

Clinic Nepal Volunteer 2013

I was very fortunate to work again with the staff of Clinic Nepal for the month of September. I was welcomed by Hari Bhandary the founder of Clinic Nepal and his lovely wife Sirjana with open arms. It was nice to see his extended family who are always there to help with the visiting volunteers.

Just after arrival in Kathmandu was the TEEJ a woman's day festival. It is hard to describe the joy on the faces of the thousands of women in red saris dancing for hours! We also went to visit Abyss a fine general surgeon who worked in the health camps as a resident 4 years ago. He recently moved his office which adjoined a small ER so we missed him! Later we visited the Deputy Director of the Social Welfare Council of Nepal who oversees 200 International NGOs. He told us there are 36000 local NGOs in Nepal and Clinic Nepal is one of the very few sanctioned by the government. On the street in Kathmandu we also met Chandra one of the top mountain bike racers in Nepal. I shared his email with my son in law Mark who said someday he would love to race Pokhara to Kathmandu.



Before going to Megghauli home base for Clinic Nepal I was able to trek for 2 days in Pokhara. What the Nepalese call a walk in the hills is really mountain climbing without equipment in the US! Gol Bahadul, a retired policeman, accompanied us. His physical conditioning was amazing and he told us he has climbed to 25,000 feet. Most of Nepal is mountainous and people live as high as 12,000 feet. Before leaving Pokhara we visited a Tibetan refugee camp and a memorial to Tibet burning. On the journey from Pokhara to Megghauli we made a house call to see a 6 week old with jaundice due to liver disease. She had a normal Liver Ultrasound in Kathmandu but a persistent Direct Bili of 3.8 with Indirect of 8.2 and normal thyroid function tests. She had followup in Kathmandu in a couple of weeks and likely the prognosis will be favorable although an exact etiology may be elusive.

Upon arrival in Megghauli to Rams (Hari's brother) and Sabatris home we were sad to learn of 2 recent suicides by poison. Mental illness and especially depression is not uncommon and there are limited resources for treatment. For the next week a variety of pediatric illnesses were evaluated in the Clinic. They included: nasopharyngeal carcinoma on radiation therapy, osteogenic sarcoma on chemotherapy awaiting leg amputation, abscesses requiring incision and drainage, developmental delay, myelomeningocele with an excellent surgical outcome, 3 patients with newly diagnosed congenital heart disease on clinical grounds, hydrocephalus in a 9 month old whose family declined surgical treatment, fractures with residual deformity, cerebral palsy, hernias, hypospadias, hydroceles and undescended testis, many wheezers with bronchiolitis and asthma (salbutamol nebs are available in the clinic (and parenteral ceftriaxone both of which probably represent the greatest development in outpatient pediatric care over the past 30 years), minor trauma, chronic bacterial and fungal skin infection, eczema, ear infections and perforations, cerumenosis and we either prescribed drops or

irrigated those ears we needed to see, strabismus, lymphadenopathy with frequent parental concern for Tbc which is common (most have reactive LAN, all have had bcg vaccine, we are unable to do gastric aspirates or cultures, but PPD , CXR and sputum smears are available in the clinic), anemia, pneumonia,FTT, caries, dental abscesses and fractures (we were able to meet water management engineers who said they would test Meghauris water for fluoride), enuresis,pica, abdominal pain,dysentery(stool wbc,blood and o and p available in the clinic), ovarian cyst, croup, headaches, downs syndrome, growing pains, uti,LD, behavior disorders, mouth ulcers, dacryostenosis, ear atresia, baker cyst, vulvovaginitis, FB ear, posthitis, phimosis, scabies, acne, arthralgia, anxiety/hyperventilation,and FUO.



A few general observations about the clinic: Clinic Manager Singh and the 2 staff Nurses Sarashwati and Tulsu are very well organized and highly competent. An interpreter is essential for the foreigner and Hari excels at this with many years of experience. Singh also has great skill in interviewing patients and families. Labs that are performed in the clinic include: CBC,ESR,CRP,basic chemistries,HIV,RPR,pregnancy test,UA, stool analysis,a few others I cant remember! and xrays.

Nepalese GPs, Dermatologists,

Internists, OB-GYN, ENT, Ophthalmologists, Pediatricians, and Dentists rotate through the clinic and are very helpful to the visiting practitioner. Many patients present with fever on antibiotics provided by medicine shops and pharmacists. Diagnosis may be difficult. Medicine here is focused on treatment because there are few doctors in remote areas. In speaking with hospital based Nepalese physicians it is also a problem for them and often diagnosis is difficult. There is no advanced life support in rural areas. O₂, IVs, intravenous fluids and a few pain meds and antibiotics are available. We started doing vital signs in the clinic and in the future formal BLS should be taught as well as implementing basic ALS with an AED, EPI and a few other basic resus meds, ambu for infant, child and adult and IO needles. Everyone works in this clinic, from cleaner to driver to founder. No one sits everyone is moving.

Following a week in the clinic Hari, Singh, a medical assistant, nurse, Nepalese General Practitioner and I moved to the health camps provided for the Bote Tribe and those living in the mountains of Hatibang. These camps were a continuation of those conducted by Drs. Christian Jakobsen and Felicitas Langwieder. Joining me in Hatibang was Dr.Viveke Jensen an experienced GP from Denmark.

The Bote are fisherman many of whom lost their license to fish. They have little land to farm. They were poor, hardworking and very greatfull for what Clinic Nepal could provide.



My final 2 days were spent in Hatibang which was a challenge for all. These isolated families reside on a mountaintop which for the most part is inaccessible. Until 2 years ago there was no road. They are among the poorest in Nepal. We were only able to go with the support of the Government and Army. They provided a caravan of 4 wheel drive vehicles to transport us, medics, soldiers, government officials, medical supplies, lentils, rice, potatoes, clothing and sandals for several hundred families. 200 patients were seen many with significant illness. We were only able to provide basic treatment and because of the location referral and followup other than the small local Health Post is unlikely.

One infant a 2 month old male was very malnourished with obvious hydrocephalus requiring surgery. He was born at home to a 40 year old mother with 5 other children who walked up the mountain for 2 hours to see us. Their clothes were filthy and her 6 year old daughter appeared to be in a daze almost catatonic and probably hungry. We asked her to return in the morning so that we could take her to Bharatpur with us but she declined stating that it was the Karma. We looked and waited for her in the morning but she did not come. We had to leave in the day because you could not travel down the mountain at night. I have a picture of the baby that will always haunt me. He will certainly die or be brain damaged. As my plane left Bharatpur I cried for this baby and all of these children.

I feel better today writing this because despite our failure the work of Clinic Nepal will continue to help the Nepalese people in so many ways.

Dr. Jensen and Dr. Jorgensen who arrives Sept.30 from Denmark will continue work in the clinic and health camps.

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