

PERSONAL VIEW

The pilgrim's prognosis – medical aspects of a *camino*

R-I Caldwell

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The Camino de Santiago de Compostela is a 1 200-year-old pilgrimage mainly through Spain, culminating at the burial place of the remains of James the Apostle, *Sant Iago*. It is also a World Heritage site, because the earliest human remains in Europe were discovered directly on the *camino* (way or walk).^[1] One is therefore privileged, subsidised and very safe to be a *peregrino* (pilgrim), as I was in September – October 2012. However, there are medical implications and hazards.

A young Israeli-American doctor sparked my interest in the walk a few years ago. The Camino Frances, the most popular route, is 800 km long, the same as the Cape Epic that my son cycled earlier in the year, the same as from Hilton to Port Elizabeth, my birthplace. Is one not crazy to walk every step of the way, carrying all one's possessions, in 33 days? Read a full account for further detail and opinion.^[2]

'There's no discouragement, shall make him once relent ...' (John Bunyan, 'To Be a Pilgrim'). Such insanity evidently does not preclude a *camino*, nor in my case did 'post-retirement' age, coronary stent, hip replacement, hammer-toe, hand-foot psoriasis and a tortuous varicose vein (which excited pilgrims walking behind me). After the walk I e-mailed the orthopod, advising that the newish hip was now properly run-in. Modern medical miracles indeed. I narrowly avoided a puffadder on a trial walk, on my own foolishly, a week before departure. Apart from medical insurance, one had to organise chronic medications before and during the trip. I had no need for acute medicines, very fortunately, and there are *farmacias* galore on the route. Fellow-pilgrims dish out pills readily: a companion wondered why ibuprofen was making him sleepy, until we realised that he was being fed antihistamines.

'He who would valiant be, 'gainst all disaster, let him walk constantly, though wheels go faster' (Doc Caldwell, with apologies to John Bunyan). No one died on our *camino*, but crosses marked the demise of previous *peregrinos*, some knocked down by trucks or motor-cars. Traffic was a continual hazard, as the Spaniards take no prisoners and drive on the 'wrong' side of the road. Cyclists are *bona fide* pilgrims, but were a menace as they seldom had bells. Death was sometimes the reason for doing the *camino*: closure, after being widowed, in the case of a friend; following the death of her mother for a Cape Town student.

Saddest of all was in memory of the 23-year-old daughter of an Australian *peregrino*: hypertrophic cardiomyopathy could have been the cause of the sudden death. More cardiology: one learnt later that the mother's fellow-traveller, remembered for her UK Heart Foundation T-shirt, had suffered a heart attack at the age of 40 and also had a stent in place. A trail-blazing Irishman had a pacemaker, and a New Zealand vet sounded as though she might have an undiagnosed Wolff-Parkinson-White syndrome.

Musculoskeletal problems were of course common, and blisters could be crippling for days on end, often attributable to ill-fitting or non-worn-in boots and socks, and too fast a walking pace. I saw a brave young Irishwoman recovering from having a red-hot paper-clip pierced through the nail of a big toe by an



Are there fleas that tease in the High Pyrenees? (photo: Jeff Judge).

almost-as-courageous-and-tearful Dutch co-walker, to decompress a haematoma. She was fine for the rest of the journey. Uphills were tiring, but the steep downhill caused falls, as could top bunks in dormitories: a fractured hip was reported. Fortunately the fellow in our dorm fell from the lower bunk and suffered embarrassment only. Tendonitis seemed common. One wag thought he might do better with blades than aching legs, but was reminded that we were *peregrinos*, not paragrinos. There were indeed pilgrims who walked great distances with severe disadvantages.

Dyspnoea improved with fitness, snoring did not: most pilgrims wore earplugs in bed. I should have dished them out, with my premier-league status as 'Doc, the South African who snores', but had no need for the CPAPP mask that one snorer brought along. It must have occupied half the volume and weight of his backpack, and proceeded to malfunction. What a circus that night was, as was the close encounter with bruxism. The unfortunate *peregrino's* cycles of teeth-grinding were blood-curdling. A surprisingly large number of pilgrims, including youngsters, smoked, and often rolled their own cigarettes. Perhaps I was naïve to believe that the aromatic 'organic tobacco' was merely tobacco ...?

'Who so beset them round, with dismal stories; bedbugs will them confound, their itch the more is' (further apologies). Itches and rashes were common. Bedbugs were blamed, often and melodramatically. One victim had not witnessed the offender, but described the rash. Sick of the topic as a supertime one, I cynically included secondary syphilis in the differential diagnosis. This seemed to comfort rather than to alarm: more treatable, supposedly?

Fluid balance was important: despite many drinking fountains along the way, my contention that carrying water was unnecessary proved wrong on the first day, and a co-walker student helped me out with a spare bottle. Super-hydration, perhaps involving alcohol, was a possibility: wine always enhanced the evening meal. One was reassured when a 93-year-old local peasant, true to lifelong routine, splashed a tot of *grappa* into her morning coffee. Pilgrims over-nourished at the start looked remarkably trim and healthy 33 days later. My convex abdomen became scaphoid, with family witnesses to vouch for this. (Not for long, unfortunately: nature abhors a vacuum.) Vegetarians and youngsters who had exhausted budgets too early may have gone hungry.

Despite almost failing my driver's licence renewal eye test, I took my prescription along, rather than spare specs, to save on weight – every ounce counted. A pilgrim had his glasses demolished when his wife sat on them, fortunately in a town with a choice of optometrists. Even those with perfect visual acuity got badly lost at times. Is *rigtingsbedonderd* an acceptable medical term?

One walked on one's own for much of the journey, and strategies were necessary to get through a long day, drawing on past experience. The *camino* was the experience of a lifetime, possibly a life-changing one. One worried at times that younger *peregrinos* might be suffering boredom or even depression. Were they as well equipped as 'wrinklies' to deal with the endless ritual of putting one foot in front of the other – for 500 bloody miles?

1. Brierley J. From St. Jean Pied de Port to Santiago de Compostela. Forres, Scotland: Findhorn Press, 2012.
2. Caldwell R-I. There's no discouragement, shall make him once relent *Diversions* 2013 (in press).

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