

---

## TREKKING & HEALTH

---

Trekking is a wonderful experience but sickness is sometimes a problem. Here are some guidelines on staying healthy; if you do get sick consult with your leader. This was written for our Nepal treks but applies almost equally for India and partly for Tibet.

### Arrival

Changing time zones knocks people, add the stress of winding up at work and many people arrive feeling slammed, needing a holiday. This is the time you are most likely to get sick; try to take it easy, and definitely take multi-vitamin tablets. If travelling from America the flights are particularly long with annoying stopovers and a brutal time change; we recommend arriving a day earlier to recover. You will still be met at Kathmandu airport and an extra night at the hotel is cheap. For India if the trek begins in Leh then fly up there one day earlier; discuss with the trip leader...

### Drinking water

In developed countries we take for granted clean drinking water, toilets that flush waste away never to be seen again and hygienically packaged food. While trekking in Nepal these luxuries don't exist so new arrivals to Asia will be rather lucky to escape without at least a little sickness, regardless of what style or company they trek with. Naturally we are serious about hygiene on our trips.

### Purifying Water

All the water in the streams and rivers of Nepal is contaminated to some degree and therefore not safe to drink without purifying precautions. This unfortunately even includes all water at high altitudes. Only water made from clean snow is safe. Water that has been brought to the boil, even at 5000m/16,404ft is safe - it only needs to be pasteurized which is heating to 75°C/162°F, not sterilized (boiling for 10 minutes). At 5800m/19,000ft water boils at around 81°C/177°F so all tea, coffee and hot lemon etc. is safe to drink.

There are many different methods to purify water; in the lodges boiled water is normally available, while camping our crew provide thermos of boiled water. Sometimes you may want to purify water yourself, the most convenient method is Iodine tablets. If you have a water filter, ask us if it is worthwhile bringing it.

### Diarrhoea

This is a common problem in developing countries, especially Nepal. In normal circumstances when you get diarrhoea you visit a doctor and they conduct some tests. This is the best way to make an accurate diagnosis. However, while trekking obviously this is impossible so you may have to be your own doctor if there is no real doctor close by.

First, diarrhoea will not normally kill you so urgent treatment is not necessary nor always recommended. Many people over-react and start taking drugs at the first loose stool. Instead wait a few days and see what happens.

Unless it is particularly severe, for example food poisoning, there is no need to stop trekking, just drink lots of water and listen to your body: if you feel hungry, eat, and if you don't then take lots of soup and light foods. If the diarrhoea is still definitely troublesome after a few days and you are fairly sure of what type it is then you may want to treat it, but this is still not entirely necessary.

If you have a pre-existing condition such as stomach ulcers, gall bladder problems, previously perforated intestine etc, be especially careful with self-diagnosis and treatment.

### **Giardia**

Common in Nepal. It is usually from infected water, especially from Kathmandu and high mountain streams near where yaks graze. It generally takes 7-10 days to develop and does not come on suddenly. The classic symptoms are very sulphurous (rotten egg) smelling farts and burps. The other symptoms that make it easier to distinguish from other types of diarrhoea are: a rumbling, churning upset stomach, sometimes cramping and bloating, and normally there is no fever or chills or nausea. In the last couple of years giardia has also presented different symptoms, such as watery diarrhoea.

Giardia can also be virtually symptomless, just occasional soft stools or constipation even and a vaguely upset stomach. Some forms your body will clear given a month or so and a number of people have had it without realizing however if it is obvious and a problem there are two drugs that are effective.

Tiniba - this can be bought at all Nepalese pharmacies (without a prescription). The name of the active chemical is Tinidazole. The dose is 2 grams, ie 4 x 500 mg (milligrams) all at once then 24 hours later, the same dose, and 24 hours later, a third dose.. It is perhaps better taken in the evening because the usual side effects, a strong metallic taste in your mouth and nausea may be slept off. This dose is about 90% effective - it is possible that it may re-occur later. Do not mix with alcohol.

Alternatively take:

Flagyl/ Metronidazole. The dose is 250mg three times a day for 5 to 7 days. DO NOT not mix with alcohol.

### **Note:**

DON'T take Flagyl and Tiniba at the same time.

### **Amoebic Dysentery**

Occasionally its onset is sudden and weakens a person severely, sometimes to the point of barely being able to lift oneself off the toilet. However it usually comes on slowly, a mild diarrhoea that comes and goes, something that can almost, but not quite, be ignored. This is when it is most dangerous because the symptoms can eventually clear up, but your body is still infested and being slowly damaged. If you suspect you have this then upon return to Kathmandu have a stool test. According to Dr David Schlim of CIWEC clinic, Kathmandu, It causes perhaps 1% or less of all diarrhoea cases in Nepal.

Travellers / Bacterial Diarrhoea

The onset is often accompanied or even preceded by a fever and/or chills and nausea, next is fairly sudden frequent watery diarrhoea and often cramps. It is caused by slightly different strains of bacteria that your body is normally used to. This type of infection is normally the first to attack fresh from home arrivals to Nepal. There are two methods of treatment. Your body generally copes with foreign bacteria quite well so it should clear up given plenty of time however the usual Nepalese version is stronger than many so very effective is to begin short course of Norfloxacin, under the name Normaflox or Norbactin in Nepal. The dose is 400mg every 12 hours for 3 days. An often recommended drug is Bactrim / Bactrim DS or Septra. There are now resistant strains so these are not nearly as effective, and similarly there is increasing resistance to Cipro and so another drug is becoming the standard treatment. See a doctor in Kathmandu.

### **Food Poisoning**

This comes on suddenly and severely, usually from both ends - vomiting and diarrhoea. It happens about 4 to 8 hours after eating the contaminated food. Luckily it usually lasts less than 24 hours and recovery is quick, although you may feel weakened. There are no drugs that can help - the body just has to eject all the contaminated food and rid itself of the poison. Rest and, once the first severe bout or two is over, drink plenty of fluids. Oral rehydration solutions are helpful.

## Other medical problems

### Dehydration

While trekking lower down in the valleys it is hot and you sweat a lot so it is important to replace the fluids you lose. At altitude the problem is worse, you are still sweating and the air is dry and thin meaning you must breathe a lot harder. With every breath you breathe out water vapour. It is very important then to drink a lot. Dehydration make you feel tired and lethargic and can give you a headache. The symptoms are similar to AMS so the easiest way to avoid confusion is to always keep hydrated.

The basic rules are; drink as much and as often as you like, (that does not include alcohol!) even if it seems like a lot. This can include soups and lots of tea, but even with a lot of liquid food, you should drink a lot of water too. Many people find that with dinner they often drink more than a litre of water, catching up on what they should have drunk during the day. A great guideline is the expression: A happy mountaineer always pees clear!

The easiest way to check that you are not becoming dehydrated is to look at your urine; if it is very yellow or orange you should drink more, but if it is almost clear then you have been looking after yourself well. Using this as a guideline some trekkers find that, although they don't feel thirsty, their urine is definitely yellow. This means drink more, even if you have to consciously think about it.

### The Khumbu Cough

If trekking for a prolonged period at altitude, especially in the Everest region: If you escape the Khumbu Cough you did very well. This is the perpetually running nose and a usually mild productive cough. It is caused by breathing excess quantities of dry cold air - so much that you partially injure your bronchi. A cold or infection is the normal cause of this but in this case the irritant is only air however your body reacts almost identically - quantities of clear or white goo. Get rid of it when you can, there is plenty more waiting to well up. Since there is no infection it is pointless taking antibiotics. Throat lozenges help so take plenty.

#### Bronchitis

An inflammation of the bronchi from an infection, ie identical to the Khumbu Cough but instead caused by an infection. Differentiating this from the Khumbu Cough is difficult, but you perhaps experienced a fever and/or some chills. The cough may be more productive. Since it can be a viral or a bacterial infection, taking antibiotics will not always help and is not particularly recommended. Best is some rest and a return to a lower altitude, eg Namche and see a doctor if it is particularly bad.

### Pneumonia

This is an infection that causes fluid to build up in the lungs. It is rare but once HAPE was mis-diagnosed as pneumonia and since the treatment was antibiotics, rather than descent, most people died.

### Cold/snow injuries

#### Snow Blindness

This is sunburn of the cornea. It is particularly painful, like hot sand in your eyes. It is entirely preventable by wearing sunglasses that block UV light. This precaution is most important while around snow, even on cloudy days, but altitude alone increases the concentration of UV light so while at higher altitudes also wear sunglasses. Porters often get snow blindness. If sunglasses are not available then cardboard shields shaped like glasses with two narrow slits for vision are easily made and are quite effective.

### **Frostbite**

When flesh freezes solid the results are very serious and often amputation is necessary. Frostbite takes time to develop unless flesh is exposed to a vicious cold wind. First your fingers or toes feel numb, clumsy and lose power. If you can still vaguely wiggle them then warm them up now, they are on the verge of freezing. Rewarming is painful. When real deep freezing has occurred the flesh turns white or even blue and fingers or toes become wooden, incapable of movement. At this stage don't begin rewarming until in a position when refreezing cannot occur (even more damaging). Warm slowly and evenly. Blood temperature to 42°C is the optimum warming temperature and once defrosted promote blood circulation. Blisters will probably form. See a doctor as soon as possible. Bugs, blisters and skin problems.

### **Fleas, bedbugs & scabies**

These problem bugs are almost unknown on our treks. The trekking regions of Nepal are considerably cleaner than years ago.

### **Leeches**

The monsoon terrorizer. You have to admire their skill in being able to put a sizeable hole in you completely painlessly. In damp forest they wave around waiting for you and are adept at penetrating socks and even boot eyelets. They should be removed by applying a lighted match or cigarette to the end still sticking out.

### **Blisters**

Since you spend most of your time walking, blisters are really worth avoiding. First use boots that have been worn in if possible. Test your boots by carrying a pack up and down hills - along level ground there is far less stress on your feet.

Normally you can feel a blister developing - some rubbing, or a hot spot, or a localised pain. Stop and investigate, even if it occurs during the first 5 minutes, or just in sight of the top of the hill; immediate action is best. The trick is to detect the symptoms before the blister develops. Put tape on or investigate what may causing the problem.

Blister Treatment - If you develop a blister then there are several approaches. If it is not painful then perhaps surround it (not cover it) with some light padding, eg moleskin, and see how it feels. If it is painful and causing problems then pierce it - clean the skin and sterilise the needle; holding the needle slightly above a candle or match flame for a second or two is effective. Do not cut away the blister skin until after a few days when it is dried out and no more use for protecting the delicate skin underneath. You can put protective tape over the top with some cotton wool to protect the blister, and some people even put the tape straight over the blister, with no protection.

If you have had a previous history of blisters or think that you are likely to get them take preventative action first! Use moleskin, a strong waterproof zinc-oxide tape or similar, and tape up troublesome areas first. Tape before you take your first step and be religious about checking, and replacing, the tape.

### **Vaginal infections**

If you have experienced these before then it is very worthwhile taking along the medication just in case.