

Jeddah



Earlier on this year I was asked to speak at an international Family Medicine Congress in Jeddah in the Kingdom of Saudi Arabia. It is a port on the Red Sea and millions of pilgrims pass through it on their way to Mecca (Makkah) which is about 80 kilometres away.

It was an interesting experience for many reasons as I was almost the only non-Arab, non-Moslem

doctor attending the congress, which was held at the Intercontinental Hotel. I was surprised to see, on arrival, a large armoured car with a soldier and a machine gun parked outside the entrance of the hotel. It is not the sort of thing one sees parked outside the Imperial Hotel in Pietermaritzburg but in Saudi Arabia they are present outside most institutions and expatriate housing complexes.

The congress was run by the family medicine department of the King Faisal Hospital and the congress convenor was Khadija Jaffer, a family physician from Cape Town, helped by a very enthusiastic group of family physicians from England, Egypt and American who make up the Department.

It is interesting to be immersed in a completely different culture (most of the congress was in English and my effort certainly was) and to listen to Western medicine being adapted to a very different cultural, religious and social setting. Such topics as contraception, depression, evolution and end of life care are viewed from very different starting points.

All South African Moslem doctors will know about Hajj and Umrah but few non-Moslem Westerners know much about these pilgrimages and what is involved for their patients. Hajj is the pilgrimage that all Moslems should make once in their lifetimes if they can afford it. The pilgrimage occurs in the 12th month of the Islamic calendar (it will be in November in 2009). Umrah is a "lesser" pilgrimage that can be undertaken at any time of the year. Such large gatherings as Hajj and ceremonies such as the Zionist Christian Church at Moria in the Northern Province at Easter, and the Hindu festival of Kumbh Mela all involve similar health problems. The Hindu festival of Kumbh Mela in India, which is the largest religious gathering on earth, collects 45 million Hindus over 40 days and involves enormous logistical, public and personal health problems. (So what advice do you give a patient who is going to Kumbh Mela and says she has a fear of crowds?)

For a doctor who is asked for advice it is important to appreciate the religious aspects of a pilgrimage. One must be aware of and negotiate advice that may conflict with the rites that are involved and tailor advice to circumstances and restrictions on the ground.

There are lots of issues with pilgrims going on Hajj which I would not have thought about, such as the distance to be walked, hydration, heat stroke in the summer, immunisations, sun exposure and menstrual issues.

For instance Umrah and Hajj involves walking around the Kaaba and between the hills of Safa and Marwah, which amounts to over three kilometres of walking. For patients with osteoarthritis of hips and knees there are wheelchairs, which are allowed, and advice on footwear is important especially for diabetics. Non-perfumed simple lubricants are allowed for skin blisters, and sunblock, also without perfume, can be used, as well as umbrellas.

There is very little risk of malaria in Mecca itself unless patients go on to visit the south west of the country, or Yemen, where proguanil and chloroquine are the preferred antimalarials.

All pilgrims visiting Saudi Arabia for Hajj/Umrah require proof of vaccination against meningitis ACWY. (Immunity lasts five years in adults but the Saudi government will only issue a visitor's visa if the vaccination certificate is less than three years old). Immunisation against Hepatitis A and B and DT is also advised as well as a flu vaccine.

Other health advice which is easily missed is for the patient to ensure that a fresh razor blade is used to shave the head at the end of the rites and, if needed, to delay menstruation with a routine progesterone regimen or continuous combined oral contraceptive pill (COCP).

We all have our favourite travel packs. When I travel I take an analgesic (paracetamol and something stronger such as a paracetamol/codeine/ibuprofen combination but be careful about the codeine as some countries have prohibited it), an NSAID like diclofenac or ibuprofen, an antiemetic (such as metoclopramide), something for gastroenteritis (loperamide or lomotil) and some probiotics. Ciproflaxin seems to still be the fashionable antibiotics for traveller's diarrhoea when only your boot laces are left showing (so I add a few electrolyte sachets). I also put in some azithromycin as well for the other odd infections (I can hear the purists rolling their eyeballs so I might as well also admit to a few sleeping tablets and a benzo for my panic attacks on the airplane). And remember the plasters (the pack with the various sizes). And last but not least medical travel insurance. Bon voyage!

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