

A HUNDRED YEARS AGO

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PASSIVE ERGOTHERAPY IN OBESITY

BY J.S. KELLETT SMITH, F.R.C.S.

The idea of employing the electrically provoked activity of the muscles as a therapeutic agent has been made practical by the perfection of the present apparatus.¹

The original purpose of the apparatus was to fill an essential place in the cure of obesity. The cure of obesity depends upon creating an expenditure in excess of receipts. Obviously, it is easy to nullify the effects of the apparatus by allowing the patient to take inappropriate food. Strict supervision of the diet forms an essential part of the system. Further, it is eminently desirable for the patient to take as much reasonable voluntary exercise as the physical conditions will permit. Without these two complementary factors – strict diet and voluntary exercise when possible – and without skilled gradation of the strength of the rhythmic contractions in each individual case, we have no right to expect good results.

Vicious circle in obesity

What is the exact role of passive ergotherapy in obesity? Cannot the result be equally well obtained by diet alone, or by exercise alone, or by a combination of the two?

Most subjects of obesity may be regarded as being caught up in a simple vicious circle. The recurrent points of this are: obesity; incapacity for muscular effort; and saving, in the form of fat, from even a moderate diet.

It is obviously impossible to place much hope in voluntary effort alone as a curative agent for these people. Exhaustion arrives long before whatever exercise is performed is sufficient to influence their metabolism to any degree of good.

Nor does the employment of a restricted diet alone give better hope. A curative diet with them means a starvation diet – something between 1,000 and 1,500 Calories per day – and this is practical in only a small minority of cases. After a little time many patients are compelled to abandon the attempt on account of general troubles, e.g. faintness, nausea, headaches, insomnia, depression, confusion of thought, and incapacity for mental effort. Even when better tolerated, the results are very slow, and the weight is apt to rise again immediately any relaxation is permitted.

The action of passive ergotherapy

Passive ergotherapy provides an easy way out of the circle.

It acts quite independently of the patient's will, and demands no expenditure; its application is not restricted by any crippling condition of the joints, and, whilst avoiding any dangerous strain upon the heart, it provides an amount of exercise sufficient to start a more or less rapid lipolysis. With the internal reserves thus more freely available, it is the usual thing to find that the patient's appetite diminishes, in spite of the muscular work electrically excited, until all desire is satisfied with a small amount of food and a very slender diet is supported with absolute comfort. The food supply is reduced without difficulty below the figure of expenditure.

Perhaps the most interesting and surprising feature, in many cases of all ages, is the rapidity with which physical activity may be regained under treatment. One realizes that an extra body bulk

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of a very few pounds may make all the difference, for example, between an adequate and an over-burdened heart. Take the following case.

Obese female aged 65 years

A female aged 65 years. Height, 5ft 1 in. Weight 16 stone 1½ lb. Breathlessness and palpitation upon the slightest exertion.

All exercise had been given up, her bedroom had been moved to the ground floor, and her only excursions consisted of an occasional visit to the neighbouring church. Asthma and bronchitis had troubled her during the last few winters, and were tending to become chronic.

There was marked oedema of the ankles. No albumen. The heart was in good muscular condition, despite the extreme obesity and her age, but was evidently overburdened as soon as any effort was called for.

She was given a short course of treatment, comprising 19 sittings in 28 days. In this time she lost 12 lbs in weight, the oedema quite disappeared, and on the final day of the course she walked 2½ miles, partly uphill, without any distress whatever.

“I am very well and active, and ten years younger in feelings. I walk up hills with very often no break to breathe, and go a good fast pace”

After her return home, she continued her voluntary exercise and moderate diet, and was able to report in four months a further loss of 19.75 lb – making a total of 31¾ lb, whilst, as regards general condition, she adds:

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1. See Author's recent work. *The Cure of Obesity and Obese Heart*.

1868-2016
Supporting general
practitioners for
148 years