

Handout: Advice for Health Care in Isolated Minority Language Communities

Workshop: Personal Well-being in Minority Language Communities

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1. Be in charge of monitoring your own health

- Read *Where There is No Doctor* and other resource books, take a first-aid class, etc.
- Talk to medical professionals in-country
- Pay attention to your body so you know what your base-line is, so that you can recognize when something is “out of kilter”; learn to listen to your body so you can trust it when it tells you something is wrong.
- Be aware that serious medical problems do happen to people in the field, and don’t be “macho” about “going it alone”:
 - **be ready** to accept help from local people who have experience treating local illnesses
 - **be ready** to go looking for help before something becomes too debilitating for you to travel — know where your nearest help can be found, and also where your nearest trusted medical facility is. Meet these people so they know you are in the area and might show up on their doorstep someday...
 - **have medicines on hand** to treat the most debilitating prospective illnesses/injuries in case you need treatment before you can travel.

2. The big picture: categories of illness and the symptoms that go with them

- Viruses — get vaccinations, treat symptoms and wait
- Bacterial infections — figure out how to diagnose, treat symptoms (for comfort), take correct antibiotics to treat the cause
- Parasites — figure out how to diagnose, take correct medication to kill the parasite (if you can), and be cautious about treating symptoms until you have a diagnosis (masking symptoms complicates diagnosis)
- Injuries — debilitating pain, secondary infections, potential complications from transport. Learn first-aid techniques to stabilize for transport to trusted medical facilities.

3. The most salient symptoms fieldworkers usually encounter (see separate document)

- * fevers
- * digestive tract issues

4. The recommended field medical kit

- **References:** *Where There is No Doctor* (absolutely necessary); *The Merck Manual*, *Tropical Medicine*, *Medicine for Mountaineering*, etc. (for those who want more info)
- **Medicines to bring from home:** over-the-counter medications, especially Acetaminophen (Tylenol), ibuprofen (Advil), aspirin, cold remedies (Sudafed, etc.), antibiotic ointment, band-aids
- **Medicines to purchase locally:** Depends on the local situation. See the two appended examples, then modify as appropriate to your situation (i.e., based on what illnesses are endemic to the area you will work with).

Example 1: Medical kit for research team going to the interior of Guyana (2004)

External medications

Hydrogen peroxide (250 ml bottle)
antibiotic ointment (e.g. Bacitracin, Neosporin)
bandage strips, sterile pads, bandage tape
anti-fungal cream
antibiotic ophthalmic ointment (for pink-eye)

Analgesics

100 aspirin
100 acetaminophen
100 ibuprofen

Broad spectrum Antibiotics

2 courses amoxicillin (=7 days x 500mg/day)
2 courses tetracycline (= 7 days x 1000mg/day (=4 x 250))

Intestinal parasites

2 courses of 30 250mg tablets metronidazole (Flagyl) (= 10 days x 750mg/day)
2 courses of diodohydroxyquine (=20 days x 650mg/day)
2 courses other specific treatment recommended locally for Amoeba (Entamoeba Hystolytica)
2 courses mebendazole (=3 days x 100mg/day)

Malaria

4 courses Arinate (locally recommended treatment)
2 courses quinine (=10 days x 600mg/day)

Allergic reaction, severe injury

Antihistamines, both pills and injectable
Pain medication, both pills and injectable

Snakebite

venin stone, constriction band
epinephrine, injectable
Liquid metronidazole, flasks of 250ml
1-litre bags of sterile saline solution
antivenin?

Equipment

IV kit: intravenous needles, tubes, tape, tourniquet, drip mechanism
Syringes for the various types of injectable medication

Example 2: medical advice left with a student in Brazil (1997)

The two most common types of problems are Gastro-Intestinal issues and infections. Here's a cheat-sheet for what you can treat without outside help

Diarrhea and vomiting: in general, don't try to eat, and drink as much liquid as possible — even if you throw it up again, some liquid is absorbed through the esophagus, so you'll at least get something. Local healers may know some herb that can be made into a tea to help calm the stomach. As soon as you can handle it, get some salt and sugar into your system, maybe a little rice water or farinha water, and eat a banana as soon as possible. A little later, lean meat or fish broth could do you good, too. The BRAT diet is recommended: Bread, Rice, Apples, (weak) Tea. Foods to avoid: fats, meats, alcohol, milk. DON'T take anti-diarrhea medicine ever (notice that we didn't even bring any along). Treatment varies depending on cause: monitor symptoms!

- *Food poisoning:* violent, sudden onset of both vomiting and diarrhea, often with clear intuition of what food caused it. Try to control vomiting as soon as possible, get rehydration. Vomiting should stop in 2-4 hours, diarrhea within 24 hours, and you should be back to eating normally within 48 hours.
- *Viral* disease: usually nausea before vomiting, less violent, diarrhea comes later, often accompanied by fever and all the fever-induced symptoms. When your stomach allows, take a fever suppressant (ibuprofen, naproxin sodium), then just ride it out. If the fever does not go away in three days, start thinking infection (see below).

Diarrhea without vomiting: your two main tasks are to pound fluids and try to figure out the cause. Accept any teas that local healers offer, look for salts, sugars and bananas, and sift through whatever comes out of your ass looking for clues. Note that minor fever is a side-effect of dehydration and vomiting, so it only counts as a fever if you have managed to maintain a good level of rehydration, or if it is pretty high.

- With fever, you either have a *virus* or *bacillary* dysentery. If there is mucous or blood in the diarrhea, bacillary is the likely cause, and must be treated with antibiotics. Sulfa drugs (e.g. Bactrim) are the antibiotics of choice, but in our kit we only have ampicillin and tetracycline (in order of preference). With no blood or mucous, wait it out. If it's a virus, the fever should go away in three or four days; if it doesn't, it's probably bacillary without the “bloody show”. *Typhoid fever* also can lead to diarrhea and/or vomiting, but usually the fever precedes these symptoms for at least a couple of days, and your vaccination should protect you from that.
- With no fever, you probably have a parasite. If you have blood or mucous, it's likely *amoeba*; if you catch it early (i.e. before it's had time to spread to your liver), you can treat it with teclozan (Falmonox), but if you are concerned about further spreading, you need to use metronidazole (Flagyl) or tetracycline. If you have powerful gas, sulphurous smell, and pretty green and yellow tints in your diarrhea, you have *giardea*, which is normally self-limiting, but still worth treating, with metronidazole (Flagyl) as the preferred treatment, with tetracycline a second option. In the absence of blood, mucous, or sulphur, take extra time to look for worms: *ascaris* (roundworms) are obvious in the stool, sometimes climb up to your mouth or nose, and usually cause gut-aches and indigestion; *pinworms* are tiny and white, like centimeter-long pieces of white thread,

which make your asshole itch intensely at night but usually don't cause diarrhea; *tricrocéfalo* are round, pink or gray in color, about 3-5 cm long, and usually don't cause any effects other than occasional diarrhea; *hookworms* are tiny, and usually don't fall out in your shit, so the microscopic eggs are the only evidence — they cause anemia rather than diarrhea. All types of worms are treated with mebendazole (broad-spectrum vermicide)

Fever-causing diseases: in general, try to reduce the fever (take off clothes, rest, take naproxen sodium or ibuprofen) and take extra precautions with hydration, since fevers usually take away appetite and thirst.

- *Malaria:* the two major types found out here are *vivax* (*vivax*) and *falcipurum* (*falcipuro*). *Vivax* is usually not fatal, but is famous for giving relapses at stressful times in life. The patterns is: (1) shivers as the fever begins to climb, lasting 15-60 minutes; (2) serious fever, up to 40 or higher, lasting several hours; (3) the fever breaks into the sweats, you feel weak, but delighted to be alive, seemingly OK and ready to get on with your life. About 24-36 hours later, the cycle starts again. A single dose of three Fansidar tablets (a mix of sulfa antibiotics with pyrethamine) should set things right. *Falcipurum* makes your life nasty, brutish and short: the fever keeps climbing, you become delirious, your liver starts to malfunction (giving jaundice), your kidneys start to malfunction (giving coke-colored urine), then it goes to your head (cerebral malaria), you go into a coma, and everybody kisses you goodbye. Local *falcipurum* has evolved resistance to just about every man-made quinine-family compound, so we are reduced to the real thing, quinine, side-effects and all. Get your ass back to civilization as fast as possible if you think you might have *falcipurum* — even if the quinine works, you might end up with liver or kidney problems from the disease (whence the option of emergency evacuation would be nice), and you might want some medical back-up on hand in the event that you need to control adverse reactions from the quinine (e.g. allergic reactions like hives, swelling, or asthma; blurred vision, ringing in your ears, temporary deafness, dizziness, headache, nausea, vomiting, fever, nervousness, confusion, and irregular heartbeat).
- *Viruses:* virus fevers go away by themselves in a few days (usually 2-4 days, almost always in less than a week).
- *Infections:* Colds and flues sometimes turn into infections. If a cough lasts longer than a week, and is dry (as opposed to productive), you probably have developed *bronchitis*; *pneumonia* is gurgly and farther down in your lungs and causes violent coughing when you breath deeply (e.g. to laugh); sinus infections cause powerful pain around your eyes and the "mask" area of your face; ear infections cause “deep” headaches, earaches and dizziness. These often cause fevers (although usually low grade) and are also often associated with swollen lymph glands near the area of infection (usually under the chin, with swollen glands in the armpits and groin areas usually associated with infections in the arms or legs, respectively). All are treated with antibiotics, usually a penicillin, sulfa, or chloramphenicol (all narrow-spectrum antibiotics); our options are (in order of preference) ampicillin and tetracycline.
- *Eye infections:* *conjunctivitis* (pink eye) is common, extremely contagious (hand to eye, hand to object, other person's hand to object, hand to eye), and self-limiting only in the

event that you can avoid recontaminating yourself during the three-to four-day cycle. It is easily treated with an ophthalmic antibiotic ointment — we have Terramicina Pomada Oftálmica.

Our medicines:

Tetraciclina: 250mg capsules; 1000mg per day, ideally 250mg every 6 hours, possible also 500mg every 12. Take 7 to 10 days, in any event a full two days after symptoms disappear. Tetracycline is the buckshot of antibiotics, not always good for little local infections, but shoots down (or at least limits) about all the big ones, including amoeba, giardia, typhoid fever, typhus, cholera, and even (sort of) malaria. Side effects: abdominal discomfort, nausea, vomiting, sun sensitivity.

Ampicilina: 500mg capsules; 2000mg per day, 500mg every 6 hours, for 2-3 days after symptoms disappear. Side effects: allergic reactions, gut-ache, nausea, vomiting, diarrhea.

Flagyl (metronidazole): 250mg tablets; for giardia, 750mg/day, one tablet every 8 hours, for 5 days; for amoeba, 2000mg/day, two tablets every 6 hours, for 10 days.

Falmonox (teclozan): 500mg tablets; 500mg every 12 hours (3 doses). Occasional intestinal storms, with flatulence, nausea, and diarrhea.

Brexin: 200mg tablets; one per day as needed for pain. Rare gastro-intestinal side effects.

Mebendazol: 100mg tablets; 400mg per day, every 12 hours, three days.

Sulfato de quinino: 400mg capsules; 1600 mg per day, one 400mg capsule about every six hours, always with food. 10-15 days (we have only enough for 10 days).

Fansidar (sulfadoxina pirimetamina): take three tablets in one (and only one) dose.

Pills from the States:

Ibuprofin (Advil): 200mg tablets; the bottle gives the lower dosage of an over-the-counter medication, but both Bonny and I were prescribed 800mg every 4-6 hours when our backs went out. In large doses, ibuprofin is a miracle drug for sprains and muscle strains.

Naproxen Sodium (Aleve): 200 mg tablets; I don't know much about this one — my dad recommends it as equal to ibuprofin, but with a much smaller dose.

Benadryl: the little pink capsule-shaped tablets; antihistamine for allergic reactions. I don't have the dosage recorded, but I believe 1-2 every 4-6 hours, maximum of 4 in a 24-hour period.

Vioformo Hidrocortisona: for allergic reactions on your skin, usually to bug bites. Relieves itching.

Benadryl itch relieve cream: milder than cortisone, same job.

Campho-phenique: camphor-based itch relief, also good for cold sores, killing critters that are living inside still (e.g. chiggers)...

Ointments:

Terramicina pomada oftálmica: 4-6 applications per day until the infection disappears (one day to two weeks). To apply, pull out your lower eyelid and squeeze a 1cm line between the lid and the eye. Close your eye and blink to spread.

fibrase: antibiotic ointment to put under band-aids.

Injectable medicines

Adrenalina, 3 seringas, 3 agulhas finas: you already know, right (handwritten notes)?