



## Trip To Cambodia

By Justine Schipper

In June 2016, I was fortunate enough to be able to accompany Dr Tim Trodd of OT&P Healthcare on one of his biannual trips to Sikanouhville, Cambodia, a four-hour drive south from the capital Phnom Penh. Sikanouhville is a rapidly expanding town on the coast, popular with young adults, tourists and students. However, we were not there to relax. Rather, Dr Trodd was visiting M'Lop Tapang, a charity that focuses on helping the local children disadvantaged by their circumstances of poverty, social deprivation, illness and so on, by providing day care facilities for the young so that the parents can work, school education up to **primary**, playgrounds, books, accommodation, nutritious meals, and lastly, healthcare. The latter service was our reason for visiting M'Lop Tapang. Having worked with the charity for over 8 years OT&P has developed sustainable ways of treating the children, through collecting and analyzing data about the types of illnesses and deficiencies that were prevalent in the population, and thus targeting these issues more effectively. Despite the unavailability of certain medications and diagnostics tests such as MRI's and CT scans, Dr. Trodd has been able to make significant progress in identifying underlying causes of health problems, and resolving them. Examples include omega-3, zinc, iron, selenium and other nutrient deficiencies in the diet, the treatment of asthma and prevention of illness caused by smoke from indoor cooking. Given the continued success of his treatment plan, this visit he planned to target a different area; neurological and developmental disorders, both genetic and clinical, of which we were to see staggering amounts.

On the day of our arrival, I was shown the facility in which I would be shadowing Dr. Trodd at work. As one of the larger campus's of M'Lop Tapang, it comprised of a canteen, school, playground, theatre stage, baby daycare centre and the medical clinic. Here, I met Ravi, **the head of the M'Lop Tapang clinic** for the last 8 years, and as Dr. Trodd explained to me, was invaluable in keeping the clinic functioning. While different to a clinic as one would expect in Hong Kong, with the dress code of a t-shirt and flip flops, there was a well-stocked pharmacy, organized, detailed medical files of all the children registered with the charity, and the essentials. Moreover, given that his visits were biannual, all the difficult, unusual cases that required his attention were "thrown at him", Dr. Trodd had come prepared with test tubes, stool and urine tests to be brought back and analysed in Hong Kong.

The first day began with a **bang**; the first patient had barely arrived when I was offered the opportunity to visit a child with HIV and malnutrition at the local hospital. Jumping at the chance, Ravi and I got into the car with the head administrator, Maggie...only to be told that the **12-year** old boy had just died. His case, although extreme, was an accumulation of all the physiological, social and economical issues facing the Cambodian children- not enough money to finance the expensive HIV treatment, a mistrust of the drugs designed to help, ignorance of the treatment and nutritious eating, the presence of drugs like heroin and cocaine, an immune system compromised by inadequate nutrition and recurrent infection, and a lack of attention and care due to being one of 8 children. Unfortunately, his case was not unique, but made even more tragic given that M'Lop Tapang and Maggie personally had been working with the family for 13 years.

Back at the clinic, Dr. Trodd was busy with the next patient, one with cerebral palsy. This is a condition caused by damage to the brain around the time of birth and was to become a recurrent diagnosis during

our stay. Unfortunately this condition is common as the Obstetric care available for these disadvantaged women is basic

Other issues included children with Downs Syndrome, Foetal Alcohol Syndrome, Prader Willi Syndrome and Autism, and interestingly enough, a condition called Fragile X syndrome. Often misdiagnosed as Autism Spectrum Disorder (ASD), Fragile X is a rare condition, with one in 4,000 boys and one in 8,000 girls being affected by it. The condition has an unusual inheritance pattern and can be diagnosed by a typical facial appearance. We even saw a girl who had come with mutism due to psychological trauma who was now talking again after the care given by M'Lop Tapang

The following day held more unusual and highly rare conditions. A notable case was that of a family with Osteogenesis Imperfecta, otherwise known as brittle bone disease, a genetic disease where the collagen formation in the body is faulty. It is usually diagnosed by the characteristic blue colour of the whites of the eye in a child who has had many bone fractures. It is difficult to grasp the rarity of these cases, and moreover, the difficulty in diagnosing and treating them. There are blood tests for these and other inherited problems but they are expensive and not available in Cambodia, so the diagnosis must be based on the clinical features alone.

Along with the nutrient deficiencies many of the children have high levels of the toxins lead and arsenic. Lead comes from batteries used for lighting, fishing weights and jewelry. Arsenic can build up because high arsenic in the groundwater is taken up into rice and other food. Interestingly, there is an inverse relationship/correlation between the levels certain nutrients and toxins. For example, a high lead level is associated with low iron, whereas a high manganese level is associated with low selenium levels.

Thursday morning held two particularly distinct, but baffling cases. The first was what appeared to be a girl around 4 years old, hooked up to an IV line and had just come out of the local hospital. Only upon looking on her file did we discover that she was in fact, 16 years old and weighed 9.6 kilos. The principle issue was that she was unable to swallow and digest the majority of her food, an afflicting problem since birth. Only recently, it had deteriorated until she was no longer able to swallow water without immediately throwing it up. To add to the complication, she appeared to have Downs Syndrome, and was unable to communicate verbally.

The second case was that of a 15-year old girl, who had severe pain in the left leg, and had lost weight to the point that she was in a wheelchair. She had been ill for the last year, on TB medication for 6 months, and a severe bone infection in her jaw so that she couldn't open her mouth; all of which had cumulated in absolute despair and a lack of motivation or joy in anything. Yet blood, urine, and stool tests, as well as an X-ray revealed nothing out of the ordinary. An ultrasound, CT or MRI scan was not possible, and would require her to travel four hours to the capital.

During my 4 days I learned how the team of OT&P and M'Lop Tapang had come up with treatments for the severe malnutrition and found out which vitamin and minerals are most needed. The kitchens at M'Lop Tapang even make a steady supply of coconut oil to provide much needed Omega 3 supplements. Supplies that are not available locally, such as Zinc and inhalers and devices for asthma are sourced and supplied from Hong Kong

On our last afternoon, Dr. Trodd and I were incredibly fortunate to accompany Maggie, Ravi and two others from the neighbouring charity AllKids, to a large rubbish tip 45 minutes away that receives all the refuse from the surrounding area. There lives a community, who earn a living by sorting and processing the rubbish. Dr. Trodd was interested in the toxic load and environmental poisons that may be afflicting this community, which includes young children and the elderly. It was a shocking site; amidst the green surroundings and set against a hill is a rising, smouldering hill of rubbish. It is smouldering because of the

intense heat and pressure of upper layers of plastic compressing on the lower layers and causing a low-level fire. This is dangerous, as plastics contain chemicals such as dioxins, phalates and BPA that are released when burned at a temperature below a critical value. These released chemicals then find their way into the body, through inhalation, contamination of water sources and so on, where they can disrupt hormonal processes and cause cancer. What is even worse? Upon the dump, children are running amok, naked among the relentless flies and midges and exposed to all these chemicals, they live in rudimentary huts built on the rubbish. The water supply for these poor people is a well sunk down through the rubbish. The tip is not lined and the toxins can leak out in to the local water supply

Reflecting on this experience in Cambodia, once having returned to HK, highlighted several notable points; the vast and extensive problems facing these children, exacerbated by social, political and economic circumstances; how privileged we are with healthcare in HK and, finally, the importance of consistent external aid, both financial and expertise and training

(Justine has just graduated from The French International School Hong Kong and is applying to study Medicine at university)