



THE TRAIL ORGANISER

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In June last year, as India was reeling under a blistering hot sun, a group of trekkers left the cold alpine confines of the Rati Pheri camp site on the Rupin Pass trek. It was 7.15 am and icy all around, the temperature 2°C. The team made rapid progress and, after a thrilling climb, was on top of Rupin Pass by 9.30 am. The jubilation turned sour within minutes: Two of their mates were nauseous and vomiting, and one of them had blood in his vomit. They were hit by severe altitude sickness—a symptom of deprivation of oxygen at high altitudes. At 15,250 ft, Rupin Pass was suddenly a death zone. To their relief, the descent on the other side of the Pass was steep and swift. In an hour, the team dropped 2,000 ft. With the supply of more oxygen at the lower altitudes, the two affected trekkers made a remarkably swift recovery. By the time they reached the next camp, they were almost back to their usual selves.

Every year hundreds of trekkers are affected by altitude sickness. Yet, there's ignorance and myth surrounding it. The most common is: "I have done high altitude treks before. I am used to high altitudes." A version of this is: "I have been on road trips to Ladakh. The road goes over 17,000 ft a few times. I have experience of high altitudes." News flash: Prior experience doesn't prevent you from getting altitude sickness! Then there's the, "I am fit, young and strong. I exercise every day. I don't think I can get altitude sickness." Fitness and altitude sickness are not linked, though a fit trekker is marginally better off than an unfit one and recovers quicker.

In the mountains, the higher you go, the lesser is the oxygen available for breathing. The body takes time to acclimatise

to the lower levels of oxygen—usually about 24-36 hours. Until then, the body displays symptoms of altitude sickness: nausea, headache, breathlessness, vomiting and a general feeling of uneasiness. It can even lead to death, with either pulmonary or cerebral oedema settling in. When you notice these symptoms, stop where you are and start the "triple one" test. Take one Disprin with one litre of water, and wait for one hour. If your headache has not completely disappeared, you've been affected by altitude sickness. End your trek and descend rapidly.

Lose 1,000 ft or more, as the more you descend, the safer you are.

This brings to mind a peculiar trait of those who go to Ladakh. Travellers forget that Leh is around the 12,000-ft mark, which in mountaineering terms is 'very high altitude'. With the bustling roads and markets, everything looks normal and no one realises how high up they are. Tourists make plans to visit Khardung La, the world's highest motorable pass at 18,000 ft, and the emerald waters of Pangong lake at 14,000 ft, which is very dangerous. In July last year, a trekker followed this

itinerary. At Pangong, he developed the first symptoms of altitude sickness, deteriorated overnight and by the time he was evacuated to Leh, he breathed his last at the 17,000-ft Chang La, the final crossing before descending to Leh. He was 24.

For those visiting Ladakh, spend 36 hours at a similar altitude as Leh before venturing out. Use this time to visit the monasteries of Hemis, Thikse and Shey. **D**

Arjun is the founder of Indiahikes, a blogger and an experienced trekker. He takes a keen interest in training youngsters to appreciate our trails.

ALTITUDE SICKNESS IS A KILLER. PEOPLE DETERIORATE RAPIDLY AND THE ONLY CURE IS MORE OXYGEN. A QUICK DESCENT GIVES YOU THAT. RESTING AT THE SAME ALTITUDE WON'T HELP IN ANY WAY.