



The Pharmacological Benefits of Exercise: Exercise Acts as a Drug

Akari*

Department of Pharmacology, Noida Institute of Engineering and Technology, Gretaer Noida, India

***Corresponding author:** Akari, Department of Pharmacology, Noida Institute of Engineering and Technology, Gretaer Noida, India,

E-mail: Akarimiller@gmail.com

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EDITORIAL

Physical Exercise is one of the most important and frequently prescribed therapies for health and disease.

Researchers have shown the beneficial effects of exercise to prevent and to treat several diseases in both men and women, who report increased levels of physical activity and fitness have reductions in relative risk of death (by about 20%-35%).

Evidence for prescribing exercise for primary and secondary prevention of pulmonary and cardiovascular diseases (CHD, chronic obstructive pulmonary disease, hypertension, intermittent claudication); metabolic disorders (type 2 diabetes, dyslipaemia, obesity, insulin resistance); diseases of the muscles, bones and joints (rheumatoid arthritis, fibromyalgia, chronic fatigue, osteoporosis); cancer and depression.

For all these diseases, even if exercise is an effective therapeutic agent, as with any other drug, the dosage such as amount and intensity of the exercise, exercise duration such as sessions per week, type of exercise such aerobic vs. resistance exercise, systemic and psychoactive effects and contraindications and side effects of the exercise must be taken into account to obtain the best clinical outcome.

For instance, Both resistance and aerobic training are effective for diabetes management, but resistance training may have greater glycaemic control benefits than aerobic training. In clinical medicine, dosage is critical and all marketed drugs need data on their effectiveness and safety. For health benefits, it is recognized that there is a minimum amount of physical activity. With increasing the amount of exercise, these advantages increase, but after a certain degree, detrimental effects outweigh benefits. In neurodegeneration, physical activity is also a protective factor. Several evidence shows that physical activity influences plasticity of the brain, affecting memory and well-being. In fact, experimental and clinical studies have shown that PE causes structural and functional changes in the brain and produces tremendous biological and psychological benefits. Physical workouts, based on the overall impact they have on the human body, are typically divided into three types: Aerobic exercise, Anaerobic exercise, Flexibility exercise. Aerobic exercise is any physical activity that utilizes large groups of muscles and causes more oxygen to be used by the body than it does at rest. Aerobic exercise helps to improve cardiovascular endurance. Example include: Swimming, cycling, running, skipping rope, rowing, hiking, brisk walking, playing tennis, continuous training, and long distance running. Anaerobic exercise including strength and resistance, it can enhance, strengthen and increase muscle mass, as well as improve bone density, balance and coordination. Push-ups, pull ups, lunges, squats, bench pressure are examples of strength exercises.

Weight lifting, physical training, eccentric training, resistance training, sprinting, and high-intensity interval training can provide anaerobic exercise that improves short-term muscle strength training. Flexibility workouts stretch the muscles and lengthen them. Activities like stretching help increase the stability of the joints and keep the muscles limber. The aim is to increase the range of motion that can reduce the risk of injury. Exercise types can also be known as dynamic or static. Dynamic workouts, such as steady running, tend to induce a reduction in diastolic blood pressure during exercise because of increased blood flow. In comparison, static exercise (such as weight-lifting) during the performance of the exercise can cause the systolic pressure to increase dramatically, albeit temporarily. Physical exercise can also include training that focuses on accuracy, endurance, strength, and pace.

Regular physical activity helps with arthritis and other rheumatic conditions affecting the joints. For wellbeing, exercise is so effective that it should be treated as a medicine. Dosing is quite significant, as with any other medication.