

Shruti Fadia, RWJMS Class of 2008
Himalayan Health Exchange
May 28- June 16, 2005

My travels with the Himalayan Health Exchange program this past summer took me to the remote interiors of the Tibetan Borderland-Spiti Valley region of India in the Northwestern Himalayas. The mountainous terrain and harsh climate make it difficult for people to access healthcare, a commodity that is quite inadequate and extremely rare to find in this region. The doctors are usually ill-equipped to treat their patients, and, quite frequently, patients cannot afford to buy their own medication. Our expedition set up medical camps in the region and provided healthcare at no cost to over 1100 patients.

We met as a team in New Delhi, from where we took a train to Shimla, a small city in the North Indian state of Himachal Pradesh. From Shimla, travel further north towards the Indo-Tibetan region of Spiti was strictly by road. My team consisted of approximately twenty people including first and fourth year medical students from the U.S., Canada, and U.K., residents, an attending physician, a nurse, a public health student, and a local pharmacist. At each campsite, our medical entourage would set up tents that would serve as make-shift examining rooms. First-year medical students were split into teams that included a fourth-year medical student and/or a resident. My ability to speak Hindi (a language that is spoken in most parts of India even though it's not the local tongue of the Spiti region) facilitated communication with my patients. As first-year medical students, we were responsible for eliciting patient histories, conducting a basic physical exam, arriving at a differential diagnosis, and presenting our findings to the resident or attending physician, who would further guide us in our assessment and treatment plan. A group discussion at the end of each clinical day usually included a synopsis of the cases we had seen and provided time for asking additional questions.

At our first medical camp in Kat Gaav, we saw over 700 patients in three days. Our patients ranged from new-born babies to women in their nineties. Patients presented with diseases such as osteoarthritis, rheumatoid arthritis, psoriasis, scabies, tuberculosis, diabetes, eye infections, cataracts, and very often had vitamin and iron deficiencies. We also saw interesting cases such as leprosy and neurofibromatosis. After completion of our medical camp at Kat Gaav, we delved deeper into the barren Trans-Himalayan region on the western edge of the Tibetan Plateau. We set up clinic for three days at Tabo, which houses one of the oldest monasteries in the Western Himalayas. A local physician joined our team in providing healthcare to the people of Tabo and its neighboring villages. The majority of our patients at Tabo turned out to be students from the local monastic school. We provided basic check-ups for approximately 250 children and addressed preventive health care issues such as proper hygiene and sanitization. Quite a few of our young patients presented with stomachaches, distended abdomens, and diarrhea. We suspected that a lot of these children might have intestinal parasites and treated them accordingly. We also gave away multivitamins and toothbrushes to the young children, a majority of whom were vitamin-deficient and were suffering from poor dental hygiene. From Tabo, we ventured further on into Pin valley and set up clinic in a small tribal village called Sagnam. Here, we saw more cases of tuberculosis, arthritis, asthma, and malnutrition. At each of the sites, patients requiring further testing were referred to a clinic with available facilities or the closest hospital.

We were equipped with only the bare essentials including our stethoscopes, blood pressure cuffs, ophthalmoscopes, pen lights, and had limited abilities to perform urine dipstick tests. We did not have access to perform x-rays or blood tests on our patients. Thus, by far the most challenging part in our assessment was coming up with a correct diagnosis based solely on our clinical skills. As a first year medical student with very limited previous clinical exposure, I was nervous and unconfident in my abilities to diagnose patients. However, my patients put me at ease and treated me with the same respect as they treated the other doctors in our team. Although I spent very little time with each of them, my first patients have forever become engraved in my mind. Thanks to them, I have come back with a new understanding of the practice of medicine and a rekindled passion for my calling.

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