

## Dowling Club Overseas Trip Fellowship Report, Nepal (April 5-14<sup>th</sup>, 2019), By Dr. Nav Paul



सयौं थुँगा फूलका हामी, एउटै माला नेपाली  
सार्वभौम भई फैलिएका, मेची-महाकाली।  
प्रकृतिका कोटी-कोटी सम्पदाको आंचल  
वीरहरूका रगतले, स्वतन्त्र र अटल।  
ज्ञानभूमि, शान्तिभूमि तराई, पहाड, हिमाल  
अखण्ड यो प्यारो हाम्रो मातृभूमि नेपाल।  
बहुल जाति, भाषा, धर्म, संस्कृति छन् विशाल  
अग्रगामी राष्ट्र हाम्रो, जय जय नेपाल।



I embarked on the journey to Nepal with backpack securely fitted, clutching my passport, not really knowing what to expect. I was filled with a sense of adventure arriving in Kathmandu for the first time. Our group assembled outside the airport at dusk, surrounded by a dense fog and were greeted by the warm welcoming smiles of our Nepalese guides. The air was heavy with the aroma of cinnamon, chai, diesel and freshly made curry. Many people had a difficult journey, enduring a plethora of travel disruptions including an airline in crisis, diversions and delays. Realising Kathmandu airport was considered one of the riskiest in the world, most of us were just relieved to have arrived safely.

Despite a hesitant start, the optimism of the Nepalese people was infectious, so we were catapulted into action the following day. The first two days of our trip were dedicated to a jam-packed schedule at the SODVELONCON 2019 Conference. This annual event is hosted by the Society of Dermatologists, Venerologists and Leprologists of Nepal. It began like no other with a quaint candle opening ceremony and rendition of the national anthem, "Sayaũ Thũgã Phũlkã" (see Nepalese writing in red above). The conference was well organised and consisted of keynote, plenary and breakaway sessions, all supported by a smartphone app. Amongst the collection of local, national and international speakers were experts in their fields covering a vast array of topics including the skin and microbiome, vasculitis, paediatric dermatology, genital dermatoses, skin cancer and psychodermatology. The local Dermatologists shared their experiences of common pigmentary dermatoses including lichen planus pigmentosus, ashly dermatosis, melasma and vitiligo introducing us to experimental treatments including platelet-rich plasma, split skin grafts, laser treatment and melanocyte transfer. In addition to the main programme, I was honoured to be invited to speak about my study published in the BMJ regarding the use of skin bleaching agents in London, which appeared of particular interest to the Nepalese Dermatologists as it is a growing international problem.

However, the main revelation for me was the continued prevalence of leprosy in Nepal. Paradoxically, the World Health Organisation (WHO) declared Nepal had 'eliminated' leprosy in 2010. Although the overall incidence of this disease has been falling, some data suggests that it has been making a resurgence in areas as a result of reduced funding. As a consequence, many people criticised the language used by the WHO as misleading as there are still over 3000 new cases of leprosy in Nepal annually.

To learn more, we travelled up through the hills and lush vegetation to a quiet rural location home to the Anandaban Hospital, providing free healthcare to approximately 6000 people with leprosy. The patients have access to comprehensive medical care provided by Dermatologists, Neurologists, Reconstructive Surgeons, Psychologists, Physiotherapists, specialist orthotics and patient advocates; the epitome of multi-disciplinary care. In addition, the centre is a pioneering centre of leprosy research including projects such as the leprosy post-exposure prophylaxis (LPEP). We were humbled to meet people who were both newly diagnosed and living with chronic crippling disease and limb deformities. All the patients greeted us with a "Namaste" despite many of them missing digits; the stoicism of Nepalese people was evident. Sadly, the opinion of many experts was still that the stigma of leprosy is more difficult to treat than the disease, as it is still considered a legitimate reason for divorce by law.





We travelled from the bustling city of Kathmandu to the relative peace and calm of Lake Phewa in Pokhara, situated in the northern part of Nepal. Our next clinical visit was to the Green Pastures Leprosy centre, established in 1957. Once again, we were educated on the varied presentations and management options of leprosy in addition to a tour the facilities and education centre. The remainder of the educational programme took place here with interesting talks on a variety of subjects, including severe cutaneous drug reactions, atopic dermatitis, melanoma and photodermatology alongside a number of excellent trainee case presentations. We were also unexpectedly presented with live cases of suspected Rothmund-Thomson and Bloom's syndrome. Overall, the facilities, educational experience and hospitality of the Nepalese clinicians left me feeling profoundly impressed.

The programme was interspersed with travelling between venues offering fantastic cuisine, hikes, entertainment and sight-seeing in unique locations such as the World Peace Pagoda (Shanti Stupa). The scenery was spectacular and provided an incredible backdrop to beautiful architecture, culminating in some of us enjoying watching the sun rise over the Himalayan valley. One of the most memorable parts of the trip was my off-piste visit to the Tibetan Refugee Camp in Pokhara, sustained by the settlers trading in hand-made traditional arts and crafts. On the final evening, we experienced Nepalese New Year celebrations and joined in the multi-faith celebrations and lighting divas with the local population.

As a country, Nepal has a unique population, economy, healthcare infrastructure, distinctive terrain and geopolitical influences. The trip has encouraged me to find out more about leprosy and other Neglected Tropical Diseases (NTDs); something I hope to build on during my career. It was a privilege to understand the practice of Dermatology abroad whilst immersing myself in a sensory, cultural, educational and spiritual experience. I returned to London with a renewed sense of purpose having developed wonderful friendships; I would highly recommend trainees join these trips in the future.

I would like to express my deepest gratitude to the BAD and Dowling Club for affording me the opportunity to attend this trip and the Nepalese people for welcoming our group to their country.

#### **English Translation of National Anthem (Sayaū Thūgā Phūlkā):**

*Woven from hundreds of flowers, we are one garland that is Nepali  
Spread sovereign from Mechi to Mahakali  
A shawl of nature's wealth unending  
From the blood of the braves, a nation free and non-moving  
A land of knowledge, of peace, the plains, hills and mountains tall  
Indivisible, this beloved land of ours, our motherland Nepal  
Of many races, languages, religions and cultures of incredible  
This progressive nation of ours, all hail Nepal*



#### **Image guide (all captured on my iPhone):**

Page 1, Left: Anandaban Hospital, Lalitpur

Page 1, Right: In-flight view from Kathmandu to Pokhara

Page 2, Left: Shores of Lake Phewa, Pokhara

Page 2, Right: Local women gathering to view the distant peaks of Machapuchhare (Fishtail) Mountain, from Shanti Stupa, Pokhara

