

Walking a Versatile Exercise

During a discussion on TV centred for the masses' general health and arthritis, a couple of times the anchor caught the PMR specialist saying why is it that he was emphasizing so much on the importance of walking for any ailment. The discussion took a different turn when the role of walking on the flexibility of joints, strength of muscles and bones, health of the digestive system, the cardiovascular system, the respiratory system, the urinary system, the reproductive system, the endocrine system and the general health of the mind in a healthy body was deduced. Some said it appears like some yogacharya lamenting on heightened claims on the whole body that by doing so you would 'cure' all. The PMR specialist clarified the doubts of significant contributions of walking exercise in different conditions affecting the human body. There is no doubt in the medical literature about the essentiality of appropriate exercise and activities like walking in a big chunk of medical conditions.

On the other hand, it is not uncommon for many doctors and others not exposed to PMR practices to advise rest and asking patients to avoid walking and many other activities even when walking may have a significant role in reversing the disability. If we just focus our attention on the osteoarthritis (OA) of the knee joints, by default the prescription from the PMR specialist would emphasize walking besides other activities, even if there is pain. Patients frequently retort back at the doctors and show their astonishment at the advice of walking since it induces or increases pain when patients are not used to doing it and many doctors have asked them not to. They may have many questions and excuses not because it may be painful if the condition was acute or the patient had not walked for a while, even months or years and walking aggravated pain. They have ready questions if walking induces pain then why walk, it is not the treatment, it is viewed rather as an aggravating factor. People like us have a hard time explaining the benefits of walking asking patients to ignore pain and rather fight it.

I am reminded of a very in-depth question by a patient, who was an executive, suffering from an advanced OA of both knee joints with moderate genu varum deformity. He was advised to have knee replacements and while waiting for it to have the analgesics and all other adjuvants and supplements that go commonly for such a condition. He asked two questions. First, what if analgesics are not taken. The answer was that it may only cause him some pain, depending on your bearing capacity. Second, would it cause any harm or would the condition deteriorate if analgesics were not taken. The answer was that it may not cause any harm bearing pain if he did not take analgesics unless he stopped the activities or walking etc. for fear of pain. He was explained that the dictum was to be able to perform bearing pain and if the pain stands between the performance of activities he should rather take the tablet than stop the activity. The above patient asked me this question when he was 60 years old, now at the last follow up he was 75 years and still going strong doing everything starting from his morning walks of 4

kilometers, though limping and with pain but it did not stop him from going around his social visits including taking care of his ailing wife bringing her to the hospital and infrequently coming up himself to have an another reinforcing opinion on his knees and only asking one more question: what if I don't get surgery done if I am going around like this. He was not scared of surgeries, only his choice. He had had a bad episode of an emergency abdominal surgery which prostrated him for about 6 weeks but he was back on his feet again in less than 3 months though, all I can say, it happened only because of his determination and understanding his illness and pain. Some patients find it easier to digest, where surgery is indicated but they don't get it done for their reasons or if there is a contra-indication to it for other reasons that people used to live like that when knee replacements were not in vogue or available.

We have come across a number of septagenarians taking to the bed for a couple of years come back to being active once again because of advanced osteoarthritic conditions adding on the inactivity, obesity, lack of will power and any reserve to bear pain only because of emphasis on promotion of walking. The important point in all such has been to optimize their walking and graduate it to a level which is acceptable rather than being extremely aggressive right in the beginning. It has also been studied and published in this journal based on the work done at AIIMS about the benefits of walking along with exercises. Exercises alone proved to be of benefit but with walking added it brought about greater benefits in patients suffering from OA knee. Walking alone proved to be better compared with exercises alone for patients in developing muscle strength measured on the dynamometer and also in relief of pain and participation in their activities. Patients perform exercise by walking better than just simple exercises. If we consider walking outside the house, prescribed as per the patients' tolerance level and then adding a little every week, it works wonders. Exercise in the form of walking is a better way to perform an exercise since patient may give up an exercise half way compared to walking where they cannot just stop anywhere and be carried back.

Another interesting case came up recently where fear of pain caused patient not to walk and how walking helped reverse a condition with serious implications. This time a 50 year old lady suffering from an old two level lumbar disc prolapse causing radicular pain for years and neurogenic claudication for the last one year. Claudication was hard to beat. Despite giving medication to reduce the neuropathic pain and tingling sensation, exercises to 'widen' the stenotic lumbar canal and belts, the claudication would not give way. She was advised therapeutic walking to walk at a slower pace in an effort to reduce the claudications, it helped at times but mostly did not reduce the deterioration of claudication time. It reduced from a level of 1 hour or 4 kilometers distance two years ago gradually down to 5 minutes of walking a

200 meters distance with increasing pain and disability with patient not able to tolerate pain or was afraid to walk further. Having waxing and waning at 5-10 minutes of neurogenic claudication level for over 6 months surgery was advised. Patient however came back from the surgeon and discussed the implications. At that level, perhaps afraid of surgery, patient felt like tolerating more pain and increase the walking level bearing pain little by little. Once determined to walk, the patient started venturing walking into pain ignoring the little pain that came up but did not stop increasing though walking slowly. The patient at the end of two and a half months lost 6 Kg from her 75 Kg total body weight reducing claudication and having a walk up to a distance of 3 kilometers in 1 hour 15 minutes with insignificant radicular pain bothering her at times. Having become lighter, able to do more activities and less pain, negligible claudication naturally averted surgery at least for a while, may be longer. It all happened apparently for two possible reasons: one, overcoming fear of pain and second walking did the trick in reducing weight and pain while every other intervention was just about the same when the patient was subjected to previously but to no avail.

Many a times I have a feeling that when dealing with patients with reduced functioning because of OA of spine or knees, deconditioning because of the milder heart or pulmonary conditions where patients for the fear of development of angina, tachycardia or dyspnea try not to venture walking. The only advice that does the trick is that in the beginning when patients not indulging in walking try to walk more than they do, they do have such symptoms. It is well known that these patients once they start to walk they start feeling better in a few days time. Only the initial few days are difficult. Patients with peripheral vascular disease, therapeutic walking opens up new collaterals as it happens in the coronary artery disease. Another area where sedentary patients with benign vertigo did not improve with medications or maneuvers, improved greatly after walking. A manager

in a media company who had vertigo for over three years had been on medications showed a long vertigo free period lasting years after he took to walking four to five kilometers on a daily basis. His weight reduced and the vertigo disappeared. The looks on the face showed the youth return in him. It not only relieved his vertigo, made him loose his weight, reduce the pain in the neck and also lowered his cholesterol, the known benefit of walking.

I don't think that counting on stories like that one can deduce that it is the only cure for all or one of the main cures for many. The point that I wish to make here is that this wonderful activity has not been taken so seriously by many medical practitioners. Besides, patients who do the household work or in the office say that they keep walking for hours while doing their jobs but they don't go out for walking for the sake of walking. At home or office it is hicks and starts or starts and stops. It is not continuous. When one does walk, the real benefits start after warm up when the aerobic activity starts. Hence walking longer helps. But for those who can't walk that much should not be dissuaded from walking saying it won't help since just having a single contraction for a couple of seconds also increases the strength by a fraction and makes the circulation better a bit. Why not take the benefit. Why say do this much. A little started can be augmented gradually, that is the key. It also makes the patient stick to doing activities well if the patient is asked to record his or her progress of walking in a chart form, review the chart on subsequent visits and then advise where the patients were having symptoms and how to trouble shoot them and what more they can do to improve, it gives a good feedback to the doctor and also makes the patient take it seriously. Works on the principles of biofeedback or to say the homework given to the children when they are likely to be defaulters.

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