

# YAHOO!

## What to Do if a Komodo Dragon Spits in Your Eye and How to Survive Other Travel Calamities

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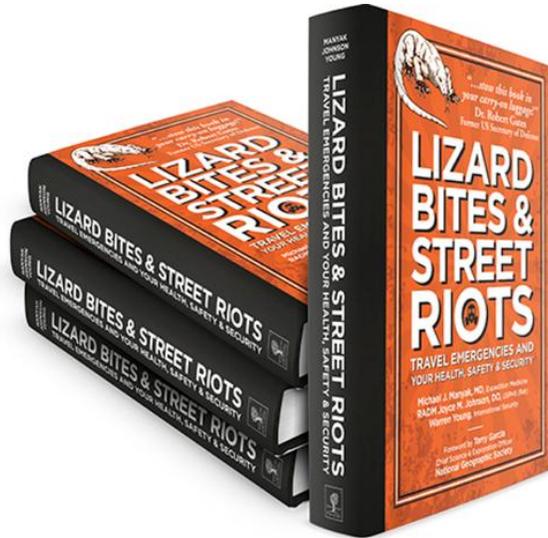


*A Komodo dragon (Photo: Thinkstock)*

I'm quite well evolved on how to deal with lousy room service, what to do if you break one of your Manolo heels en route to a party, even how to handle rioting at a shoe sale in Italy. But what to do if a Komodo dragon spits in your face? Well, that's another story — and Dr. Michael Manyak has the answer in his new book, *Lizard Bites and Street Riots: Travel Emergencies, Health, Safety & Security*, which was recently released by WindRush Publishers 2014.

Apparently causing infection is part of “the hunting strategy in some species like the Komodo dragon.” My solution would be to stay away from the Komodo Islands off Indonesia, the only place these immense lizards are found. (There are only about 6,000 of them on earth.) The correct action,

according to Manyak: “copious irrigation with sterile water (or at least clean to the best of your ability in the field), observation for signs of infection like discharge and prolonged reddening of the sclera (white part of the eye), antibiotic ointment if signs develop, and possibly oral antibiotics. No eye patch.” These lizards are NOT cute.



*The book, Lizard Bites and Street Riots: Travel Emergencies, Health, Safety & Security.*

I’m not entirely sure I’m going to need this book for a trip to, say, Paris. (On the other hand, there have been times in the middle of the night in the most civilized venue that I’ve been really happy to have that Imodium.) But *Lizard Bites and Street Riots* is, in fact, a pretty good all-purpose volume to keep around the house, as it gives basic medical advice on things like sunburn, substance abuse, altitude sickness, and even suicide. And although his tome is particularly useful in areas such as avalanches, drowning, and altitude sickness, it does not have an answer to this: What to do if social good manners require you to drink the blood of a cow in Ethiopia.

A close friend on a trip making ethnographic documentaries found himself in the Lower Omo Valley, an uncharted area of southern Ethiopia with the Mursi Tribe. Invited to share some blood straight out of the cow mixed with milk in a bowl washed out with cow urine — a most precious essence — he could not really refuse without insulting his hosts, the ultimate faux pas. But when he got home? “I discovered my gut was seething with parasites,” he told me.

What would the good doctor say about this? There are some prophylactic measures you can take, and also some meds you can carry in case the whole thing goes nuts in the middle of the night and you find yourself sick in a yurt on the Mongolian Plains. There is also that issue of good manners. No point in traveling far afield if you don't join in and pig out on that lamb's eyeball when invited to a desert feast.

Here is a sample of some of the areas covered by the book. Caveat Viator, or "Let the Traveler Beware."

## **Bites**



*(Photo: Thinkstock)*

Covered here are stings and snake bites and the bites from black widow spiders and scorpions. You'll be glad to know that only about a quarter of the 2,700 snake species are venomous. Envenomation increases in areas freshly disturbed by tropical violet storms. Aren't you happy you asked? If a snake bites you, remove all jewelry from the injured extremity (yes, that diamond anklet, too!), identify the snake, photograph it (excuse me, I just got bitten by a snake!), elevate injured body part to level of heart, and evacuate the victim as soon as possible. Encourage fluid intake (I'll be needing a triple Absinthe). And most important of all: DO NOT CUT AND SUCK BITES! On the other hand, when a child is bitten by a snake, the people of that Mursi tribe, bury him up to his neck in sand or mud; apparently, it works.

## **Airline Hijacking**

My favorite piece of advice for this problem is: “Try to remain calm and obey the hijackers.” Also: “Avoid saying or doing anything that might cause them to take an interest in you.” This seems very good advice, but me, I’d be, well rather un-calm.

## **Lightning Strikes**



*(Photo: Thinkstock)*

In case of this eventuality, remember, says Dr. Manyak, lightning does strike twice in the same place. If you’re caught, stay away from tall objects, and if somebody gets hit, start CPR.

## **Motion Sickness**

Please don’t remind me of that little boat from Naples to Capri right after I ate an enormous lunch of fried fish. I should have, according to Dr. Manyak, taken motion-sickness medication before I embarked. LONG BEFORE.

## **Rabies and Fleas**

The good doctor covers these in detail. Rabies is fatal and transmitted in the saliva of infected animals. It’s best to avoid animals in rural villages. And if you were vaccinated before you left home, you’re still going to need a couple more doses. Try to get the same vaccine (mixing is not great), so write down what you got in the first place. If fleas bite you, you’ll see red

dots. Put on lotion and anti-inflammatory medication. If you have fever or skin lesions within a few months, go to the doctor; fleas can carry serious disorders, including Lyme Disease. I have to say: after reading his solutions, I'm staying away from any dog I have not personally had dinner with.

## **Fish Hook**



*(Photo: Thinkstock)*

This requires a particular method of removal if one gets into your skin. Extreme care must be taken. Cut off the barb, pull out the rest of the hook, go to a healthcare provider. If it gets in your eye, get immediate help — and it's always wise to get a tetanus shot before you go, if you haven't had one in more than 10 years. I wish I'd known. You know that guy who went to southern Ethiopia and drank the blood? He cast a fishhook when we went fishing on the glorious Yellowstone River in Montana with an excellent guide. He assured me he was a pro, my friend that is, and cast off. A second later, I felt an odd sensation in my neck. Where was Dr. Manyak when I needed him?

## **Leprosy, or Where's My Nose?**

A number of infections, according to the book — TB, leprosy, and other parasites — might not present for months or years after your trip, so beware of any unlikely fever and see the doctor.

## **Wild Animal Attacks**

Stay away from bats and all other aggressive animals, including camels,

which are apparently notoriously temperamental. If attacked, follow the advice in this book, and get some medical help pronto. Oh, and running may make a brown bear predatory, but black bears will usually flee. Usually?

## **Space Travel**

And just one more: Space Travel. REALLY? I'm guessing that if you're going up, you're right now experiencing the horrors of pre-space flight testing on what is sometimes known in both Russia (at Star City) or at NASA in Houston as The Vomit Comet. I wouldn't worry about Space Travel myself because the farthest I'm going is to see is *Interstellar*.



*Dr. Michael Manyak on a mule in the Colca Canyon (Photo: Dr. Michael Manyak)*

After I read this comprehensive book, I felt pretty wary of most travel, so I asked Dr. Manyak a few questions:

**Do you really think that most travel involves so much danger, eg lizard bites, riots, etc, that this kind of book is a necessity for even the casual traveler to, say, western Europe or Latin America, or around the U.S.? Or is this for the real adventurer?**

"Most casual and business travel has a low likelihood of danger in the developed world. However, circumstances always can occur when you least expect it. For example, Paris is great, but there is street crime like in any big city and you have random events that you cannot predict, such as the recent terrorist attack. Factor in other occurrences like an airline or rail strike,

getting gastroenteritis, being involved in a motor vehicle accident (common), or having your wallet or passport stolen and you may likely need help with travel, health, medical insurance, or legal assistance. Travel in the developing world increases some of these risks. Domestically, some of the same issues can arise."

**Do you think that the suggestion of all these horrible circumstances in the book might put people off travel?**

"Absolutely not. Most of these things will not occur — but if they do, it is good to understand what the issues are and how to deal with a bee sting, a splinter, a dental filling that comes out, a skin infection. These are everyday problems you are more likely to face than a tsunami, and they are included in the book."

**Do you think that travel to most regions outside the west is, in itself, essentially danger ridden?**

"Travel in the developing world has more challenges from a security and health standpoint. There may be language barriers, as well. I think the alert traveler should stay out of areas that are considered dangerous, to avoid risky behavior, and to pay attention to local customs."

**Would you obey to the letter state department warnings?**

"The U.S. State Department warnings are conservative by nature. It is prudent for the traveler to be aware of any such concerns and factor them into the travel equation. It is important to pay attention to developing civil unrest, but it has been the experience of the authors that information from local inhabitants may be more relevant and provide more timely details over general comments in a particular region."

**Would you trust most medical facilities around the world?**

"There are good medical facilities in most major cities in developed countries and in some of the developing countries. One of the most important components of travel is to have appropriate medical and evacuation insurance. For simple medical problems, local resources can be fine. However, if you have a more serious adverse event, the medical

evacuation company should be notified immediately so they can manage the situation from a distance and coordinate any treatment and necessary evacuation. You should avoid any medical procedures that can be performed back in the U.S. Sometimes victims are held longer than necessary with insistence on procedures that may not have as good an outcome as desired and be costly."

**I've traveled the world — Iran, Cuba, USSR — and never really had much of a problem, not even when I had cholera, back in the day, in Mauritius (before it was a vacation spot) and local doctors always seemed just fine. What do you think?**

"For basic care, local doctors can be fine; it all depends on the problem and the location you are in. But you will not know if you are getting the right care for something more serious. Again, having medical evacuation coverage will provide you with necessary support to manage your problem. Without that coverage, you are left to your own judgment. The result could be fine but you run the risk that it may not be optimal or may be incorrect. As for cholera, that is treated with antibiotics and massive fluid and electrolyte replacement and locals may have those resources and knowledge... but I would surely want healthcare oversight from the major experts who are the usual consultants to the medical evacuation companies. Make sure you know that the needles used for the IV fluids are sterile."

**Anything travelers should bring with them?**

- Rubber door stop: "Don't trust swipe keys. Use this as extra room security protection in your hotel room."
- Imodium: "Always carry this with you as stomach issues are common in international travel."
- Duct Tape: "The most useful multi-purpose too. Use for lacerations, blisters, making a sling, patching bags and shoes."
- Small Portable Flashlight: "In case the electricity goes out, you won't have electricity to use your phone flashlight — be aware of your surroundings in the dark."
- SteriPen: "Bring this small ultraviolet light water purifier with you to ensure safe drinking."