

MMSN



MOUNTAIN MEDICINE SOCIETY OF NEPAL NEWSLETTER 2025

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HIGHLIGHTS OF THE YEAR

2025 FOR MMSN

MMSN NEWSLETTER VOLUME 17

HIGHLIGHTS

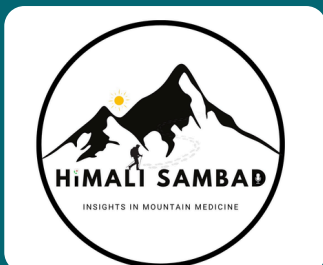


Fig : Lunching Himali Sambad



Fig : Wilderness Medicine Training



Fig : lifetime achievement award given to Dr. Basnyat



Fig :Token of Appreciation to MMSN by HRA



Fig : NepDiMM Announcemet

HIMALI SAMBAD INAGURATION

Announcement of “Himali Sambad: Insights in Mountain Medicine”, a new webinar series by MMSN aimed at sharing knowledge in high-altitude and wilderness medicine. This online series will be held every 3–4 months and archived on our MMSN YouTube channel. It's designed to complement our ongoing Journal Clubs and Expert Talks at the Basic Science Building and reach members beyond the valley.

WILDERNESS MEDICINE TRAINING

A Wilderness Medicine Training was held on March 29 at Maharajgunj Medical Campus and on March 30 at Patan Academy of Health Sciences, led by Dr. Jessie and her team. The session was informative, engaging and provided hands-on training experience to all the enthusiastic participants.

LIFETIME ACHIEVEMENT AWARD

On the special occasion of the anniversary of Nepal Health Research Council, Dr. Buddha Basnyat, founder and former president of MMSN, was honored with the Lifetime Achievement Award for his contributions to health research in Nepal.

TOKEN OF APPRECIATION

MMSN received a Token of Appreciation from the Himalayan Rescue Association Nepal (HRA) at their AGM 2025. This recognition is for the selfless dedication of our volunteer doctors who served at Manang Aid-post, Pheriche Aid-post, Everest-ER Medical Camp, and Gosainkunda Health Camp 2025.

NEPDIMM–2026 ANNOUNCEMENT

The Mountain Medicine Society of Nepal (MMSN) invites interested medical professionals to apply for the Diploma in Mountain Medicine (DiMM) – 2026 batch. This internationally recognized course is designed for those passionate about high-altitude and wilderness medicine. For more info visit: <https://mmsn.org.np/nepdimm-overview/>
Application Deadline: February 28, 2026 (5:00 PM NST)

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MESSAGE FROM THE PRESIDENT

As the newly appointed president of Mountain Medicine Society of Nepal (MMSN), I am proud to acknowledge the remarkable legacy of our former president, Dr. Buddha Basnyat, along with the invaluable contributions of many dedicated members whose tireless efforts have shaped this society into a respected and impactful platform. Their vision and commitment have played a crucial role in spreading the knowledge of Mountain Medicine in Nepal and beyond.

With the ever-increasing mountain activities, associated health risks, and the impacts of climate change, the need to expand knowledge in mountain medicine, emergency preparedness and coordinated rescue system has become even greater. By strengthening training and education, promoting knowledge sharing and fostering research collaboration with diverse organizations, we can make our mountains safer for everyone involved: trekkers, climbers, guides, rescuers and the entire mountain community.

It is a tragic reality that people still lose their lives from altitude illnesses: the deaths that are entirely preventable. This fall in Manang, some tragic losses occurred among locals, born and raised in the mountain regions, clearly demonstrating that altitude illness does not spare locals: a dangerous misconception that still prevails in Nepal. Rising tourism, expanding road access and rapid ascents are increasing vulnerability to altitude sickness. In this context, MMSN, as a society remains committed to its role in the future through education, awareness and policy advocacy. A crucial next step for the society is to help incorporate a Mountain Medicine chapter into medical, nursing, paramedical education, as well as into school level education, to foster a strong culture of safety in the Himalayas.

By honoring the past and embracing innovation, we will continue to build a safer future for the mountains of Nepal. I humbly invite all members, enthusiasts, partners and well-wishers to actively engage with the society in our shared mission of advancing the field of mountain medicine. I sincerely congratulate and thank the editorial team of this newsletter for their commendable effort.



Dr. Kamal Thapa

President, MMSN



HRA MEDICAL REPORT 2024-2025

Namaste from the Medical Director's Desk.

It is a pleasure to write these yearly summations. I will keep this short and focus on an unusual topic for the HRA.

In terms of looking after patients in the mountains (both local and foreign patients in both our aid posts and in the Everest base camp), we continue to do this with a lot of enthusiasm, compassion, and competence. For this, we are rewarded (at least mentally and spiritually, if not financially) a hundredfold. And, of course, the prevention and treatment of altitude illness campaign in the yearly Gosainkunda pilgrimage during Janai Purnima is our unique signature.

Probably no group in the Himalayas (besides the HRA) over the years has dedicated itself to this kind of high altitude pilgrimage medicine cause so consistently. Of course, the help we receive from our younger organization, the Mountain Medicine Society of Nepal is vital and very significant in this regard.

But today I want to focus our discussion on tuberculosis, a completely foreign topic for us. How is this even relevant? Well, there is a story. And it is as follows.

About two years ago, Stop TB Partnership program of The United Nations using [gure.ai](#) software donated a portable X-ray machine to us. Some of the Stop TB people had brought along with them the X-ray machine on their trek to the Everest Base Camp. I think they wanted to set up a record of the highest elevation where this machine could be used. What could be better than the Everest Base Camp?

You could call it a gimmick, but it worked out well for us and our patients. We used this Artificial Intelligence based X-ray machine in two ways. One, to confirm our diagnosis of high altitude pulmonary edema (HAPE) at the Pheriche Aid Post if there was any doubt.

In addition, we used this machine to help us diagnose tuberculosis of the lungs in our Nepali population. Many doctors may not know that TB is the number one infectious disease killer in the world. Furthermore in Nepal, at least 50 people die of TB every day.

This is an ongoing epidemic / pandemic like Covid 19. However, because TB predominantly affects poor countries and especially poor people in poor countries, there isn't enough drive, money and motivation to try to get rid of TB.

TB is, therefore, a big problem, and HRA obviously cannot wholly tackle this. But last season in the spring of 2025 we helped out in our small way. There were two Nepali patients (an Everest climber and a trekking guide) who had cough and fever. They did not have HAPE, but what they had was TB of the lungs as strongly suggested by the AI powered portable chest X-ray.

We advised both of them to go back down to Kathmandu and get further treatment. We were successfully able to follow up one patient who was confirmed to have TB and started on TB medicines. The other patient, who in all likelihood also had TB, lost contact with us and we do not know how he is doing.



HRA MEDICAL REPORT 2024-2025

In other high-altitude areas of the world such as the European Alps or the Rocky Mountains of North America, this machine would have no role in diagnosing TB because there is no rampant TB there like in Nepal and India.

We hope to continue to use this machine as long as we can to do our little bit to help porters and climbers with TB.



Prof. Dr. Buddha Basnyat, MD, MSc, FACP

Medical Director, HRA

July 4, 2025

Note: This is re-print from HRA medical report 2025



GOSAINKUNDA: A JOURNEY OF DEVOTION, RESILIENCE, AND PURPOSE

written By : Dr. Padam Raj Joshi, MBBS, IOM

Carrying the legacy of MMSN and HRA on the auspicious occasion of Janai Purnima, our team set out for the sacred lake of Gosainkunda (4,380 m) – one of Nepal's most revered and beautiful pilgrimage sites. What awaited us was not just a medical camp, but a journey that tested our endurance, faith, and sense of purpose.

The rain poured relentlessly, and the trail was steep and slippery. Yet, the determination of pilgrims, some even in their eighties—were unshakable. Many were fasting, climbing through risky ascents, all for a single holy dip in the icy waters of the divine lake. Watching them, we were humbled. We realized how faith can drive humans to the edge of their physical limits and how medicine can bring them back from that edge.

Among the many stories that touched our hearts was that of a young man in his twenties, wearing a timmur (Sichuan pepper) necklace, which he believed gave him oxygen and relieved his shortness of breath.



Courtesy: Dr. Padam Raj Joshi



Pic: Dr Padam with a ascetic at Gosainkunda

Amidst the thin air and spiritual devotion, his belief reflected deep cultural roots and trust in nature's power. With cultural humility, we provided him comfort and medical care – a rare and beautiful opportunity to blend science with compassion, and respect with healing.

We are deeply grateful to the Nepal Army, Police, and many others who worked hand in hand toward a common goal – serving the pilgrims. Despite the harsh weather, thin air, and exhaustion, every patient we treated reminded us why we were there. Over the course of the camp, we cared for more than 400 patients and saved around 10 potentially life-threatening cases from hypothermia, HAPE, HACE, and severe dehydration.

As a group leader, it was both a challenge and an honor. I witnessed the courage, dedication, and compassion of my seven amazing team members – responsible, professional, and truly beautiful souls inside and out. Together, we learned that the journey may be tough, but the destination is divine when the purpose is meaningful.

We also realized how many pilgrims still hold misconceptions about altitude sickness.

GOSAINKUNDA: A JOURNEY OF DEVOTION, RESILIENCE, AND PURPOSE.....

Even a single right message about hydration, acclimatization, or rest can save a life. This experience deepened my belief that “Pilgrimage Medicine” is an emerging and vital area of healthcare in a country like Nepal. From Badimalika to Mansarovar, Tilicho, Pathibhara, Dudh Kunda, and Panch Pokhari, thousands of pilgrims face similar challenges every year. These journeys of faith need both compassion and medical preparedness.

At 4,380 meters, as we shared warm cups of tea, poleko cheese, and soft chhurpi amidst rain, mist, and devotion, I felt immense pride - in our team who cherished the journey, in reaching the lake, and in the lives we touched and saved along the way.

Gosainkunda was not just a medical camp - it was a lesson in humanity, resilience, and purpose.

Dr. Padam Raj Joshi

Group Leader, Gosainkunda Health Camp
2025



Fig: From Left- Dr. Sameer Basnyat, Dr. Prince Singh, Dr. Padam Joshi, Dr. Sujan Poudel, Dr. Anil Sah

“When medicine meets spirituality at 4,380 meters, healing takes on a deeper meaning. In the heart of the Himalayas, devotion, resilience, and purpose converge - reminding us why we chose this path of service.”



BREATHING IN THIN AIR: HIGH-ALTITUDE HEALTH IN NEPAL-CHALLENGES AND NEW DIRECTIONS

written By : Sajana Khadka, MBBS, CMC

Nepal, home to 8 of the world's 14 peaks above 8,000 meters, provides a unique natural laboratory to explore high-altitude medicine. With nearly 40% of its population resident at over 3,000 meters, Himalayan health is shaped by geography no less than by biology. While the mountains are symbols of resilience and splendor, they also create barriers to healthcare access, disease evasion, and emergency response. In this article, let's dive into the consequences we face here in Nepal.

Physiological and Clinical Challenges

Exposure to high altitude leads to physiological stress due to hypobaric hypoxia. Acute mountain sickness (AMS), high-altitude cerebral edema (HACE), and high-altitude pulmonary edema (HAPE) remain the most widely recognized altitude sickness among trekkers and climbers. A study reported an AMS incidence of 34% among trekkers above 4,000 meters in Nepal ^[1]. Among mountain populations, the long-term hypoxia is, however, associated with chronic mountain sickness, intrauterine growth retardation, and maternal and neonatal mortality compared to lowland environment ^[2].

Access and Equity in Mountain Healthcare

Geography remains a key determinant of health outcomes for mountain populations. Rural high-altitude districts have no all-year-round road connectivity, limiting the access of health posts and referral hospitals. Emergency evacuations, while feasible among trekkers, remain prohibitively expensive for most residents due to economic and logistical constraints. Research indicates maternal mortality rates in Nepal's mountain districts are well above the national average ^[3]. Doctors are

not available and in some places, it is just the nurse or Health Assistant that is the lead in the healthcare system in a particular area.

Infectious and Non-Communicable Altitude Diseases

Though infectious diseases such as pneumonia, diarrheal diseases, and tuberculosis remain a heavy load in high-altitude populations, non-communicable diseases (NCDs) are on the rise. Chronic respiratory and cardiovascular diseases are exacerbated by cold temperatures, biomass fuel use, and lack of diagnostic facilities. Indoor air pollution was found to be a potent risk factor for chronic obstructive pulmonary disease (COPD) in rural Himalayan households, in a 2019 WHO-funded study ^[4].

Future Directions in Mountain Medicine

Practice and research in mountain medicine in Nepal are heading towards the convergence of various approaches:

Telemedicine: Pilot projects in Mustang and Dolpa have been promising in bridging the healthcare gap through satellite and mobile technology.

Community Health Training: Educating local health workers to recognize and manage altitude sickness has improved early diagnosis and reduced deaths among trekkers and residents alike.

Climate Change Adaptation: Glaciers' melting, a modification of rainfall, and ecological modification of vectors are creating novel health hazards, such as dengue incursion into higher altitudes. Research on climate-resilient health systems is now an imperative.



Conclusion

Nepal's mountain medicine is more than just its care of trekkers and mountaineers – it is at the center of safeguarding the health of Himalayan communities. The blending of traditional medical research with local knowledge, scaling up community-based interventions, and enhancing telehealth systems are essential steps forward. While the Mountain Medicine Society of Nepal continues to function, there is an opportunity and a responsibility to create high-altitude healthcare as an exemplar of resilience for the rest of the world.

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ADVENTURE, ALTITUDE AND SLEEP

written By : Dr Simran Rauniyar, MBBS, IOM

I trekked to Annapurna Base Camp last spring. Trekking in the mountains has always fascinated me. The adventure begins long before the trail; carefully packing a backpack, balancing essentials with weight, and the bus ride where the air gradually fades from the cities' smoky warmth to the crisp, pure mountain breeze that seems to be calling you. The trails are alive with lush trees, sparkling rivulets, tumbling waterfalls, mid-way snacks, and friendly greetings exchanged with fellow trekkers. Reaching the destination brings a mix of exhilaration, exhaustion, and the lingering desire to stay a little longer before the tiring descent. The energy and excitement soared as high as the mountains. I would be the last to sleep, yet the earliest to wake up. But was it only the adrenaline, or did the altitude pull some invisible strings?

Good sleep and regulators

A good night's sleep is defined by a preserved sleep architecture- a rhythmic, cyclic process that alternates between three stages of non-rapid eye movement (NREM) sleep and a fourth stage of rapid eye movement (REM) sleep. [1] A disrupted sleep architecture deters the body from the full restorative benefits of sleep.[1]

The suprachiasmatic nuclei of the hypothalamus act as the central circadian clock – the Intrinsic biological clock; regulating sleep – wake cycles in close coordination with neural networks and endogenous molecular oscillations driven by transcriptional and translational feedback loops. [1] While this internal clock runs on its own, it is strongly influenced by external cues, called “zeitgebers,” such as light and dark, meal times, exercise, temperature, and daily routines. [1] In the evening, melatonin – often called the “hormone of darkness” rises and signals the body that it is time to sleep. [1] In the morning, exposure to light triggers cortisol release, which helps the body wake up and prepare for the day. [1]



Courtesy: Dr Simran Rauniyar

Sleep disturbances at High Altitudes

The primary cause of sleep disturbances at high altitude is hypobaric hypoxia, which manifests as difficulty falling asleep, frequent nighttime awakenings, trouble returning to sleep, and waking earlier than desired, ultimately reducing both the duration and quality of sleep.[2] The symptoms were more pronounced on acute altitude exposure. [2] At high altitudes, hypobaric hypoxia stimulates hyperventilation, lowering PaCO_2 toward or below the apneic threshold and triggering central apneas or hypopneas, resulting in periodic breathing (PB) cycles.[3] Hypoxia is also sensed by carotid chemoreceptors, which can induce arousals from Non-Rapid Eye Movement (NREM) sleep, selectively reducing slow-wave sleep (SWS, stages 3–4 NREM) while causing variable effects on REM sleep. [3] Additionally, the reduction in SWS may reflect direct hypoxia-induced alterations in neuronal sleep regulation. [3]

In a study of pilgrims at Gosaikunda (4380 m), Nepal, approximately 30% reported insomnia based on the Athens Insomnia Scale, with daytime sleepiness being the most frequent complaint. [2] These disturbances primarily affect sleep onset and continuity, leading to reduced total sleep duration,





Pic: On the way to Jhinu Danda

daytime fatigue, and decreased performance, even after a single night at high altitude. [2] The changes gradually lessens with acclimatization.

Sleep and AMS

Although sleep disruptions brought on by high altitude are widely known, is this actually a sign of acute mountain sickness (AMS)? Sleep disturbance has long been one of the diagnostic criteria in the Lake Louise AMS scoring system, which was initially released in 1991.[4] But some have questioned this inclusion's applicability. According to recent research, hypobaric hypoxia rather than AMS itself is the main cause of sleep disturbance at altitude.[5,6] The consensus committee now suggests eliminating the sleep component from the Lake Louise AMS score in light of these findings. [4]

In nutshell, the altitude definitely had a hand in my sleepless nights - tough enough to teach me about sleep, but kind enough to let me enjoy the starry skies without actually getting AMS.

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Pic: At Annapurna Base Camp

MENTAL HEALTH IN THE MOUNTAINS

written By : Dr. Japana Regmi, MBBS

In mountain medicine, we talk about altitude sickness, frostbite, muscle cramps, and hypothermia and often overlook the mental health of climbers, trekkers, trekking guides, and high-altitude workers such as porters and Sherpas. They are particularly vulnerable to mental health challenges as they experience physical exhaustion, extremely cold environmental stressors, and traumatic injuries.

Psychological stressors in mountains are mostly due to decreased sleep, extreme cold, stress, uncertainty, irritability, slowing of activities and poor decision-making that are beyond physical exhaustion (1). Acute stress reactions followed by post-traumatic stress disorder (PTSD) such as nightmares, intrusive thoughts, and survivor's guilt are common among survivors and rescuers following mountain fatalities and morbidities (3). Additionally, professional high-altitude workers face unique mental health issues relating to the demise of colleagues, risk of trauma, hazardous working conditions, and financial insecurities (2), putting the mental health of Sherpas at risk.

On the other hand, in the venture of a summit, recreational climbers have psychological conflict: balancing ambition, exhaustion, stress, fear, and responsibility toward teammates. When climbers push beyond their safety limits, 'summit fever' is reported, mostly due to stress-induced impaired judgment (4).

In mountain settings, depression, anxiety, and PTSD are under-researched. However, some researchers have suggested that high altitude exposure can trigger or worsen mood symptoms due to both



Courtesy: Dr Japana Regmi

biological effects of hypoxia and psychological stressors (5). Mental health is still stigmatized in rural Nepal, often preventing open discussion, leaving many high-altitude workers untreated or unsupported.

To move forward, addressing mental health in the mountains is required. This includes:

- Firstly, organizations like MMSN should incorporate regular mental health screening for high-altitude workers and trekkers before and after climbing seasons along with awareness.
- Training the health workers posted in mountains on incorporating psychological first aid into wilderness.
- Travelling in groups for climbers, peer-support groups for porters and community-based counseling programs in mountain regions.
- Health insurance and employment policies designed to ensure financial support to high-altitude workers.
- Research in mountain medicine to quantify the burden of mental illness among climbers and high-altitude workers.

In conclusion, the mountains are testament to human capacity and resilience not only physically but also psychologically. Therefore, it is vital to improve safety, performance, and well-being in Nepal's mountaineering industry by recognizing and addressing the mental health needs of mountaineers and high-altitude workers. Organizations like MMSN can set an example for the global climbing community by integrating mental health into mountain medicine in Nepal.

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THRIVING IN THIN AIR!

written By : Dr Prince Singh, MBBS, PAHS-SOM

In 2019, I was trekking through the Annapurna Circuit when I developed a headache. At the time, I was not aware that “any headache at high altitude is altitude illness until proven otherwise”. I got myself checked at a public health post in Manang, and I was cleared to continue. After a one day rest period without following any acclimatization protocols, I crossed the Throngla Pass at 5416 m (one of the highest trekkable passes in the world), reaching Muktinath. Little did I know it was just the start of my journey into the mountains.

I was eager for more and went on many treks and motorbiking trips, including Paachpokhari (4300 m), Langtang-Kyanjin (3870m), Tilicho Lake(4919m), Manaslu Circuit Trek (5106 m), Annapurna Base Camp (4130 m), Narphu-Kangla pass (5320 m). I was always waiting for my university exams to be over so I could plan my next trip.

After my internship, I was selected as a volunteer physician for the Himalayan Rescue Association Nepal's (HRA) five day temporary health camp at Gosaikunda Lake, located in the Langtang region at 4380 meters. Gosaikunda is a high altitude glacial lake and the source of Trishuli River. Every year for Janai Purnima (Full Moon), thousands of Nepali pilgrims trek to this sacred lake to receive blessings, and many, like I used to, have no knowledge of altitude illness. Thus, many pilgrims reach Gosaikunda in only two days and get quite sick, when it should take at least five days for proper acclimatization. Additionally, many pilgrims lack appropriate gear for both trekking and the cold climate at altitude. Many pilgrims experiencing altitude illness believe their symptoms are not from the altitude, but rather the fragrance of the Sunpati flower found ubiquitously along the trail.



Pic: Evaluation of patient at Gosaikunda

HRA's goal is to reduce casualties in the Himalayas by not only treating altitude illness, but also preventing it. Before we had even started the health camp, we raised altitude illness awareness by giving informal hotel dining room talks along the trek to Gosaikunda Lake and distributing informational pamphlets.

In just five days, we evaluated 406 patients, 175 of which were diagnosed with high altitude illness, an umbrella term that includes acute mountain sickness (AMS), high altitude cerebral edema (HACE), high altitude pulmonary edema (HAPE), high altitude headache, and acetazolamide associated tingling. I had the privilege of witnessing the magical effect of dexamethasone in temporizing HACE symptoms, and I was hooked.

Here I discuss one of my more memorable cases from Gosaikunda on the last day of the camp.

A 48-year-old male was brought in by police, shivering outside a hotel without proper insulation (only a thin shirt and windbreaker). During my initial evaluation, he was unable to speak, and I was concerned for hypothermia. The patient was immediately given blankets



Pic: Patient with hypothermia

from the nearby “Tharpu” and pilgrims in the next room, but he was still shivering. One of the paramedics, Dawa Sherpa, wrapped him in an aluminium blanket, which finally provided some relief.

I suddenly remembered a trick I was taught in a wilderness medicine course: we can use rubber hot water bottles to increase the patient's core body temperature faster. Since we did not have any rubber hot water bottles, we improvised using plastic water bottles.

The police inspector brought the patient some warm food. However, the patient was still quite ill and unable to feed himself. His wife, who also lacked appropriate winter clothing, dressed in a saree, fed him with her hands. “When did you have your last meal?” I asked the wife. “Two days ago” she replied. I was shocked to hear that they were surviving on an apple a day for the last two days since they did not have any money.

I implored the wife to share her husband's food. She smiled and said, “I can't eat from my husband's plate.” It is not culturally acceptable. I didn't argue and provided her some more food once he had finished eating.

After being rewarmed, the patient was finally able to speak and endorsed a headache. I was now additionally concerned for AMS. We thus provided him acetazolamide, the first line treatment for AMS, as well as oral rehydration solution, ibuprofen, warmth and observed him overnight.

The next morning, he was unresponsive to verbal stimuli, but he responded to light touch. I had significant difficulty waking him up. It was already 11 AM by the time he stood at the door of the clinic, balancing with a stick. Initially, I didn't make much of his lack of coordination since he had just woken up.

By 1 PM, we had our bags packed and were ready to descend. I looked up and saw the patient near the temple about 50 meters away from the clinic. I had a gut feeling and made everyone wait, while I went to reevaluate him.

He was profoundly ataxic and dizzy, swaying towards support. I knew this was a hallmark of HACE and gave him an intramuscular injection of a steroid called dexamethasone immediately. I counseled the patient and his wife about HACE, emphasizing the only definitive treatment is immediate descent. Since he was unable to walk on his own, I coordinated with the Nepal Army, Police and Rasuwa district hospital for his rescue to a lower evaluation. The Nepal Army arranged a meal for him in the nearby hotel and carried him to Buddha Mandir, a village about two hours walk away at 4000 meters. He significantly improved even with this modest decrease in elevation and was able to continue to descend, walking on his own. He was admitted to Dhunche District Hospital for two days and made a complete recovery.



Pic: Patient being carried by Nepal army and Nepal Police to lower altitude

THRIVING IN THIN AIR!

My experience in Gosaikunda empowered me to continue working in high altitude. My passion for the mountains counteracts the challenges of austere regions with minimal resources.

It is said that 'ignorance is bliss'. During medical school, I did not know about altitude illnesses, but I am currently volunteering at Himalayan Rescue Association's Pheriche Aid Post at 4300 meters, giving a daily altitude medicine lecture. The information that we provide is something everyone should know before starting their trek into thin air. Stay tuned to hear more about my experience in Pheriche.

Dr. Prince Singh, MBBS, PAHS-SOM



Pic: Gosaikunda Lake (4380 m) and its surrounding during Janai Purnima



EXPERIENCE AS A TRAIL RACE DOCTOR

written By : Dr. Sameer Basnyat, MBBS, IOM

About two months ago, I was taking a quiet afternoon nap when I received a call from Dr. Suman Acharya dai. They needed an additional doctor for this year's Manaslu Trail Race, and I agreed without a second thought. I had always wanted to visit the Manaslu Circuit, often described as one of Nepal's most scenic and culturally rich trekking routes. Although I had volunteered earlier this year at Gosainkunda (4,380 m), joining a multi day high altitude trail race felt like a completely new kind of adventure. I was accompanied by Dr. Aakash Sherpali, my senior from medical school, who had prior experience from the Mustang Trail Race earlier this year.

Preparation

Our responsibilities began nearly a month before the race. We reviewed the medical histories of all runners, prepared comprehensive medical kits, and coordinated logistics with the organizing team. To maintain my own physical readiness, I walked around 12 km daily in Jibjibe, Rasuwa.

This year, the race director introduced a new initiative of providing every runner with a small zip lock first aid pouch containing gauze pieces, a 100 ml saline bottle, tape, and ORS. This ensured that even in the absence of a doctor at a particular point along the trail, runners could manage basic primary care on their own.

Before Departure

We met the runners a day before leaving Kathmandu and addressed a few minor medical concerns at the hotel. After completing the last minute shopping and packing our duffle bags, we were ready for the journey.

The Journey Begins

On the travel day, we gathered at Hotel Manaslu and headed toward Soti Khola by bus, getting the opportunity to interact with some of the runners along the way.



Courtesy: Dr Sameer Basnyat

From that day onward, nightly briefings after dinner became a part of our routine reviewing the day's events and planning for the next day's stage.

Life on the Trail

Each morning, I began walking early to get a head start before the race officially commenced always carrying my medical kit and walkie talkie. We trekked 20–25 km daily through landscapes that were both breathtaking and physically demanding. At each checkpoint, we assessed runners and managed any medical complaints.

Most runners were well prepared with their own medications. The common issues we encountered included blisters, ankle sprains, minor abrasions, and superficial wounds requiring dressing. A notable number of runners developed acute gastroenteritis likely traveller's diarrhoea, presenting with nausea, vomiting, and loose stools. Management included ORS, ondansetron, loperamide (used cautiously despite infective diarrhoea concerns due to the race context), and azithromycin.

Altitude and a Serious Case

The elevation rose steadily over five days, from 1,800 m to above 3,800 m, without significant altitude related incidents. However, on the final day while crossing the Larke Pass at 5,106 m, one runner suddenly developed concerning symptoms suggestive of High Altitude Cerebral Edema accompanied by hypothermia, nausea, retching, shivering, and difficulty maintaining balance. We immediately administered injectable 8mg of intramuscular Dexamethasone. Within minutes, she showed marked improvement and was able to descend safely to Bhimtang with support.

Reflections

The Manaslu Trail Race was an unforgettable experience, both professionally and personally. I had the opportunity to work with a dedicated and supportive team, enjoy great food even in remote settings, and build meaningful friendships along the way. Our photographers, Ananta and Lijen, captured the essence of the journey beautifully and were wonderful companions throughout.

I am deeply grateful to Neer sir and our race director, Jo, for organizing the event with such precision. My sincere thanks also go to Ram Khatri dai, Badri dai, and every member of the crew whose hard work made the race run so smoothly.

This experience taught me invaluable lessons about teamwork, the medical demands of multi day high altitude trail races, and the logistics involved in organizing such events. Watching the runners’ incredible stamina and determination was truly inspiring. I remain thankful to Dr. Suman dai and Dr Aakash dai for recommending my name and giving me the opportunity to be part of the Manaslu Trail Race. It is an experience I will always carry with me.



Pic: Manaslu Trail Race Team At Birendra Taal



THE JOURNEY THROUGH THE LAP OF SAGARMATHA AND BEYOND.....

written By : Dr. Pukar Adhikari, Dr. Jabir Ahamad Miya, MBBS, CMC

"WHAT DOES HEAVEN LOOK LIKE TO YOU?"
"WHERE DO YOU PICTURE GOD'S LIVE?"

Introduction

It can vary depending on personal beliefs, religious affiliations, and cultural backgrounds. For me, it's the grandeur of architecture, the tranquility of nature, the warmth of love and companionship, a mystical place with no pains and sorrows often referred to as 'Jannat' in Islam, 'Shambhala' in Tibetan Buddhist tradition, 'Sworga' in Hinduism, the land of salvation, a place where all our prayers are answered. I have imagined it to be higher than the clouds, higher than the eyes, can see amidst the Himalayas the mountains, our protectors, our mother, the land where we were born and brought up the purest of places, I hear the cool breeze whispering, the waterfall calling. To many, the god they call 'Nature'. For a small country like ours, there are two things that make Nepal famous all over the world. First being the birthplace of 'Gautam Buddha' and the second being the world's highest mountain peak, 'Sagarmatha' popularly known as Mt. Everest with the elevation of 8848.86m above sea level which is located in Nepal. Even people who may have never heard of Nepal will nod their heads when we mention these two things. Many also ask whether we have climbed or been to Everest. The one answer of why visit Nepal. Let's move on to the outlandish adventure of the trek to Everest Base Camp and beyond.

Experience

Our MBBS journey has always carried a spark of spontaneity, a quiet vow to each other that we'd live our dreams, with no room for 'someday'. Each year, we checked off one adventure after another, from first-year bungee jumps to rafting, wild treks, and those awe-filled, breathless moments in the 5,000-meter altitudes. But the vision of Everest Base Camp—that was a dream with roots. It was born sometime in our third year, when we first began our clinicals and craved the sight of the Himalayas looming close.



Pic: Dr. Jabir and Dr. Pukar at EBC

We'd steal glances at videos during our break time, talking and daydreaming about Namche Bazaar, wondering how it would look and feel in person.

We thought EBC would come after our final-year exams in Asar, but, as fate would have it, our exams moved earlier to Baisakh, dragging us through 45 days of study, sleepless nights, hunger, and exhaustion. Four days post-exams, we landed in Kathmandu, planning only a quiet getaway to Nagarkot. But then there it was again: that whisper of Everest. The thought of going in Asar, during the wild rains, kept us on pause—until that relentless itch to go, no matter what, turned into a decision. We had no choice but to "do it anyway."

Weather reports were bleak. Flights had been grounded in Lukla for nearly two weeks due to storms, and even the roads were treacherous. Cautionary tales echoed around us, but the rule held: we'd go. When our plane didn't take off, we took to the streets of Thamel for supplies, still half-dreaming that somehow, we'd get there. The next day, with the flight delayed again, we were fueled by nothing but determination. As we watched others at the airport slowly giving up, we saw only one way forward: the helicopter. With an unshaken decision, we paid the manager, strapped in, and took to the skies. There was an exhilarating, silent joy. Only when we called our families mid-flight did we fully grasp what we were doing, the thrill sinking deep as we soared through a 49-minute panorama of rugged peaks.

THE JOURNEY THROUGH THE LAP OF SAGARMATHA AND BEYOND.....

Lukla welcomed us at noon, and we relished a warm tea before the journey to Phakding. We walked until 5 p.m., each step a testament to our commitment, and crashed for the night. By morning, Namche Bazaar—the fabled wonderland nestled in Solukhumbu—was our next target. It took hours of climbing, each view more surreal than the last, until Namche revealed itself: a hidden paradise, surreal in its fusion of ancient beauty and modernity.

Our visit was more than sightseeing. We had a purpose, a survey to conduct in the local pharmacies, investigating the healthcare gaps these remote regions face. Our discussions with Dr. Abhyu Ghimire, who himself scaled the daunting Mt. Ama Dablam, revealed the critical need for medical staff and the realities of remote healthcare. He shared how the locals here—often the heroes behind mountaineering feats—struggle without a robust support team. Despite being a haven for climbers and trekkers, Namche lacks medical officers willing to make a difference beyond the boundaries of their own CVs.

In collaboration with Aarogya Nepal, we distributed some much-needed medicines, though our plans for Pangboche were disrupted by unpredictable weather. But for the locals we met, each conversation reaffirmed the mission: these remote places have voices longing to be heard, a need for care yet to be met.

After two days, we set our sights higher. Walking past century-old monasteries, yeti folklore, and Pangboche's legendary tales, we reached Dingboche, our last night before the summit push.

Gorak-Shep's rugged beauty was primal, where the earth itself seemed to breathe. We set out early for Base Camp, traversing rocky terrain, silent landslides, and river banks. The silence on that route was sacred, the air imbued with both the weight and the lightness of the world's highest peaks. Finally, we reached EBC, where clouds floated like whispers over the Khumbu Glacier, the cold kiss of Everest on our skin. In the stillness, we unfurled a banner for those who live for the care of others, a call to "Stop Violence Against Doctors."

It felt like we were standing at the edge of something immense, a reminder of the sacrifices made by those in healthcare.

Throughout our medical journey, we've witnessed countless instances of violence against medical personnel. Doctors, nurses, pharmacists, health assistants—none are spared from the anger and frustration of those they serve. The stories are painfully familiar in every medical college and hospital in Nepal. We've seen our colleagues cursed, humiliated, even physically beaten, and these moments weigh on us deeply.

So, this time, we decided to take a stand. We embarked on a trek with purpose—to raise awareness of the violence faced by every individual involved in healthcare. We wanted our journey to speak for those whose dedication is too often met with aggression, and to call for respect and safety for those in this field.

To our surprise, the cause resonated widely. Media outlets like Civil Khabar, The Himalayan Times, and Himal Press shared our story. As we trekked, our message spread, and we were humbled by the response. A reporter even mentioned that our story was the most popular that week, capturing public attention in a way we hadn't expected. He congratulated us, recognizing the uniqueness of our cause.

On our way back from Everest Base Camp, we got lost. Out of nowhere, the weather turned harsh—strong winds, bitter cold, and not a soul or sign in sight to guide us.

As we turned back from Base Camp, exhaustion met exhilaration. The descent was a journey of its own, a testament to resilience, and perhaps our closest brush with danger—a cow nearly charging us off a suspension bridge, a surreal moment we both laughed off and pondered deeply. As we made our way from Namche Bazaar to Lukla, calls started coming in from news outlets curious about our journey and our cause. We hadn't expected this at all; we did it purely for the love of our profession, not for any spotlight or fame.

Everest may have been a destination, but it's the journey that changed us.



THE JOURNEY THROUGH THE LAP OF SAGARMATHA AND BEYOND.....

Analogy

Being a medical student throughout these years I can relate how trekking is analogous to the medical journey that we all have been through. The hardships and the surprise elements that one encounter during expedition makes one experience of life up close, changing him/her as a person for the rest of their lives. Many of us are first time mountain trekkers who worked hard for many years to climb steps for our successful medical career. There are always few recourses yet many things to accomplish in our journey. Those who stay positive, agile and focused on the goals always succeed to the top. For them the goal is purposeful. In trekking we pace our walk to catch our breath. However, if we walk too slowly or stop too long in between we might reach the lodge after dark. At some pit stops, the lodges are fully occupied. Therefore, a purposeful goal inspires everyone to be agile and stay focused. More importantly to support one another in reaching the destination on time. It's a never-ending journey to sacrifice your life for the well-being of the others. To become a doctor is a real work of art. Many a times you are grateful to have chosen this profession. Although the destination is too far away but the view from the top is always 'Tassel Worth the Hassle'.



Pic: Dr. Jabir and Dr. Pukar at EBC



EVEREST REGION DREAMS: FROM CHILDHOOD FANTASY TO HIMALAYAN REALITY

written By : Dr Anil Kumar Sah, MBBS, BPKIHS

As a child, I always dreamed of exploring the Everest region and standing face-to-face with Mt. Ama Dablam, my all-time favorite and, in my opinion, the most beautiful mountain in the world. Scrolling through Instagram and watching reels of Camp 2, I was captivated by its breathtaking views.

In autumn 2024, that dream finally became reality when I had the chance to work in Dingboche, a small, beautiful village in the heart of the Everest region. For three months, I wasn't just a doctor; I was a dreamer, a trekker, and an explorer on the trails.

The Adventure Begins at the World's Most Dangerous Airport

The journey began with a flight from Kathmandu to Lukla, an airport known for its short runway and hair-raising landings. My heartbeat probably broke altitude records before the plane even touched down. But the moment I stepped onto Lukla, traveling solo and absorbing everything, I felt like I had entered another world. Surrounded by mountains, friendly locals, trekkers from around the globe, and yaks strutting like celebrities, I knew this trip would be unforgettable.

Namche Bazaar: Love at First Sight

From Namche, the gateway to Everest, I finally saw Mt. Ama Dablam. My heart skipped a beat, or maybe that was just the altitude. The sight was so breathtaking that I forgot my tired legs and simply stood there, grinning like a kid in a candy store.

A few days later, I reached Dingboche, my new home for three months. And my room? Ama Dablam right outside my window. Who needs Netflix with that view?

Doctor at 4,410 Meters: Healing

Working in the Dingboche clinic was both rewarding and humbling. I treated everything from AMS, altitude's way of saying "slow down," to frostbite, dehydration, asthma, GI upsets, URTIs, trauma, and even acetazolamide overdoses. I managed emergencies like HAPE and HACE, and coordinated heli rescues. Calling a helicopter in the Himalayas feels way cooler than calling a taxi in the city.



Courtesy: Dr. Anil Kumar Sah

Every day was a mix of saving lives and hearing patients say, "Doctor, thank you for saving my life. I will never forget you."

Beyond the Clinic: Trekker and Explorer

When I wasn't in the clinic, I was out chasing adventures. I hiked to Ama Dablam Base Camp, Everest Base Camp, Gokyo Lake, and crossed some of the region's toughest passes.

Leading the Ascent: Mt. Lobuche Peak (6,090m)

Standing atop Lobuche Peak, witnessing the surrounding Himalayan panorama, was the happiest feeling of my life. Words cannot capture its beauty. Before the climb, I trained rigorously with ropes, harnesses, carabiners, ascenders, and jumars to ensure safety and confidence. Every step up the icy slopes tested our strength, but reaching the summit made every challenge worthwhile.

Kongma La Pass (5,535m) was my first real test of endurance. The trail was steep, the air thin, and my legs were negotiating without crampons. But the views were absolutely worth the suffering. Standing at the top, surrounded by an endless sea of ice, rock, and sky, I felt tiny, but in the best possible way.



Pic: At top of Lobuche Peak

I also climbed [Kala Patthar](#), and the sunset view of Mt. Everest from there was breathtaking and unforgettable. From there, I made my way to [Everest Base Camp](#). Although climbing Everest was never the goal, standing at the foot of the world's highest peak gave me goosebumps. The Khumbu Icefall looked both beautiful and terrifying.

Next came [Cho La Pass \(5,420m\)](#), which I crossed without crampons. The glacier was slippery, the wind unforgiving, but every challenging step brought me closer to Gokyo, where the calm turquoise lake welcomed me like an old friend.

From [Gokyo \(4,790m\)](#), I climbed [Gokyo Ri \(5,357m\)](#) at sunrise, witnessing a panorama of Everest, Lhotse, Makalu, and Cho Oyu that made every struggle worth it.

[Renjo La Pass \(5,360m\)](#), what a beautiful pass, it felt like heaven. The final chapter of my trekking trilogy felt like closing a perfect circle, exhausted, transformed, and profoundly grateful. It has become the most beautiful pass I have ever crossed."

The Final Leap: Everest Bungee

Just when I thought my journey could not get more adventurous, I decided to jump off a bridge, safely, of course. Everest bungee jumping was the grand finale of my Himalayan adventure. As I leapt, I thought of that little kid who once dreamed of Ama Dablam. Now here I was: doctor, trekker, peak climber, and bungee jumper. Stronger, braver, and wilder than I ever believed I could be.

Lessons from the Mountains

I cannot believe I did all this in one season. It was my belief and determination that allowed me to fully enjoy my time in the Everest region. The mountains taught me that dreams do come true, but not always in straight lines. Sometimes they come with altitude headaches, sore muscles, and the crucial reminder that crampons are important on tough passes. But with resilience, courage, and discipline a mountain can be climbed.

Ama Dablam will always be my dream mountain, and the Himalayas will always remind me that we are stronger than we ever imagined.



Pic: Ascent of Lobuche East Peak

TRADITION ON TRIAL: LASUN-TIMUR IN THE HIGH HIMALAYAS

written By : Aayush Awasthi, MBBS, IOM

My first real high-altitude trek was to Gosaikunda, 4,300 m above sea level. We were a group of first-year medical students, buzzing with excitement, carrying more enthusiasm than experience. From the very start, our local guides shared a simple piece of wisdom passed down through generations; chew lasun (garlic) and timmur (Sichuan pepper) each day, and the mountains would treat us kindly. We listened. The advice came from faces weathered by years in the Himalaya, and there was a comforting certainty in their voices.

We knew about acetazolamide from our lectures, of course. It was the gold standard for preventing acute mountain sickness. But we avoided it, more from fear of side effects than anything else. The thought of tingling fingers, altered taste, or other 'potential reactions' made us cautious. So, the only thing we took for protection against the altitude was a handful of lasun and timmur, tucked into our pockets alongside our energy bars.

The days were long, the climbs steep. At rest stops, we'd pop a piece of garlic in our mouths, followed by a few timmur berries, feeling the sharp burn in the throat and the sudden, almost electric tingling on the tongue. It jolted us awake, made the cold seem less biting, and sparked a strange warmth from the inside. There was a rhythm to it: walk, chew, warm up, keep moving. Perhaps it was just the kick of spice and heat that kept our bodies alert. Perhaps it soothed the mild nausea that sometimes came with the altitude.

We didn't question it much at the time. It was part of the journey, part of the culture we had stepped into.

It was after that trek that curiosity set in. By then, I had read more, learned more, and understood the very real risks of unprepared ascents: pulmonary edema, cerebral swelling, even death. And I wondered: had lasun and timmur truly helped us, or were we simply leaning on a placebo wrapped in centuries of tradition? This question led me to the medical literature, and the answers were nothing like what I had expected.

There it was, in a PubMed-indexed study of nearly 491 Nepalese pilgrims making the same ascent to Gosaikunda we had made. The results were startling: those who consumed garlic and timmur had not only failed to reduce their risk of acute mountain sickness, they had a significantly higher incidence of it, with a relative risk of 1.69 compared to those who didn't take them. The same remedies that felt like protective charms on our trek were, in hard numbers, associated with more sickness, not less.

It was a strange feeling, like watching a long-standing belief stand trial and lose. The comfort I remembered from chewing those cloves and seeds could be explained in simpler ways: garlic's antioxidants and circulatory effects, timmur's digestive and warming properties, the small bursts of energy from their pungency. They may have made us feel warmer, more awake, more in control. They may have soothed our stomachs and given us a ritual to focus on instead of the thin air. But they did not prevent the physiological effects of hypoxia.



TRADITION ON TRIAL: LASUN–TIMUR IN THE HIGH HIMALAYAS.....

I realized then that what we carried up the mountain was more than a remedy, it was a piece of Himalayan culture, a thread connecting us to the people who had lived and walked in these heights for generations. And perhaps that in itself was valuable: something to hold on to when the air felt too thin and the trail too long. Lasun and timmur are no replacement for the essentials of high-altitude safety i.e., gradual acclimatization, proper hydration, and, when necessary, evidence-based medications such as acetazolamide or dexamethasone.

If I were to trek to Gosaikunda again, I would still take lasun and timmur, not as armor against altitude sickness, but as companions on the trail. For the taste, the warmth, the connection to a tradition older than my medical textbooks. But now I know to pair them with the knowledge that keeps trekkers safe: ascend slowly, drink water, rest well, and respect the mountain, not just through ritual, but through evidence.



TRADITIONAL HEALING PRACTICES IN MOUNTAIN COMMUNITIES OF NEPAL

written By : Namrata Adhikari, MBBS, IOM

Nepal, a landlocked Himalayan nation, is renowned for its towering mountains, ethnic diversity, and rich cultural heritage. While modern health facilities are expanding, access to hospitals and doctors in remote mountain areas (which has about 6.09% of total population of nation) still remains limited due to rugged terrain, poor transportation, and economic barriers. In such contexts, people continue to rely heavily on traditional healing practices that are deeply rooted in culture and spirituality. These practices, passed down through generations, play a vital role in community health and well-being. Exploring them provides valuable insight into the intersection of culture, medicine, and resilience in mountain communities.

Types of Traditional Healing Practices:

1. Faith Healing (Dhaami/Jhankri tradition):

In many Himalayan and hilly villages, dhaami or jhankri (traditional shamans) are the first point of consultation for illness. They believe diseases can be caused by evil spirits, curses, or displeased deities. Rituals involving chanting, drumming, and sacrifices are performed to please them and to restore balance. While these rituals may not provide a biological cure, they often offer psychological relief and strengthen social bonds within the community. I have experienced that many times. Being born in a rural hilly district, where even health post was hardly reachable, my parents used to take me to jhankri. They still believe him and we visit him sometimes.

2. Lama Healing Practices:

Among Buddhist communities, which are the major community living in Himalayan region, monks and lamas are called upon to conduct healing rituals. Chanting of mantras, burning of incense sticks, and religious ceremonies are believed to purify the environment and heal the sick. This reflects a worldview where health is seen as harmony between body, spirit, and nature.

3. Herbal Medicine and Local Remedies:

The Himalayas are a reservoir of medicinal plants. Locals use herbs like Yarsagumba (*Cordyceps sinensis*) for stamina, Panchaule (*Dactylorhiza hatagirea*) for reproductive health, and Kutki (*Picrorhiza kurroa*) for liver and digestive problems. Remedies are often prepared as teas, pastes, or decoctions. Such knowledge is preserved orally within families or village healers and continues to be widely practiced. The Himalayas are blessed with so many herbs and medicinal plants, these should be studied thoroughly and people must be aware of every herbs that are beneficial and that harms. Also about their doses to prevent from adverse effects.

4. Bone Setters and Traditional Midwives:

In some rural mountain areas, traditional bone setters treat fractures and sprains using manual techniques, splints, and herbal oils. Similarly, sudeni (traditional birth attendants) assist women during childbirth, particularly where trained health workers are unavailable. Although traditional bone setters and sudeni have historically provided essential services in Himalayan communities, their skills are often limited and may not meet modern medical standards. The absence of trained health professionals and adequately equipped facilities put mothers and newborns at significant risk. Therefore, there is an urgent need to establish community-based delivery centers, strengthen referral systems, and provide formal training to local health workers and traditional attendants. Such measures would ensure safer childbirth practices and improve maternal and neonatal outcomes in mountain regions.

Traditional healing practices are not limited to treating physical illnesses. They carry deep cultural meaning, providing comfort, belonging, and continuity of heritage. Many mountain people perceive illness not just

TRADITIONAL HEALING PRACTICES IN MOUNTAIN COMMUNITIES OF NEPAL.....

as a biomedical condition, but as a disturbance in harmony between humans, nature, and the spiritual world. Thus, rituals and herbal treatments are holistic, addressing physical, mental, and spiritual well-being simultaneously.

Moreover, healers often serve as counselors, mediators, and respected community figures. Their presence provides reassurance during sickness, grief, or crises. This social role cannot be overlooked when discussing mountain health. While traditional medicine is important, it is not without limitations. Reliance on rituals may postpone timely medical care for conditions like pneumonia, fractures, or obstetric emergencies. There is no standard dosage or safety testing for herbal remedies, raising concerns of toxicity or side effects. Over-harvesting of medicinal plants like Yarsagumba and Panchaule threatens biodiversity and sustainability. Younger generations often migrate to urban areas, leading to a gradual decline in indigenous healing knowledge. Imagine how the situation would be when there's no traditional healing knowledge too.

Despite challenges, traditional practices hold significant potential when combined with modern health systems.

Modern medicine should always respect their culture and traditions and should try to be integrated in their lifestyles without being judgmental of them. It's much more effective by making traditional healers aware of modern medicine and scientific reasoning.

In conclusion, Traditional healing practices in Nepal's mountain communities are a reflection of cultural resilience, intimate knowledge of nature, and strong spiritual worldviews. They continue to serve as the first line of care for many people living in geographically isolated areas. While not a substitute for modern evidence-based medicine, their psychological, social, and cultural contributions remain invaluable.

I think the future of mountain health lies in respectful integration where traditional knowledge is preserved and recognized while simultaneously expanding access to safe, modern healthcare. By embracing both worlds, Nepal can strengthen its healthcare system and honor the wisdom of its mountain communities.



2 MONTHS MEDICAL ELECTIVE AT JR HOSPITAL OXFORD

written By : Dr Ranjeet Ghimire



It's December 18, 2025, and I'm sitting in my quiet room on the fifth floor of St. Edmund Hall, Oxford. Outside the window, the narrow streets glow softly with Christmas lights. The air is crisp and cold, the days are short, and winter has settled in fully. Almost two months have passed since I arrived here for my medical elective at John Radcliffe

(JR) Hospital, made possible through the Mountain Medicine Society of Nepal (MMSN). With only a week left before I return to Nepal, I wanted to capture what this journey has meant to me—the surprises, the challenges, the small joys, and the lessons I hope to carry back home.

I'm Dr. Ranjeet Ghimire, a graduate of the Institute of Medicine (IOM), Maharajgunj Medical Campus, Tribhuvan University Teaching Hospital (TUTH). Currently, I work as a Medical Officer at Rapti Adharbhat Aspatal, Sisaniya, Dang, Nepal. Yet right now, I'm here in Oxford, reflecting on an experience that still feels a little like a dream.

How I Ended Up Here!

I joined MMSN in my first year simply because I loved the mix of mountain medicine talks, journal clubs, and outdoor hikes—it felt like a fun community where I could learn and explore at the same time. Over the years, I gradually got more involved, helping with the website, social media, and newsletter design, and eventually stepping up as Academic Coordinator, mostly to push myself past my fear of speaking in front of people. The Oxford elective always seemed like a distant, almost mythical opportunity that seniors would talk about when they returned home, but I never imagined it would happen to me—until last year, when my friend Rebanta and I decided to apply together, got selected, survived the stressful visa rollercoaster (first rejection, reapplication, night-bus passport runs), and finally arrived in Oxford on 25 October.

Life in Oxford

We wake up around 6:30–7:00 AM, brew a cup of tea, prepare breakfast, and pack lunch. Then we set off on my 45-minute walk to the hospital through Headington Park.

The path is peaceful: tall trees, birds singing, crisp fresh air. In winter, though, it's still dark when I leave home and dark again by the time I return.

At the John Radcliffe Hospital, I join the Acute General Medicine (AGM) team at 9:00 AM. The day begins with a short handover, followed by ward rounds. Each consultant looks after 14–20 patients, and spends a full 15–20 minutes with every one of them. The consultant leads the examination while residents update the electronic records. What strikes me most is how the discussion goes far beyond the medical condition—they talk about social support, rehabilitation, whether the patient lives alone, their end-of-life wishes, and how to make sure they'll be safe and comfortable after discharge at their home through social support of family and the government. After rounds, the whole team sits together to finalize the day's plans.

Thursdays are special: we attend teaching sessions where professors present fascinating cases or share the latest research.

Rebanta and I usually finish around 2–3 PM, walk back home, cook dinner together (mostly masu-bhat, meat is much cheaper and easier to find than vegetables here), watch a series or catch a Premier League match, and head to bed early.

Weekends feel wonderfully relaxed. We sleep in, wander around Oxford, take day trips to visit relatives in London, or simply rest. Having genuine free time is still a strange, almost luxurious feeling compared to the non-stop pace of medical practice back home.

What I've Seen at JR Hospital

Most patients here are elderly, and the common cases we see include falls with frailty, pneumonia, sepsis, diabetic emergencies, acute kidney injury, and blood clots—very different from the infectious diseases like TB or typhoid that were so frequent in Nepal. What truly stands out is how the whole system revolves around the patient as a person, not just their disease: every discussion carefully considers their social support, home life, emotional well-being, and future needs, creating a truly compassionate and holistic approach to care.

Some things that really stood out:

- Everything is free for patients – tests, medicines, hospital food (they even choose from a menu), ambulance rides home.

2 MONTHS MEDICAL ELECTIVE AT JR HOSPITAL OXFORD.....

-Electronic records go back years; you can see every past admission, scan, or blood result instantly.

- Privacy is taken seriously – curtains for exams, locked wards, no photos allowed.

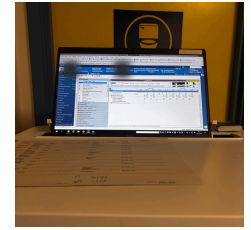
- Staff numbers are high – doctors, nurses, pharmacists, physiotherapists, discharge coordinators, porters, cleaners – everyone has a clear role.

-Doctors speak slowly, simply, and kindly. Patients can refuse treatment or stay longer if they want. Families get phone updates instead of crowding the ward.

- End-of-life care is calm and dignified – focus on comfort rather than aggressive treatment for very frail patients.



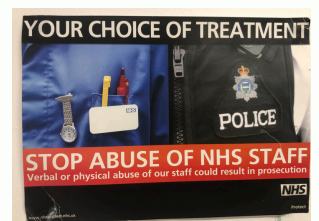
Pic: JR Hospital, Oxford



Pic: NHS Database with patient record



Pic: Hospital ward and nursing station



Pic: Fight against Abuse

Nepal vs the UK – What's Different

I made this small table just to compare the two systems I've worked in. Neither is perfect, but seeing both side by side makes you think.



Pic: Academic Session every Thursday



Pic: Infection Control and Safety (for case of C.difficile)

Aspect	Nepal (My Experience)	UK (JR Hospital Observations)
Patient Age & Diseases	Younger patients; more communicable (infections, injuries)	Mostly elderly; non-communicable (falls, AKI chronic diseases like diabetes)
Cost	Out-of-pocket; limited insurance	Completely free (NHS covers everything – even food menus)
Care Focus	Disease-centered (epidemiology, complications, treatment)	Holistic (medical + emotional + social + rehab + palliative)
Ward Environment	Crowded, noisy; family stays and helps with care	Quiet, calm; limited family visits, staff handles all
Staff-Patient Ratio	Fewer staff, high workload; family support essential	Abundant specialized staff; dedicated roles for everything
Records & Tech	Mostly paper/basic digital; hard to track history	National electronic; instant access to old records, allergies, DNR
Patient Rights	Doctors lead decisions; less patient input	Patients have power – refuse treatment, extend stay
Common Issues	Overcrowding, resource limits	Elderly isolation, language barriers, junior doctor strikes
Privacy & Safety	Less strict; open wards	High priority – locked doors, curtains, no photos

2 MONTHS MEDICAL ELECTIVE AT JR HOSPITAL OXFORD.....

The Good and the Not-So-Good

The Goods things I observed in UK

- Everyday politeness — People say “sorry” and “thank you” constantly, smile easily, and hold doors without a second thought.
- Order and respect for rules — Queues are sacred, traffic lights are obeyed, and there’s no honking chaos.
- Work-life balance — Doctors finish on time, enjoy real weekends, and get generous holidays— something that feels almost luxurious compared to home.
- Dignity in every role — From porters and cleaners to consultants, everyone is treated with equal respect.
- Diversity done right — People from all over the world work and live together here, with no obvious discrimination.

The Not So Good Things I observed in UK

- High cost of living — Rent, transport, and even basic groceries (especially vegetables) are shockingly expensive.
- Social reserve — People tend to keep to themselves; striking up casual conversations with strangers is rare.
- Loneliness in old age — Many elderly patients live alone with no family nearby. The wards feel quieter and lonelier compared to the warm, family-filled atmosphere in Nepali hospitals.
- Doctor strikes — Junior doctors have gone on strike twice during my time here, mainly over pay and working conditions.

Places Around Oxford

Oxford itself is beautiful – old buildings, museums, the Thames river, parks. We’ve walked everywhere, seen fireworks in South Park, visited the main colleges, and just soaked in the quiet charm. Quick trips to London (Bridge, markets), Dover beach, and Gillingham. Still hoping to see London, Cambridge and Scotland before we leave.



Pic: St Thamesis Building Oxford, our accomodation



Pic: Visiting Nepalese family residing in UK

What I'm Taking Back

In the end, it's the small, everyday things I want to carry forward: speaking more gently and patiently with patients, truly listening without rushing, explaining things in plain words they can understand, and offering a genuine smile to ease their worries. Above all, remembering that every patient is far more than their diagnosis, they have fears, families, hopes, and a life waiting outside the hospital walls. These are the reflections that my professor and the patients have taught me here.

I'm endlessly thankful to the Mountain Medicine Society of Nepal (MMSN), Dr. Buddha Basnyat sir, Dr. Kamal Thapa sir, Rebanta, and every senior and friend who believed in me and opened this door.

To any younger MMSN member who might be reading this and wondering if something like this could ever happen to them: just keep showing up. Attend the programs, contribute in small ways, stay curious and consistent. The most meaningful opportunities often arrive quietly, when you're simply being yourself and doing what you love.

If interested to read more, read full blog in my website:

<https://travelhealthdoc.com/oxford-elective-2025>

Thanks for reading.

Regards,
Dr. Ranjeet Ghimire
Oxford, December 2025



Pic: With Professor Richard De Butts and his team



Pic: At Jr Hospital with ID card



Pic: Christmas Vibe at Oxford



Pic: With Gita Kharel didi and her family (Hospital staff at JR hospital)

A TREK BEYOND BEAUTY: LESSONS FROM TILICHO

written By : Dr Rebanta Khadka, MBBS, IOM

About 8 months ago, during my internship at Tribhuvan University Teaching Hospital (TUTH), life was demanding yet rewarding. I was posted in the Emergency Department, one of the busiest units, where free time was limited and arranging leave was never easy. Still, with determination and teamwork, five of us managed to plan a trek to Tilicho Lake, one of the highest-altitude lakes in the world—a dream we had long carried.

We began our journey on a Friday, spending the night in Besisahar. Early the next morning, we set off towards the Manang Valley, reaching Koto/Chame by evening. The night was cold and rainy, with icy drinking water and quiet mountain air, but the excitement of the journey kept us warm. The following morning, as we continued our drive, the landscape unfolded beautifully—towering Himalayas, cascading waterfalls, snow-fed rivers, rugged hills, and adventurous off-road trails that filled us with awe. Around 11 a.m., we arrived in Manang Valley (3,540 m) and visited the HRA Manang Aid Post, run by the Himalayan Rescue Association, and the Mountain Medicine Society of Nepal. We were warmly welcomed by Dr. Sabitra Thapa Didi and Prakash Khatri dai, learned about their invaluable services, took a group photo, and shared a simple lunch before starting our trek.

Our first trekking day took us to Khangsar (3,734 m). Soon after we began walking, light

rain turned into snowfall—a magical and unforgettable experience, especially for those seeing snow fall during a trek for the first time. The village of Khangsar, blanketed in white, offered stunning views and a peaceful place to rest.

The next day, after a challenging 5–6 hour walk along narrow, landslide-prone trails, we reached Tilicho Base Camp (4,140 m)—arguably the most beautiful location of our journey. That evening, one of our friends developed repeated vomiting and diarrhea and wisely chose to rest at base camp the following day.

Early the next morning, the remaining four of us headed towards Tilicho Lake. As we neared our destination, one friend developed increasing shortness of breath with cough and rusty-colored sputum—symptoms highly suggestive of high-altitude pulmonary edema (HAPE). Recognizing the danger, we avoided staying longer, took a few quick photos, and made the critical decision to descend immediately. As we descended, his breathing gradually improved. By evening, we safely reached Khangsar, where both unwell friends continued to recover. We later concluded that these symptoms were due to acute mountain sickness (AMS) and HAPE.

Although we had planned to cross Thorong La Pass, we chose to return to Kathmandu, placing health above ambition. Despite taking acetazolamide prophylaxis, our ascent was too rapid—from 823 m in Besisahar to over 4,100 m within a few days, far exceeding the recommended limit of no more than 500 meters of ascent per day above 2500m.

This trek gifted us not only unforgettable memories but also a powerful lesson: mountains are breathtaking, but they demand respect. Proper acclimatization, listening to the body, and following climbing guidelines are essential. No destination is worth risking a life—sometimes, turning back is the bravest decision of all.



Pic: At Besisahar



Pic: At Greenlake, Manang



Pic: The official Choplal Gang



Pic: At Tilicho Lake



Pic: From left to Right Rebanta, Arun, Sagar and Kailash! Ranjeet waiting at Tilicho Base Camp :))

MMSN OUTDOOR ACTIVITIES 2025

Blending Adventure, Learning, and Practical Skills

MMSN made 2025 a memorable year by organizing a series of outdoor events that combined adventure with important medical training. These activities helped participants enjoy the outdoors while learning practical skills and emergency protocols.



Pic : Wall Climbing Program

June 21: Wall Climbing and High-Altitude Case Scenarios

In June, MMSN hosted a wall climbing program at Astrek Climbing Center, Thamel. There were 32 participants, including 8 female climbers. The session also included training on AMS (Acute Mountain Sickness), HAPE, and HACE, helping everyone understand high-altitude health challenges.



Pic : Outdoor with case scenarios

Before the 2025 events began, MMSN organized a special wall climbing session on 28th December 2024 at Astrek. 24 participants attended, and Dr. Suraj Bhatta delivered an informative presentation on the management of AMS, HACE, and HAPE. This session set a strong foundation for the upcoming year.



Pic : Jamacho Hiking

January 25: Jamacho Hike with ATLS Training

The year began with a fun and educational hike to Jamacho. A total of 68 participants joined the event. Along with enjoying nature, everyone practiced case scenarios based on the ATLS (Advanced Trauma Life Support) protocol.



Pic : Cycling at Godawari

July 5: Cycling with ATLS Case Scenarios

Early July brought a refreshing cycling event. A total of 23 participants took part, enjoying the ride while also practicing ATLS-based case scenarios. It was a perfect blend of fun and learning.



Pic : Annual MMSN Outdoor Programs

MMSN Journal Club Programs

We continued our tradition of fostering critical appraisal on high altitude medicine and physiology through the MMSN Journal Clubs. We had two journal club presentations this year by Dr Ranjeet and Dr Sameer. Dr. Ranjeet Ghimire presented **“A Season at the Himalayan Rescue Association Aid Post in Manang”** written by Dr. Shashank Timilsina and team, followed by Dr. Sameer Basnyat’s insightful discussion on **“Comparing Integrative Ventilatory and Renal Acid-Base Acclimatization in Lowlanders and Tibetan Highlanders During Ascent to 4,300 m”**. Enriched by the presence and shared valuable insights of senior mentors Dr. Buddha Basnyat, Dr. Kamal Thapa, Dr. Suvash Dawadi, Mr. Gobi Bashyal, and Dr. Prasanna Karki, these sessions sparked thoughtful debate and deepened understanding of high-altitude physiology and clinical challenges among participants.



Pic: Journal Clubs throughout the year

Complementing these advanced discussions, **Dr. Prasanna Karki delivered an essential orientation session on the basics of altitude sickness and safe trekking guidelines** for basic science students from various medical colleges. This foundational program ensured that even early-year students gained critical awareness of acute mountain sickness, HAPE, HACE, and practical prevention strategies, further broadening MMSN’s educational reach.

Wilderness Medicine Training – Hands-On Preparedness

MMSN collaborated once again with Dr. Jessie Gehner and her expert team from Virginia Tech Carilion, USA, to successfully conduct the Wilderness Medicine Training on 29 March 2025 at Maharajgunj Medical Campus, Tribhuvan University Teaching Hospital.



Pic: Wilderness Medicine Training

DR. RANJEET GHIMIRE, MBBS, IOM

MMSN ACADEMIC ACTIVITIES 2025

The hands-on workshop drew over 80 enthusiastic participants (medical students & doctors) and featured eight interactive stations covering critical topics, including patient assessment, haemorrhage control, hypothermia, water treatment, and altitude-related illnesses (HACE/HAPE). Participants rotated through each station in 20-minute intervals, creating a highly dynamic and engaging learning experience. The three-hour session concluded with certificates of participation presented by Dr. Jessie Gehner and MMSN President Dr. Kamal Thapa. MMSN extends its heartfelt gratitude to Dr. Gehner and her entire team for their invaluable contribution and to all participants for their remarkable enthusiasm and active engagement.



Collaboration with AMSA Nepal

The tenure also featured a fruitful collaboration with the **Asian Medical Students' Association Nepal (AMSA Nepal)** on their academic exchange program AMSEP Nepal X Singapore. Dr. Suraj Shrestha, Dr. Ranjeet Ghimire, Dr. Rebanta Khadka, and Dr. Sameer Basnyat delivered specialized training to 25 Singaporean and Nepali medical students on critical skills, including Advanced Trauma Life Support (ATLS), Basic Life Support (BLS), hypothermia management, and fracture care. The program successfully fostered both academic excellence and meaningful cultural exchange with delegates from Singapore.



Pic: MMSN and AMSA Nepal Collaboration

Specialized Lecture Series

Two landmark lectures broadened horizons beyond traditional mountain medicine.

In February 2025, Prof. David Clifton from the University of Oxford delivered a captivating session titled **"Artificial Intelligence in Medicine: Past, Present, and Future,"** attended by 91 participants. The talk was truly eye-opening, showcasing the transformative potential of AI in reshaping healthcare delivery and research.

In another milestone, we proudly launched **Himali Sambad – Insights in Mountain Medicine**, a new webinar series designed to be held every 3–4 months and permanently archived on the MMSN YouTube channel. This initiative complements our in-person Journal Clubs and expert talks at the Basic Science Building while extending our reach to members across Nepal and beyond Kathmandu Valley. The inaugural episode, titled **"High-Altitude Pilgrimage Medicine: The Journey to Gosainkunda,"** featured Dr. Buddha Basnyat as the guest speaker, with Dr. Suman Acharya serving as moderator. Attracting 68 participants, the session explored the medical and physiological challenges of high-altitude pilgrimage, with a special focus on Gosainkunda—one of Nepal's most sacred and medically significant trekking destinations.

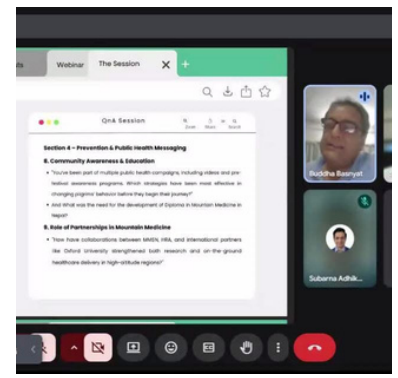
The second session, titled **"Into Thin Air: Physiology of Altitude,"** was presented by Dr. Matiram Pun and moderated by Dr. Suraj Shrestha. It attracted a diverse audience, including medical students, junior doctors, and senior consultants, all eager to learn about the fascinating physiological adaptations to high altitude.



Fig : AI in Healthcare by Prof David Clifton and his team from Oxford University



Fig : Himali Sambad



Experience Sharing Sessions

The **Oxford Elective Experience-Sharing Program** featured Dr. Aakash Sherpali and Dr. Sanjeev Kharel, who recounted their transformative two-month clinical rotation at The John Radcliffe Hospital, University of Oxford. In front of 87 engaged participants, they offered valuable insights into the UK healthcare system, the functioning of the National Health Service (NHS), and the cultural differences they encountered during their elective.

Separately, Dr. Padam Joshi and his team delivered a compelling session on their work at the **Gosainkunda Health Camp during Janai Purnima**. They shared firsthand experiences of providing care to pilgrims suffering from altitude-related illnesses (AMS, HAPE, HACE), hypothermia, and trauma in a resource-limited high-altitude setting. The talk highlighted the logistical challenges of running a temporary health camp, coordinating emergency rescues, and arranging patient descents under difficult conditions.



Pic: Oxford Elective Experience Sharing

Another inspiring session came from Dr. Sujan Timilsina, who spoke about his two-month volunteering stint at the Himalayan Rescue Association Aid Post in Pheriche. He provided deep insights into the clinical cases he managed, the most common health issues faced by trekkers, guides, and porters (especially altitude sickness and lack of awareness), as well as the operational and personal challenges of sustaining a high-altitude aid post throughout the season.



Pic: HRA-Pheriche Aid Post Experience Sharing by Dr Sujan Timalsina



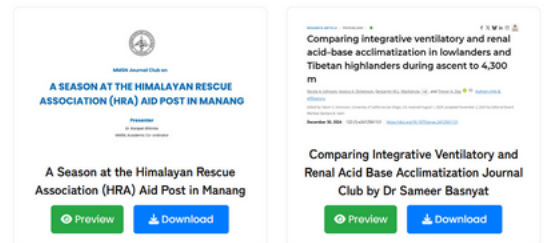
Pic : Gosainkunda Experience Sharing Session

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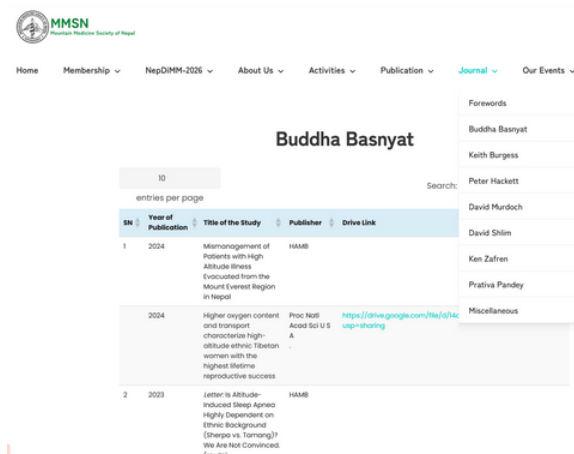


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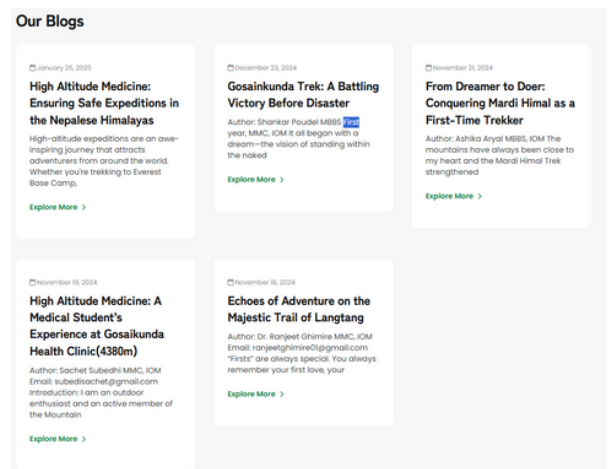
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CLOSING REMARKS FROM EDITORIAL TEAM

Greetings, mountain medicine enthusiasts!

As we reach the end of this newsletter, we mark the conclusion of our tenure as the MMSN Editorial Team for the year 2025.

We want to take a moment to thank our readers and members. Your stories, your research, and your unwavering commitment to mountain medicine are what fill these pages with purpose. This newsletter exists because of you, and we are grateful for the chance to share your work.

It has been a true privilege to serve in this role, to learn from the content we've shared, and to help connect our community through these pages. Throughout this journey, we have been continually inspired by the dedication and passion of everyone who contributed to these pages.

We extend our sincere gratitude to Dr. Ranjeet Ghimire for his exceptional work in layout and design as a result the newsletter looks incredible and is visually appealing and engaging.

This newsletter is the result of the hard work and dedication of our entire editorial team, who worked together to make sure every detail was thoughtful and every contribution was valued. Thank you to all our readers, contributors, and supporters for being part of this meaningful journey.

Warm regards,
Editorial Team,
MMSN Newsletter 2025

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Mountain Medicine Society of Nepal

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