where such platform is being created and entertained in my understanding. Let me know and help me to stand corrected if otherwise.

Thank you,

Best wishes !

# Prophylactic Diamox for Gosaikunda - my perspective



**Dr. Santosh Kumar Dhungana**

I am one of the many guys steaming to explore my own country. Getting into MMSN was in a way my answer to my heart's desire to know more about my own hills and mountains, such as exists nowhere else!

Being a member of the Gosaikunda health camp trip was a great opportunity for me. I have been involved in activities of MMSN for years now and have heard and discussed about mountain sickness, AMS, HAPE and HACE. But this time, thanks to MMSN and HRA I got to see first-hand what these terms really mean in terms of people actually suffering such illnesses.

Gosaikunda is one of the major pilgrimage destinations of our country. Every year tens of thousands of people climb up high to this place to dip themselves in the holy chilling water of the lake and earn a place in heaven after their mortal lives have perished. But in doing so pilgrims rarely care of the important problem of mountain sickness. Even the best informed among them readily accepts that it's the fragrance of the flowers that cause symptoms of AMS and a few *potis* of garlic can cure the problem. But the number patients who turn up with features of AMS at the health camp set up beside the lake tell a different tale.

The use of prophylactic Diamox, bundled with the *mul mantra* of "climb every mountain, but slowly" as the surest way of avoiding mountain sickness have been well established. A stitch in time saves nine! How easily we could avoid the huge number of patients up the lake if we could inform people of the efficacy of prophylactic Diamox! This thing always struck my mind every time I treated patients up the lake.

People come to Gosaikunda via two ways- from Dhunche bazaar, from Sundarijal. The former takes two days and the later a minimum of three days (excepting those exceptionals who zip through in hours!) One thought that always plagued my mind since the camp - how efficient, both in terms of cost and cure, would be the distribution of prophylactic Diamox from these two entry points? A tablet of Diamox costs around 6 rupees. Three tabs max, that converts to less than 20 rupees, that is two cups of black tea along the way and you have an easy life! Doctors robbed of their job at the lake side health camp!!

An informative program in the local FM channel, a day prior, I realized had effectively sensitized a huge number of pilgrims about AMS, its features and preventive methods. Such programs bundled with the Diamox prophylaxis could help bring down the number of moderate and severe cases and virtually eliminate so many mild cases of AMS that we treated. May be the next time when we gear up for Gosaikunda again, a small group of us could venture to stay put at the two entry sites and promote this in addition to the free brochures on AMS. A proper counseling and informed choice would undoubtedly be paramount.

P.S. Compare this year's data with that and bingo- we have a research just round the corner!!



# Mountain medicine & *mmsn*

----- *Suvash Shrestha* -----

I don't need to repeat it- Nepal has so many mountains. These giant assets have made Nepal and Nepalese proud. But have we done anything to pay back? Have we ever done anything that has helped to add even an inch of value to our mountains? Nothing! So, do we have any right to be proud of ourselves? Do we have any right to tell – I am from the country of mountains? Perhaps not! We have lost the right! It's sad but it's true.

Nature has favored us with so many things but we have badly failed to make any use of them. What have we done? At the most, we have tried to earn some easy money by selling our mountains in the name of tourism, mountaineering and religion. That's all! But is that all we can make out of our mountains? Definitely not! Our mountains have a lot more to extract from.

As a student of medicine, I see mountains as a huge treasure of knowledge - always so open and so inviting to be discovered. No doubt, mountains are the perfect place to study high altitude illnesses. But that's not the limit, our physiology opens up so clearly at high altitudes that there can be no better lab to study human physiology than our mountains. Besides, herbal medicine is also another very important aspect of mountains that is still waiting to be explored. The vast source of minerals is another aspect of our mountains that has not received so much attention. And that's no surprise in Nepal!

I don't feel the need to emphasize the importance of mountain medicine in Nepal. With a significant fraction of Nepalese population living permanently at high altitudes, huge number of pilgrims visiting high altitude every year and a large number of trekkers and mountaineers making regular visits, mountain medicine is just as important a field of medicine as any other medical condition in our country.

We all notice that many academicians, researchers from foreign land travel to our mountains to carry out their researches. Many might have tried their tests under simulation in their countries which might not give true figures. But look at us! We already have a ready made, natural lab set up for us to carry out our tests. Unfortunately, we have failed to do that. We all feel proud to move to foreign land and work there, do researches in their lab with some seemingly sophisticated equipments, but we won't like to do the same in our own country. What could be more shameful? It might be because we are not sure of ourselves. It won't be wrong to say, until and unless some people from foreign land come and say – we can do this, let's do it! – We never realize we could have done that. Why do we always need some foreigners to initiate any research in our own country? One might argue against

me but I can say for sure, there has been hardly any study which we have conducted on our own. In one way, mountain medicine has become yet another way for us to travel and see our own country and for some to make some easy money.

Okay one might defend – we do not have sophisticated modern equipments for our study, that's why we need to collaborate with our foreign counterparts. But is that true? May be true to some extent! But in present context, with so many pharmaceuticals and other agencies ready to sponsor, the money factor might not be a real constraint.

But saying all those things, I don't mean to imply we have been doing nothing in the field of mountain medicine. Even working together with foreign research groups is in itself a big contribution to the development of mountain medicine in this country of mountains. Besides, academic communities are rising which have been making desperate efforts to promote mountain medicine. The perfect example is Mountain Medicine Society of Nepal and I am proud to be a member of it! MMSN in its short span of existence has sent so many waves of research to the medical community that at least, now, we are aware that many studies are going on in our mountains and we can even participate and make some contributions. Otherwise how could have I ever known about the extreme Everest study and how big a study it was! Thank you MMSN! You are just what we need some more of.

That's all about the present condition of mountain medicine as I have seen. Personally speaking, I feel mountain medicine can be a very attractive career option as well, especially in present context where so many medical professionals are emerging every year. These all will definitely feel a tough competition in other fields whereas mountain medicine being a comparatively newer field in Nepal can be an easy option and with a very good future.

All said and done, the physical structure of Nepal supports mountain medicine very much and we should make the best out of it. Perhaps we may not be able to compete with other countries in terms of other health issues but in the field of mountain medicine, we definitely have an upper hand and we definitely can soar high up than the rest. We have to believe this and promote mountain medicine as much as possible. And MMSN is definitely doing its best! So, let's work harder. Nepal is already known as the land of mountains, now let's make it the home of mountain medicine!

Long live our mountains!

Long live our Mountain medicine!

Long live our mountain medicine society of Nepal!

# Marching up to MUKTINATH

----- *Dr. Smriti Manandhar* -----

**E**ver since I was a child I knew I could walk... I enjoyed it... it's simple and your mind is at liberty to wonder around... and I'd always wanted to go hiking or trekking... Mustang I don't know why but it had always captivated my attention... maybe it was because the quaint looking houses and the dusty roads depicted so well in the posters made it so foreign and too stark to be true... The Walled city... I wanted to be there... so when the opportunity to trek to Muktinath materialized my joys knew no bounds... Lo Manthang could wait... the lower Mustang was waiting for me...

It was a group of five... four guys and me, the only girl... and despite my belief in my walking abilities I really hoped that I wouldn't let them down and at the end they were actually proud of me or so they tell me... It was December 2005...

Our route was simple... from Pokhara we flew to Jomsom (how we managed the tickets is an entirely different story) and comments like "Is your flight cancelled?? It snowed a lot in Jomsom yesterday" from people near the airport could not dampen my soaring spirit, well maybe just a little bit...

It was the most wonderful flight (inevitably delayed)... through the Himalayas, Machapuchhere to our right and Dhaulagiri straight ahead and underneath us was Marpha... we made a safe landing at the small Jomsom Airport at around 10 am... at the foothills of the Nilgiri...

I had no idea what I expected of Jomsom... but then we didn't spend much time there. We headed straight for our destination... the roads were paved of stones in the beginning but soon we were following the bank of Kali Gandaki river... we were actually walking on the river bed as it had dried up in the season...

I had a headache... and I was worried that it was altitude sickness... even though we were only at around 2,700 m... we stopped for tea at Eklebhatti but soon we were up and about... soon I'd forgotten all about my headache as I was enthralled by what I saw... the sun was high, there were magnificent mountains whose names I didn't know... the sand underneath our feet was soft... A few bushes here and there... and the cleanest air... and the wind had beautifully etched away the smaller dusty naked hills... it was so open... there was so much space... and not a sound... the tranquility was shattered

only once in a while by people on horseback... I was awestruck...

My backpack started to feel a bit heavy as we climbed up the slope which was steadily inclining... Boy wasn't I glad of the things I had left back... I'll never forget the taste of Snickers and orange flavored ORS (it felt like heaven) which we had during our short roadside breaks... We met a few tourists on our way mostly Europeans and their guides who shared some anecdotes with us... we also found out that after a few turns we could actually see Muktinath temple... this made us add springs to our steps... and lo and behold there it was... we could see the temple and its wall... It looked like we could be there in an hour... hey you have made it, I told myself... but the celebration was a bit premature I guess... for we walked and walked and walked and the distance never decreased!! It felt like chasing the moon... it was getting dark... so we decided to spend the night at Jharkot... the lodge was amazingly well built to counter the cold winter nevertheless I was very very cold that night... and I prayed so hard for my legs to warm up but those prayers were never answered... as daylight broke we got ready to head to Muktinath... it was freezing cold outside but soon we were sweating.... And finally... we reached the simple yet strikingly beautiful temple... I washed my face in the holy spouts and a couple of my very daring friends had baths... it was freezing!! We saw the fire that never dies and a few other monasteries around... took lots of photos... My grandparents were there some 60 years back and I felt a strange sense of pride being at Muktinath... Back at the lodge I'd a much needed wash up with hot water (solar energy works great anywhere)... and mused over lunch over the trek... I felt immense respect for all those people living in the rugged mountains... it seemed like such a hard life yet they always wore a smile... then we headed back... the return journey is yet another story... through the serene Kagbini, windy Marpha, kalapani, where I had the best rotis ever, the hot springs of tatopani all the way to tiplyang... maybe even more adventurous... but the sweetest part will always be reaching the destination... Muktinath... I did feel liberated...

Many thanks to Abhinav, Jhapindra, Rameet, Santosh, ... you guys were wonderful!



# The Smell of Snow!

----- *Dr. Subhash Khanal* -----

How does the snow smell?

Somebody would like to say it as the best you can get. And others may not want to comment and I used to be among the latter ones.

I have had a chance to experience whole lot of snow only once and since then I have been changing minds over this matter of how the snow smells.

It's been four and half years since me and some of my friends one fine spring day, had a one day long climb from Jiri. Along the sides of wood houses we moved uphill very slowly accompanied by frowning looks of fur laden and tethered goats and buffaloes just yawning their first morning yawns. Two hours of uphill walk took us to the sight of stacks of never been touched, felt or smelt milky white material added in beauty by surrounding golden yellow grasses with red hue in the rising sun. There were many questions bubbling out on approaching the site. What would be the feel, wool soft or ice hard? Would it melt or evaporate? Would it be really cold to touch or not? What would it taste and most inquisitive one- how would it smell?

Nine hours climb in knee high snow to an unknown destination, the peak of sacred Cherdung, certainly gave me ample encounter to the priorly mysterious substance of snow.

I liked the sight of snow even through a pair of non-functioning goggles, not equipped enough to prevent the blinding reflections of the sun light. I even loved the soft feel of the snow which didn't prevent my toes striking underlying stones and stumps of vegetation. I then discovered that the snow melts. It flowed into the inside of my shoes (the famous goldstar!) to turn my soles and toes crumbly and blue. Regarding the taste, it would be a good filler if you are on a cup of black tea and one packet of noodles for hours and hours, especially when you last saw drinking water hours ago.

One thing that I didn't entertain though was the smell of the snow. I can't explain in words how it smelt to me then. So after nine hours of walk on the snow, with the snow all around, taking snow I had one complaint- the snow didn't smell good!

Mount Cherdung turns into Cherdung hill every winter to summer. And my opinion regarding snow and the mountain have changed dramatically in these four and half years. I have visited few other highlands in the mean time and also low lands many a times. Every time my vision towards Cherdung is changing.

The snow and mountains draw millions of hearts towards them every year, and again and again. There are tourists and many other lives like those of porters and guides associated with the mountains. To add to these the devotion of people to religion has resulted in hundreds visiting the destination of Gosaikunda, Muktinath, Olangchunggola and Manasarovar. The integral part of all this flow to north is the health of the visitor. And this aspect of snow and mountains that involves our profession to take charge of health of these individuals now attracts my attention.

There are certainly many things that lure all those going up despite the reports of serious health hazards coming up time and again. Nobody would like to advocate against going up and wouldn't be heeded to anyway. In turn it's a challenge for all of us in medical field to make so many lives in the mountain safe and also an opportunity to behold and experience snow and mountain alongside those beauty seekers. After all these years I sense the fragrance in that snow of mount Cherdung.



# Trekking- why it's not popular?

----- *Dr. P. Ravi Shankar* -----

I simply love the Himalayas! I have trekked in the Annapurna region, the Everest region, in the hills surrounding the beautiful city of Pokhara and in Palpa. These are popular trekking regions and are packed with foreigners most of the year. I hope to spread out to the less popular regions later. The Nepalese I encounter on these treks usually happen to be locals, lodge owners, people associated with trekking as an occupation and administrative personnel.

The fellow members of the Mountain Medicine Society of Nepal (MMSN) with whom I worked on a research project in the Khumbu, a few odd couples and an engineer doing the Manaslu circuit whom I met at Dharapani were among the few who were not locals or trekking staff. People go on pilgrimage especially to Gosainkund during Janai Purnima and to Muktinath during Dashain. Nepalese do travel a lot. However, many of us do so to visit our relatives, our villages, to visit sites of pilgrimage, for trade or accompanying mountaineering and trekking expeditions.

Why is trekking or walking in the hills and Himalas as a means of enjoyment and pleasure not widespread among us? In the following brief write up I speculate on a few possibilities. These are my personal views and you are welcome to disagree.

Many of us (at least of the older generation) were born in villages in the hills and had later migrated to cities and towns. Many have bittersweet memories of their villages. Memories of belonging and of being in touch with one's roots are the sweet ones but also of deprivation and hardship and may not want their children to experience the same situation or to go back to an environment associated in their minds with poverty and deprivation.

With hills and mountains all around us we do not have the same degree of fascination as foreigners do. Also walking, for most of us, is a sign of deprivation and poverty and not of

liberation as for the developed westerners. Most of us avoid walking whenever and wherever we can. This may be another major reason.

Our economic hardship and weak economic status compared to westerners may also be partly responsible. Lodge owners especially during the peak trekking season do discriminate sometimes against local trekkers. US dollars and Pound sterling are always more attractive than Nepalese rupees!

A culture of trekking and walking in the hills for enjoyment or recreation is largely absent. Most people prefer to go to places which can be easily reached by vehicle. Trekking regions usually offer basic lodges and simple food and accommodation. This may not be liked by all! In the west, parents often introduce their children to the joys of trekking. Here it is the opposite.

I believe that one of the best way to be introduced to the hills of Nepal is through walking. A gentle ramble or a hard scramble gives you a wonderful perspective of the valleys and hills of Nepal. The rivers, forests, temples, monasteries and the Himalas make an unforgettable combination.

I believe that we, as members of MMSN, have a vital role to play in encouraging a love of the mountains among the young generation. We can give talks and presentations in school and college using slides and videos and kindle in them a love of the mountains. It is time that we started to explore our beautiful country!

## FUNNY FACTS

- The earliest British expeditions tackling Everest wore tweed jackets, woolen underwear, and leather boots.
- Mt. Everest moves approximately 2.4 inches (10 cm) in a Northeasterly direction every year

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# **mmsn** ACTIVITIES

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## **CAUDWELL XTREME EVEREST**

One of the most famous and landmark studies carried out in the Everest region till date, it attracted the attention of the world. Our member Dr. Matiram Pun was involved as the only Nepali counterpart in the project. It was a highly sophisticated study that involved more than 200 trekkers who underwent both invasive and non-invasive tests.



## **REVISITING "Silver Hut Expedition"**

Yet another great land mark event, for us mountain doctors at least! The legendary Jim Milledge himself in person was among us, at the Summit Hotel, talking leisurely of the hardship of those bygone days when researches were Herculean tasks. How the likes of Edmund Hillary came to Nepal to conduct research in the Everest region.

The program was solely organized by MMSN! It was an achievement on its own. The evening was a real pleasant one with all members of MMSN getting to know the true roots of mountain research. It kindled a fire in everyone who saw Jim getting young again in his invaluable photos of the time long gone by.



## **Gokyo Research:High Altitude Acclimatization Re-acclimatization Study**

Members of MMSN have got yet another opportunity to quench the thirst of being young researchers. Dr. Jhapindra Pokhrel, Dr. Shiksha Kedia, Phr. Parash Parajuli and Mr. Mani Raj Neupane are co-investigators in this High altitude acclimatization and re-acclimatization study from the University of British Columbia, Canada. This will definitely help to encourage more people to get involved.



## **EVEREST MARATHON**

The auspicious and very revered competition Everest Marathon is organized in an yearly manner in the Nepal Himalayas. Some of our members had attended and worked as an Altitude doctor in the team.



## **BANK ACCOUNT OF mmsn**

Now finally we have our very own bank account in the Himalayan Bank, Maharajgunj branch. The account number is 002-0167363-001-7. It is a saving account and will help us in functioning more efficiently in the future. This was much awaited and much needed one. Thanks to Dr. Prajan and Mr. Ashish.



## **JOURNAL CLUB**

Journal clubs are an integral part of MMSN academic activities. We plan to have monthly journal clubs to update ourselves with the news and events in the world of high altitude medicine. But this time we had so many new activities that we had to cut down on the number of journal clubs. Dr. Jhapindra presented a review paper at IOM.



## **Guest Lecture on "Researches on sleep disorders at High Altitude"**

We were indeed twice lucky to have yet another pioneer researcher talk to us about the latest in the field of sleep and related problems at high altitude. Keith R. Burgess talked to MMSN members at KMC, one fine evening and heightened our longing for involvement in research.



## **GOSAIKUNDA HEALTH CAMP**

One of our yearly featured social services cum research activity is the Gosaikunda health camp. This year too as previous years, a group of young enthusiast doctors- Dr. Mati, Dr. Santosh, Dr. Suraj and a medical student, Mr. Nirmal worked along with HRA staff Mr. Govinda, Mr. Khagendra, Mr. Anil and Mr. Kiran to provide health assistance to pilgrims at the Gosaikunda Lake. Nearly 420 patients were treated for various ailments, mostly AMS and another 100 also took advantage of the health camp. It was a huge success.



## DOCUMENTARY SHOW

There was a documentary regarding high altitude aid posts, researches and Everest Base Camp clinic. "Everest ER" show was done in the Yellow Building of IOM. There were more than 100 people in the show. Mr. Ashish and Mr. Kamal deserve special thanks for making the show a grand success.



## Experience sharing on Caudwell Xtreme Everest

Dr. Mati shared his experience as a Nepali counterpart in the world famous study. Dr. Buddha Basnyat commented on the program. It was attended by more than 75 young students inquisitive to know about things going on the field of research within their vicinity. Dr. Jhapindra, Mr. Mani and Mr. Ashish deserve special thanks for managing the program well.



## HIGH ALTITUDE CONSULTATION

Dr. Prajan accompanied a team of international delegates to Syangboche to mark the 40 years of Toyota in Nepal as a specialized high altitude doctor. The experience has added more to the usefulness of an altitude trained doctor, opening a new specialty in the field of medical services available in the country.



## LECTURE ON HIGH ALTITUDE PROBLEMS

Dr. Mati gave lectures regarding high altitude problems to the locals at Bhaktapur and Thimi targeting the pilgrim population going to Gosaikunda this *janai purnima*. A positive reaction and request for more of such lectures prove the usefulness of the program.



## Ways to spot your addiction to MMSN!

- ☞ You no longer have anything in common with most other people
- ☞ All your friends keep referring to you as the crazy one in the college.
- ☞ You have replaced the photos in your album with photos of Everest, Gosaikunda and namche
- ☞ The majority of your "friends" are asking for your trekking boots
- ☞ When u suddenly appear and disappear from postings

Notes: