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	IGINAL RESEARCH PAPER		Physiology		
A ST PHYS RECO	UDY ON EFFECTS OF PHYS SICAL FITNESS AND THEIR OVERY OF PULSE RATE AFT SIBLE MODE OF COMMUN	KEY WORDS:			
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exercise and their effect most of the life style dise rate recover after exerci health but also to main respiratory efficiency, in between two groups effects of exercise on	on physical fitness. Physical exercise ases. Our purpose was to study the co se. Physical exercise is important not tain physical fitness which includes creasing bone density and so on. Th	is the most important and we prelation between effect of ex- only to gain the state of com strengthening of muscles an e result of this study showe studies have been conduct	Dur purpose was to study the physical Il documented preventive measure for kercise on pulse rate and how the pulse plete physical, mental, and emotional id immune system, improving cardio- ed that there is definite difference ed all over the world on beneficial		
physical fitness and overall healt various reasons including s cardiovascular system, sharpen maintenance, as well as for the and regular physical exercise boo prevent the "diseases of aff cardiovascular disease, Type 2 of fitness is considered a measure efficiently and effectively in w healthy, to resist hypokinetic of situations. Physical exercise is the most of preventive measure for most of exercise is important not only physical, mental, and emotion physical fitness which include immune system, improving increasing bone density and s effects of exercise are mediated Irisin (3). OBJECTIVE :	activity that enhances or maintains the and wellness. It is performed for trengthening of muscles and ing athletic skills, weight loss or e purpose of enjoyment. Frequent osts the immune system, and helps luence" such as heart disease, liabetes and obesity(1)(2). Physical e of the body's ability to function york and leisure activities, to be liseases, and to meet emergency important and well documented of the life style diseases. Physical v to gain the state of complete hal health but also to maintain as strengthening of muscles and cardio-respiratory efficiency, o on. Many of these wonderful d mainly by a hormone named as even level of exercise on physical pulse rate.	Coronary artery disease Individuals not giving co- On the Day 1 after obtain Department of Physiology, procedure and written con the participants were subj get information regarding socioeconomic and medica about their exercise sche questionnaire regarding t exercise After taking deta including general as well a Respiratory system and Car Then the subjects were exp body temperature from e same time the subjects were status (overnight fasting) fron Day 2. Subjects were	s of age any endocrinal disorder, hypertension , e and asthma onsent for the study ning permission from the Head of the the subjects were explained the study isent was obtained from them. Then all ected to a self-made questionnaire to their personal, present, past, family, al history in detail. Special information dule was also obtained through the ype, duration and length of time of illed history, the physical examination is systemic examination particularly the diovascular system was done. plained and trained to record the basal electronic digital thermometer, at the were also explained about the fasting or fasting blood sugar to be measured provided the digital thermometer to uperature on day 2 and then come for		
Bhopal City. The participants we Group-1:- Moderately exercisir exercises for not more than six w	of age group 25-40 years from re divided into two groups: ng males performing the aerobic reeks i.e. the group of beginners.	respiratory changes at rest submaximal and maximal adaptations largely depend	spiratory Adaptations s to significant cardiovascular and and during steady state exercise at both level of work. The magnitude of these ds on the person's initial fitness level, on and frequency of exercise; and on the		
for more than six months up to exercising people.	g males performing same exercises o 5years i.e. the group of regular	a.Long-Term Cardiovasco Cardiac output at rest	ular Adaptations and during submaximal exercise is		

Only those participants were taken into the study who fulfilled our inclusion criteria.

INCLUSION CRITERIA:

- Persons doing regular exercise
- Males of 25-40 years age
- Moderately exercising male beginners Moderately exercising males doing aerobic exercises for variable duration up to 5 years
- Individuals giving consent for the study

essentially unchanged following an endurance training program. However, at or near maximal level of work, cardiac output is increased substantially up to 30% or more (4). There are important differences in the responses of stroke volume and heart rate to training. After training, stroke volume is increased at rest, during submaximal and maximal exercise; conversely, post training heart rate is decreased at rest and during submaximal exercise but is usually unchanged at maximal level of work. The increase in stroke volume appears to be the dominant change and explains most of the changes observed in cardiac output.

Several factors contribute to the increase in stroke volume from

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endurance training. Endurance training increases plasma volume by approximately the same percentage that it increases stroke volume (5). An increased plasma volume increases the volume of blood available to return to the right heart and subsequently to the left ventricle. There is also an increase in the end diastolic volume (the volume of blood in the heart at the end of the diastolic filling period) because of increased amount of blood and increased return of blood to the ventricle during exercise (6). This acute increase in the left ventricle end-diastolic volume stretches its walls, resulting in increased force of contraction. Endurance training also results in long-term changes in the structure of the heart that augment stroke volume.

Short-term adaptive responses include ventricular dilatation; which allows end-diastolic volume to increase without excessive stress on the ventricular walls. Long-term adaptive responses include hypertrophy of the cardiac muscle fibers (i.e., increases in the size of each fiber) permitting greater force to be exerted with each beat of the heart, thus emptying more of the blood from the left ventricle (7). Both these changes (ventricular dilatation and hypertrophy) contribute to increase stroke volume during exercise. Endurance training increases the number of capillaries in trained skeletal muscles, thereby allowing a greater capacity for blood flow is associated with a reduction in total peripheral resistance; thus allowing the left ventricle to exert a more forceful contraction against a lower resistance to eject more blood (9).

Arterial blood pressure at rest, blood pressure during submaximal exercise, and peak blood pressure all show a slight decline as a result of endurance training in normotensive individuals (10). However, reduction is greater in persons with high blood pressure. After endurance training, resting blood pressure (systolic/diastolic) will decrease on an average by -3/-3 mmHg in persons with normal blood pressure; by -6/-7 mmHg in borderline hypertensive persons, and by -10/-8 mmHg in hypertensive persons (10).

b.Long-Term Respiratory Adaptations

The major changes in the respiratory system from endurance training are an increase in the pulmonary ventilation as a result of increases in both tidal volume and respiration rate, and an increase in pulmonary diffusion at maximal level of work primarily due to increases in pulmonary blood flow particularly to the upper regions of the lungs.

2. Metabolic Adaptations

Significant metabolic adaptations occur in skeletal muscle in response to endurance training. The size and number of mitochondria increase substantially as does the activity of oxidative enzymes. Myoglobin content in the muscles is also augmented increasing the amount of oxygen stored in individual muscle fibers (11), but this effect is variable (12). Such adaptations combined with the increase in capillaries and muscle blood flow (noted in a previous section) greatly enhance the oxidative capacity of the endurance-trained muscles.

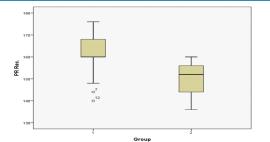
STATISTICAL ANALYSIS:-

Data thus obtained were analyzed by t-test with the help of SPSS-20 (Software Package used for Statistical Analysis) software for statistical analysis.

OBSERVATION AND RESULT:

Table : Comparision of Recovery Pulse Rate between Group 1 and 2

Groups	Sample size (N)	Mean Recovery pulse rate per min.	Standard Deviation (SD)	t - Value	P - Value
1	30	161.60	8.38	5.946 0.000	
2	30	149.73	7.02		



The above table and Graph shows:

- Group-1 having the mean recov. pulse rate of 161.60 8.38 per minute.
- Group-2 having the mean recov. pulse rate of 149.737.02 per minute
- Statistically significant difference was observed in recovery pulse rate of both the groups.Group-2 doing exercise since more than 6 months the recovery pulse rate is less indicating good physical fitness.

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