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DOPING AND ITS SIDE EFFECTS

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Abstract -

Research is required to advance the understanding of issues related to the effect of physical activity on health and disease prevention among people with disabilities. This report is the result of a consensus process using selected experts in health and exercise. The purpose of the consensus conference was to identify research priorities for physical activity and health among people with disabilities. Priorities were established by 30 participants, who were selected by the principal investigators to achieve balance in the areas of engineering, epidemiology, medicine, nutrition, exercise physiology, and psychology. Experts summarized relevant data from their research and from comprehensive review of the scientific literature on the topic areas chosen for the conference. Public commentary was provided by participants in the 1996 Paralympic Congress. Panel members discussed openly all material presented to them in executive session. Commentary from open discussion periods were recorded and transcribed. Selected panelists prepared first drafts of the consensus statements for each research priority question. All of these drafts were distributed to the panelists and pertinent experts. The documents were edited by the drafting committee to obtain consensus. This research priority setting process revealed that greater emphasis must be placed on determining the risks and benefits of exercise among people with disabilities. Exercise must be studied from the perspective of disease prevention while mitigating risk for injury.

INTRODUCTION :

Disability affects nearly 49 million Americans and has tremendous impact on the United States healthcare system. Disability within this statement is defined as an impairment that limits one or more activities of daily living. Much is known about the benefits of regular physical activity in the general population; including improvement in levels of physical functioning (e.g., aerobic capacity) and numerous health benefits. There is also significant knowledge about the detrimental physiological effects of inactivity on both physical functioning and health.

PURPOSE :

The purpose of this consensus process was to examine the accumulating evidence on the role of physical activity in promoting health and fitness among people with disabilities. Physical activity is defined in this statement as "bodily movement produced by skeletal muscles that requires energy expenditure" and produces health benefits. Exercise, a type of physical activity, is defined here as "a planned, structured, and repetitive bodily movement done to improve or maintain one or more components of physical fitness." Physical inactivity denotes a level of activity less than that needed to maintain good health. This consensus conference focused on five areas: People with disabilities who may be close to or below the threshold of being able to manage basic activities of daily living (ADLs) and the functions necessary for their accomplishment are at particular risk of inactivity (i.e., may be more prone to sedentary lifestyles). Even small reductions in stamina or capacity can negatively impact the ability to dress, bathe, eat, or walk without assistance.

ACHIEVING CARDIOVASCULAR AND PULMONARY HEALTH :

Over the past 25 years, the United States has experienced a steady decline in the age-adjusted death toll from cardiovascular disease (CVD), primarily in mortality from coronary heart disease and stroke. Despite this decline, coronary heart disease remains the leading cause of death and stroke the third leading cause of death. Lifestyle improvements by the American public and better control of the risk factors for heart disease and stroke have been major factors in this decline. Coronary heart disease and stroke have many causes. Modifiable risk factors include smoking, high blood pressure, hypercholesterolemia, obesity, diabetes, and physical inactivity. In contrast to the positive national trends observed with cigarette smoking, high blood pressure, and high blood cholesterol, obesity and physical inactivity in the United States have not improved. People with disabilities share these traits with the general population.

HEALTH AND NUTRITION :

In the United States, government guidelines outline optimal daily levels of nutrients needed by the average individual. There are also normative standards of weight per height, as relative fitness recommendations, for the general population. The intensity, frequency, duration, and type of daily exercise a person does affects his/her body composition as well as his/her dietary needs. Maintenance of good health requires balancing these factors and striving for the appropriate combination, for each individual, relative to gender, age, lifestyle, values, and religious beliefs.

PHYSICAL ACTIVITY AND CHILDREN WITH DISABILITIES :

Much of what is known about the effects of exercise has been learned in adults. Although research is progressing in the area of exercise in children, the physiologic, psychosocial, and medical effects are still not well defined. These aspects of physical activity are even less understood in children with disabilities. Because of the great diversity of disabling conditions, it is difficult to generalize information that has been gathered on the general population of children (or even research on other disabilities) to a specific child or group of children. A spectrum of ability and limitation exists within a disability "category" that precludes a standardized experimentally based examination of children and disabilities. Therefore, the caveat of the tenuous extrapolation of adult to children's data is even greater when applied to children with disabilities. Any attempt to investigate the effect of exercise on children with disabilities must evaluate the effect of the disability on normal physical and psychosocial growth and development. Affecting approximately 10 percent of the children between the ages of 4-17, chronic health disorders are defined as any condition that lasts at least 3 months in a given year. Disabilities can be categorized into those with physical impairments, sensory impairments, and cognitive impairments. Obviously, there is much overlap among these categories in many disabling conditions. As opposed to other children's sports activities, most programs for children with disabilities must be individualized because of these unique differences.

DISCUSSION :

It is uncertain whether or not people with disabilities respond differently to exercise. The most information is known about cardiac disease (i.e., a significant physical impairment), which presents a paradigm to work through a variety of disabilities. As intensity of activity is increased in the healthy individual, oxygen consumption increases linearly, peaks, then levels off as work is further increased. To achieve optimal aerobic conditioning, the American College of Sports Medicine recommends a progressive exercise program for healthy persons that evokes a sustained heart rate of 60-90 percent of the individual's maximal heart rate for 20 to 60 continuous or accumulated minutes at least 3 times a week. The maximum oxygen consumption that can be achieved by people with heart disease is commonly 30-50 percent below their age and gendermatched counterparts without heart disease. Moreover, considerable evidence suggests that the threshold intensity for training increases in direct proportion to the maximal oxygen consumption level or the level of habitual activity. Thus, intensity must be lowered and progression adjusted.

CONCLUSION :

Greater emphasis must be placed on determining the risks and benefits of exercise among people with disabilities. Exercise must be studied from the perspective of disease prevention while mitigating risk for injury or degeneration. Five areas were identified as focal points for future research: epidemiological studies; effects of nutrition on health and ability to exercise; cardiovascular and pulmonary health; children with disabilities; and accessibility and safety of exercise programs. As people with disabilities live longer, the need for addressing long-term health issues and risk for secondary disability must receive greater attention. Research studies

must be expanded to include people from a broad array of disability aetiologies. The consensus process resulted in several specific examples of the areas of exercise and health promoting activities that need further study.

References-

- Joshi, L. N., & Gokhale, L. V. (1992). Effect of short term pranayam, practice of breathing rate, & ventilator functions of lung. *Indian J PhysiolPhamscol*; 1992; 36 (2): 105, 108.
- Dhungel, K. U., Malhotra, V., Sarkar, D., & Prajapati, R. (2008). Effect of alternate nostril breathing exercise on cardiorespiratory functions. *Nepal Med Coll J*, 10(1), 25-27.
- Vyas, R., & Dikshit, N. (2002). Effect of meditation on respiratory system, cardiovascular system and lipid profile. *Indian journal of physiology and pharmacology*, 46(4), 487-491.