

THE RIGHT CALL

by Pravin Rajwani

Julley! That is Ladakhi for 'hello', 'goodbye' and 'you are welcome'. I travelled to the Himalayan mountain ranges north of India, to an area known as Ladakh. I was there with 21 other non-medical volunteers as part of a Global Clinic initiative to perform visual assessments on the people in the remote area of the Zangskar Valley, the western region of Ladakh. Global Clinic is a non-profit organisation comprising medical and non-medical volunteers based in Singapore. This part of the trip lasted from 30 August to 4 September 2013. Although the areas we were visiting have motorable roads, they are very far from proper medical services.

We set up our assessment areas in any accessible and sheltered location we could find - medical centre on the first day, run by only by medics (no doctors except in the capital Leh); a live-in nomadic school on day two (nine months in a year, the nomadic tribes leave their children in the school to get an education while the tribe moves with their livestock); a tribal tent on the third day.

These areas are very remote. Desert-like conditions, harsh sun, sand storms, terrible winters and lack of clean drinking water lead to many having severe eye problems such as eye infections, red eyes, and glaucoma. We assessed those with severe eye problems and recommended a visit to our medical and surgical team which comes once a year to Leh. For the others, we provide sunglasses, prescription glasses, eye drops, etc. Most importantly, we educate them on eyecare.

From 5 to 8 August 2013, 12 members

of the team (including myself), climbed one of the world's highest trekkable mountains, Stok Kangri, which is 6153m Above Sea Level (ASL). One of the real dangers of trekking is Acute Mountain Sickness (AMS). We trekked for one day to Ma Komo (4500m ASL), where we stayed the night. Then we trekked for half a day to the Base Camp of Stok Kangri (4980m ASL). We stayed the night to acclimatise to this altitude. The next day, we set off for the summit - nine hours up to the top.

For a diabetic, distinguishing between AMS systems and hyperglycaemia (low blood sugar levels) can be challenging. So is checking your sugars periodically; you cannot feel your fingers and toes due to the cold. The cold also interferes with the functions and battery life of most electrical gadgets. I kept my glucometer and insulin close to my under my jacket to keep them from freezing.

My plan for this trip, after reading blogs of other diabetics who have done similar expeditions and testing the theories on Bukit Timah Hill, was to take one-third my daily doses of fast acting and long acting insulin and to keep eating snack foods (e.g. trail mixes of nuts and berries) every two hours. This plan did not work very well.

Firstly, unlike in a marathon, you do not burn that much energy during a long trek. Your sugars may get low, but by eating a normal meal and halving your insulin dosage, you can complete the trek without getting 'hyper'. Do note that this depends on the speed of the individual or group.

Secondly, does your expedition package include meals? This is important because

we had a very good cook for the 12 of us doing this climb and every meal was a feast. This increases the risk of being hypoglycaemic (high blood sugar levels).

Lastly, trying to figure out if your sugars are low during the climb or you are experiencing the symptoms of AMS. When I was about 6100m ASL, I felt dizzy and could not focus my thoughts or actions. To a diabetic, this sounds like a low blood sugar level for which the remedy is to eat. However, on the mountain this could be AMS. One miscalculated step because of my compromised faculties and I could end up with broken bones (or worse). So, at 53m from the peak, I made my decision to turn back. The immediate remedy for AMS is to go down to the last altitude where you had none of the AMS symptoms.

When I got to about 5200m ASL, I vomited. The greater oxygen levels in the air allowed me to think clearly and I took six additional units of fast acting insulin. My final sugar levels at base camp was 9.7 mmol/litre. This proved that my sugars were actually higher than normal, hence I was overcompensating with my food intake, and that I was experiencing AMS symptoms. That night I had diarrhoea, confirming AMS. I made the right call to turn back, after all.

I did not reach the peak but the view from 6100m ASL was simply breathtaking. Too bad most of the cameras ran out of battery power due to the cold! But then I have a good reason to try for 6153m ASL all over again.

