

Health and Well-Being in the Spiti Valley

By David Silbergeld

This past summer, I had the incredible opportunity to travel abroad with seven other RWJMS medical students, as well as many other medical students, residents, and doctors from other locations, to the remote Spiti Valley, a region of the Himalayan Mountain range that is seldom experienced by outsiders, and houses a diversity of cultures, and indigenous traditions and religions. Our medical expedition, the Himalayan Health Exchange (HHE), is a three-week trip, consisting of nine clinic days – each day of which we saw an average of 150 patients – and another dozen days devoted to travel and acclimation. While the organization’s central goal is the provision of healthcare to the local population, and group isolated from the outside world by motor travel for over half of the year due to weather conditions and nearly bereft of healthcare even when the roads are clear, there is also a strong secondary purpose of exposing Americans to the local cultures and beliefs, as well as the many geographical and historical wonders housed in the Spiti Valley and the Greater Himalayas. Although I have done extensive travel abroad, few excursions have had the impact of this one, and none – my Peace Corps experience included – have given me the opportunity to help people so immediately and directly, and through such a steep learning curve.

The Spiti Valley expedition of HHE exposed those of us who went on the trip to many new cultures and experiences, but it also gave us a medical experience unique to the general American medical student population, and allowed us to both observe cases that we could hardly expect to see in the US and to use our first year medical training to identify and treat a wide variety of diseases that were previously no more than pictures and words in a book. Tuberculosis, among other diseases, is endemic to the region, and as the trip went on, we quickly learned how to identify at-risk patients (particularly those who had emigrated from Nepal), and protect ourselves while eliciting a detailed history and physical to confirm our suspicions. In a trip where each medical student saw roughly 80 patients, I personally saw about 10 patients with confirmed or suspected tuberculosis.

The expedition also taught us the limitations of mobile clinic-based medicine in such a setting. After the first day, our team got together and realized that we had dispensed far more antibiotics than we could afford to. We realized, after discussion, that this was the result of providing antibiotic treatment for every case of gastric ulcers/GERD we saw – which was nearly every patient. After a long discussion, we realized that given the likelihood of reinfection (within weeks), it simply did not make sense to treat with antibiotics, and made the difficult decision to provide several weeks of symptomatic treatment and preserve the antibiotics for more urgent use.

Attending the Spiti Valley expedition with the Himalayan Health Exchange was the opportunity of a lifetime, that allowed me to experience a culture and region of the world nearly inaccessible to outsiders, and at the same time hone my medical diagnostic and treatment skills learned through my first year of medical school at RWJMS. While I know I won’t be able to return for years, this trip has reignited my love for global health and my desire to work on such a level in the future, and I am forever

grateful for the opportunity to have participated in this trip and experienced the Himalayan Health Exchange firsthand.