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# The effect of L-Arginine supplementation on Delayed Onset Muscle Soreness (DOMS) after eccentric heavy exercise

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## Original Article

### Abstract

**Introduction:** L-Arginine supplementation improves antioxidant defenses through L-Arginine/nitric oxide pathways. This investigation assesses the influences of acute L-Arginine supplementation on selected markers of delayed onset muscle soreness (DOMS) after one by one heavy eccentric exercise in healthy young females.

**Methods:** Twelve healthy young females students of the University of Mohaghegh-Ardabili voluntarily participated in a double-blind randomized-controlled crossover trial to estimate the effects of 3g L-Arginine oral supplementation versus placebo (3g glucose) following an unaccustomed heavy eccentric exercise. L-Arginine (ARG) or placebo (PLC) was taken immediately after squat exercise, separated by 10day washout. Measurements were conducted at baseline, 24, and 48h after exercise comprising: (a) TAC (b) CK (c) LDH (d) Visual Analogue Scale (VAS) (e) Range of Motion (ROM) of both knees (f) Edema of both thighs. For data analysis software SPSS version 20 was used. To analysis the data, analysis of variance with repeated measure was used.

**Results:** TAC significantly increased 48h after exercise compared with the pre-exercise just in ARG group ( $P < 0.05$ ). CK and LDH significantly enhanced 24, and 48h after exercise only in the PLC group ( $P < 0.05$ ). VAS and edema increased 24, and 48h after exercise compared with the pre-exercise in both groups ( $P < 0.05$ ). Moreover, ROM decreased in both groups 24, and 48h after exercise compared with the pre-exercise ( $P < 0.05$ ). There were no between-group differences in any time series ( $P > 0.05$ ).

**Conclusion:** The findings of this study suggest that acute supplementation of ARG after heavy eccentric exercise may alleviate muscle damage through promoting the antioxidant capacity, protein synthesis, or decrease of lactate accumulation.

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### Introduction:

Unaccustomed and intense eccentric exercise is a common cause of delayed-onset muscle soreness (DOMS) (1). DOMS results in exercise

performance decrease including muscle strength and range of motion (ROM) of joints for both athletes and non-athletes, and it also causes continual psychological discomfort (2,3). Beginner

and elite athletes are concerned about muscular discomfort and pain phenomena, because they can restrict further exercise and training activity (4).

The condition can lead to stop the exercise in an amateur or experienced athlete (5). The main symptoms in DOMS are muscular stiffness, tenderness, and pain during active movements (6).

There are many symptoms related to the muscle inflammation and damage such as muscle fiber swelling (7), elevated serum activities of muscle specific enzymes such as creatine kinase (CK) and lactate dehydrogenase (LDH) (8,9), as well as reduced muscle strength (10) and ROM restriction (11).

Nutritional intervention with these nutrients before and after exercise was reported to be useful in reducing DOMS. These nutritional interventions have also been reported to affect inflammatory responses and oxidative stress leading to DOMS reduction (3). Arginine is an unnecessary amino acid because the liver and kidney can synthesize it, but in conditions where the body is exposed to stresses such as infection or damage, it is a conditional essential amino acid (12).

Arginine plays a role in the synthesis of protein and detoxification of ammonia from nitrogen catabolism, as well as the pre-formation of nitric oxide (NO), L-glutamine and creatine, which has shown that arginine consumption increases levels of Nitric Oxide (13). L-arginine increases the amount of nitric oxide and reduces the production of superoxide, thereby protecting the contraction and reducing the edema after reperfusion (14). Some studies have shown that arginine is probably beneficial to the skeletal muscle that is exposed to ischemic damage through nitric oxide mediation (15).

Dietary supplements containing L-Arginine are among the most popular ergogenics intended to intensify strength, power and muscle recovery associated with both anaerobic and aerobic exercise (16). L-Arginine administration has been claimed to boost an increase in blood perfusion in the active muscle (17), increasing substrates necessary for improving muscular recovery and protein synthesis during and/or after exercise (18). L-Arginine supplementation could also improve exercise capacity by decreasing lactate accumulation, which has been shown to be involved in the development

of muscular fatigue by increasing muscular acidity (19-22).

Moreover, there is an increasing interest in the role of the cellular balance between oxidative stress and antioxidant defense capacity in tissue damage and fatigue resulting from physical activity. Studies have shown that physical activity raises the production of reactive oxygen species (ROS), such as superoxide anion ( $O_2^{\cdot-}$ ). They are capable of eliciting oxidative damage to various cellular components (23,24). The extent of oxidative damage during physical activity is determined by the levels of ROS generated and the antioxidant defense capacity (25,26). When the antioxidant system is not adapted to excessive production of ROS, oxidative stress is initiated. In the recent years, a general awareness of the importance of antioxidant system in disease prevention and progression has been progressed (27).

In research, has been demonstrated the significantly effect of arginine chronic supplementation on total antioxidant capacity (28).

In our previous studies, we showed Curcumin supplementation as antioxidant is able to blunt muscle damage after one bout heavy eccentric exercise (5). We hypothesized that L-Arginine supplementation after eccentric exercise would diminish exercise-induced damage of skeletal muscle fibers in humans like rats. According to data, L-Arginine supplementation improves antioxidant defenses through L-arginine/nitric oxide pathways in exercised rats (29). To the best of our knowledge, our study is the first to investigate the effects of L-Arginine supplementation on muscle damage after a single bout of eccentric exercise in humans. Therefore, the aim of this investigation was to evaluate the effects of L-Arginine acute supplementation after an eccentric exercise on muscle damage and selected markers of DOMS.

## Methods:

### Subjects and supplementation

The present study was a double-blind, placebo-controlled, crossover study. Twelve healthy, young women were recruited to participate in this study (Table 1).

**Table 1. Subjects characteristics**

Group	(BMI)	Weight (Kg)	Height (Cm)	Age (year)	Number of subjects
A	23.42±14.1	60.53±3.23	160.6±4.91	23.5±2.6	6
B	24.05±1.23	62.30±4.58	161±4.38	23.7±2.3	6

All participants had approval from the university of Mohaghegh-Ardabil ethical advisory committee and study was based on declaration of Helsinki. All subjects were informed verbally and in writing about the nature and demands of study, and subsequently completed a health history questionnaire and gave their written informed consent. Subjects were free of antioxidant supplementation for 3 weeks prior to the study. The subjects were randomly divided into ARG supplemented group (ARG group) and a placebo group (PLC). The supplementation consisted of three capsules, each one containing 1000 mg of ARG, whereas the placebo consisted of similar capsules containing 1000 mg of glucose. Capsules were administered orally immediately after main trial.

In the first stage, pre-test measurements were performed before the exercise protocol and supplementation of arginine. Supplementation of arginine and placebo was done immediately after the implementation of the exercise protocol. Markers of the study were measured 24 and 48 hours after supplementation. All pre-test and post-test measurements were performed in one place (in terms of temperature, light and humidity) and time (10 am). The second stage was conducted after 10 day wash out.

#### Preliminary measurements

The researchers selected one repeated maximum (1RM) on the squat machine to start with a low but reasonable weight that then increased with each repetition until subjects reached their 1RM. 1RM is defined as the highest weight under which a subject is able to perform a squat position just for one repetition (5).

#### Experimental design and procedures

For the main trials, Squat exercise, which was used as resistance exercise to induce DOMS, was performed simply with body weight in the same manner as in the preliminary study. The exercise session consisted of seven sets of 20 squats per set

(total 140 squats), with squats performed rhythmically every 2s during the sets and 3-min intervals between sets (30).

#### Measurement of oxidative stress, muscle damage, and DOMS markers

Blood samples were taken before exercise and supplementation, 24, and 48h after exercise. Approximately 5 ml of blood was withdrawn at each time point. Blood samples were placed in heparinized tubes and centrifuged at 3000rpm for 10min at 4°C. Plasma was transferred to microtubes and stored at -70°C for subsequent analysis. Plasma total antioxidant capacity (TAC), CK, and LDH, were measured. TAC was analyzed by Varga et al. method (31). CK and LDH were also measured by commercial available kits (Pars-Azmoon, Iran). Muscle soreness was assessed using a visual analogue pain scale (VAS), for which participants placed a mark on a 10cm line to indicate a degree of soreness. Soreness was measured by distance in centimeters from the left end of the scale to the mark. Establishment of validity and reliability of VAS as a measure for subjective soreness was cited in another report (32). ROM of the knee joints were measured by goniometer. Circumference of mid-thigh was also measured as a marker of edema around the thighs.

#### Dietary

Participants were instructed verbally and in writing to follow an average antioxidant diet throughout the duration of participation in the study starting 3 weeks prior to the start of the study period until the last blood sampling. A list of high antioxidant foods was provided to participants to help them avoid major sources of dietary antioxidant.

#### Statistical analysis

Results are expressed as means±SEM, and  $P < 0.05$  was considered statistically significant. An independent two-way analysis of variance with repeated measures was used to compare results

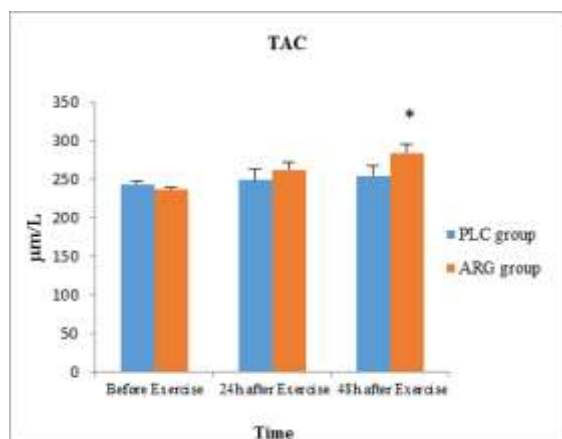
among treatments and over time. If a significant *p* value was identified for the main effect of time (time of sample), multiple pairwise comparisons were made using bonferroni confidence interval adjustment. Moreover, the dependent variable data in multiple time points between two groups were compared using independent samples *t*-test.

## Results:

Physical characteristics of the participants were as follows (expressed as mean±standard deviation [SD]): age, 24.0±1.8 years; height, 160.1±3.1 cm; fat%, 17.2±4.2.

### Total Antioxidant Capacity (TAC)

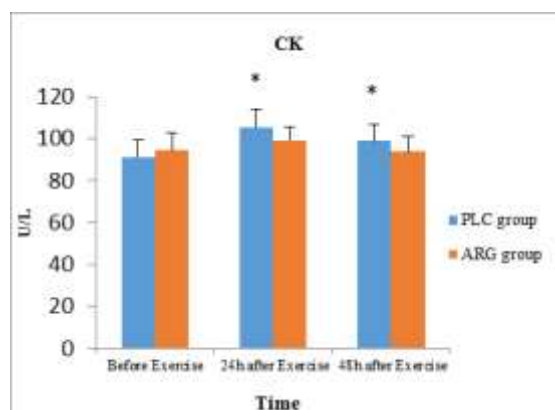
TAC showed no between group differences before and after exercise ( $P > 0.05$ ). TAC was significantly higher in ARG group compared with the PLC group 48h after exercise ( $P < 0.05$ ) (Figure 1).



**Figure 1. Plasma TAC level.** Values represent means ± SEM. \* demonstrates a significant increase in ARG group compared with pre-exercise ( $P < 0.05$ ).

### CK

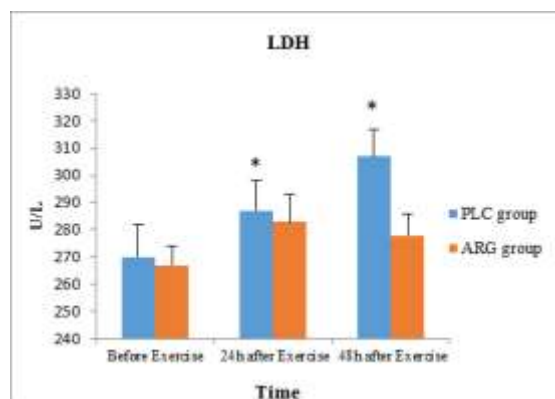
CK demonstrated no between groups' differences before and after exercise ( $P > 0.05$ ). CK significantly increased 24, and 48h after exercise in the PLC group compared with the pre-exercise ( $P < 0.05$ ) (Figure 2).



**Figure 2. Plasma CK activity.** Values represent means ± SEM. \* demonstrates a significant increase in PLC group compared with pre-exercise ( $P < 0.05$ ).

### LDH

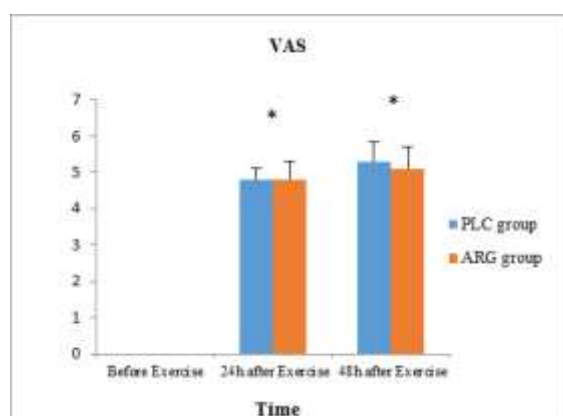
LDH demonstrated no between group differences before and after exercise ( $P > 0.05$ ). LDH significantly increased 24, and 48h after exercise in the PLC group compared with the pre-exercise ( $P < 0.05$ ) (Figure 3).



**Figure 3. Plasma LDH activity.** Values represent means ± SEM. \* demonstrates a significant increase in PLC group compared with pre-exercise ( $P < 0.05$ ).

### Visual Analogues Scale (VAS)

VAS demonstrated no between group differences before and after exercise ( $P > 0.05$ ). VAS significantly increased 24, and 48h after exercise in both groups compared with the pre-exercise ( $P < 0.05$ ) (Figure 4).



**Figure 4.** VAS before and after exercise. Values represent means  $\pm$  SEM. \* demonstrates a significant increase in both groups compared with pre-exercise ( $P < 0.05$ ).

**Table 2.** ROM and Edema before and after exercise. Values represent means  $\pm$  SEM. \* shows a significant decrease compared with pre-exercise ( $P < 0.05$ ). † demonstrates a significant increase compared with pre-exercise ( $P < 0.05$ )

	Group	Bbefore exercise	24h after exercise	48h after exercise
ROM(°)	PLC	140.20 $\pm$ 0.53	139.40 $\pm$ 0.60*	139.00 $\pm$ 0.52*
	ARG	141.00 $\pm$ 0.52	140.30 $\pm$ 0.50*	140.10 $\pm$ 0.55*
Edema (cm)	PLC	51.50 $\pm$ 0.62	52.3 $\pm$ 0.7†	53.1 $\pm$ 0.72†
	ARG	50.90 $\pm$ 0.57	51.88 $\pm$ 0.57†	54.85 $\pm$ 0.68†

## Conclusion:

The main aim of this investigation was to evaluate the effect of acute L-Arginine supplementation on selected markers of DOMS.

Our study has shown that antioxidant capacity increased after acute L-Arginine supplementation and exercise. The blood level of TAC was markedly higher after exercise than pre-exercise just in the ARG group (Figure 1) that is consistent with the research findings of Fazelian et al. They assessed the effect of 3 grams of arginine supplementation on TAC in diabetic patients (28).

Research by Walker et al. examined the effect of oral administration of arginine on exercise performance and oxidative stress. Adversely, there was no consistent with the results of the present study (33). The ability of L-Arginine to promote intracellular antioxidant capacity has been reported (29). Recent findings suggested that L-Arginine supplementation can significantly enhance exercise-induced NO production and alter ROS metabolism. Indeed, there is accumulating evidence showing L-

## ROM mean of both Knees

ROM demonstrated no between group differences before and after exercise ( $P > 0.05$ ). ROM significantly decreased 24, and 48h after exercise in both groups compared with the pre-exercise ( $P < 0.05$ ) (Table 1).

## Edema mean of both Thighs

Edema demonstrated no between group differences before and after exercise ( $P > 0.05$ ). Edema significantly increased 24, and 48h after exercise in the both groups compared with pre-exercise ( $P < 0.05$ ) (Table 2).

Arginine has a protective role against oxidative stress, and this action is likely mediated via its interaction with  $O_2^-$  (34,35). Nevertheless, the mechanism(s) of L-Arginine supplementation's protective effects remains less understood (29).

According to our data, muscle damage enzymatic markers (CK and LDH) increased 24 and 48h after exercise compared with the pre-exercise just in PLC group (Figure 2 and 3).

CK and LDH significantly enhanced in the PLC group after exercise demonstrating occurrence of muscle damage, but in the ARG group there is no significant increase in some points of time series. There are 3 possible mechanisms may explain the positive effects of L-Arginine on muscle damage.

The first explanation for decline of these enzymes is possible effect of L-Arginine as an antioxidant. As it can be observed in figure 3, and 4, alteration patterns of CK, and LDH is almost same as TAC. Elevation of CK and LDH plasma levels show promotion in leakage of these enzymes after exercise through cell membrane. Lipid peroxidation induced of oxidative stress may lead to

membrane permeability and the escape of muscle constituents such as CK, and LDH (36).

Therefore, the inhibitory effects of ALA on lipid peroxidation may have prevented the leakage of CK and LDH from cell membrane and consequently less increase in the CK and LDH plasma levels. Our previous studies confirmed this theory showing that antioxidant-contain supplements are able to attenuate these enzymes after heavy exercises (37-39).

The second explanation is an increase in blood perfusion in the active muscles (17). It can increase substrates necessary for improving muscular recovery and protein synthesis during and/or after exercise (18). The third possible reason can be improvement of exercise capacity leading to lactate accumulation decrease (22), which has been shown to be involved in the development of muscular fatigue by increasing muscular acidity (19-21).

Surprisingly, in spite of increasing of pain (VAS) and edema, and decreasing ROM of knees after exercise in the both groups, there were no within and between group significant differences after exercise (Figure 4 and Table 1).

Furthermore, our findings was contrary to recent findings regarding the effect of arginine on the reduction of muscle edema (14). It seems to reply these controversies we require more investigations in this area.

The findings of this study suggest that acute supplementation of L-Arginine after heavy eccentric exercise may alleviate muscle damage through antioxidant effects, protein synthesis, or decrease of lactate accumulation induced L-Arginine supplementation.

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### References:

1. Meamarbashi A. Herbs and natural supplements in the prevention and treatment of delayed-onset muscle soreness. *Avicenna Journal of Phytomedicine*. 2017;7(1):16-26.
2. Serinken MA, Gençoğlu C, Kayatekin BM. The effect of eccentric exercise-induced delayed-onset muscle soreness on positioning sense and shooting percentage in wheelchair basketball players. *Balkan Medical Journal*. 2013;30(4):382-386.
3. Kim J, Lee J. A review of nutritional intervention on delayed onset muscle soreness. Part I. *Journal of Exercise Rehabilitation*. 2014;10(6):349-356.
4. Udani JK, Singh BB, Singh VJ, Sandoval E. BounceBack™ capsules for reduction of DOMS after eccentric exercise: a randomized, double-blind, placebo-controlled, crossover pilot study. *Journal of the International Society of Sports Nutrition*. 2009;6(1):14.
5. Nakhostin-Roohi B, Nasirvand Moradlou A, Mahmoodi Hamidabad S, Ghanivand B. The Effect of Curcumin Supplementation on Selected Markers of Delayed Onset Muscle Soreness (DOMS). *Annals of Applied Sport Science*. 2016;4(2):25-31.
6. Gleeson M, Blannin AK, Walsh NP, Field CN, Pritchard JC. Effect of exercise-induced muscle damage on the blood lactate response to incremental exercise in humans. *European Journal of Applied Physiology and Occupational Physiology*. 1998;77(3):292-295.
7. Fridén J, Sfakianos PN, Hargens AR, Akeson WH. Residual muscular swelling after repetitive eccentric contractions. *Journal of Orthopaedic Research*. 1988;6(4):493-498.
8. Tartibian B, Maleki BH, Abbasi A. The effects of ingestion of omega-3 fatty acids on perceived pain and external symptoms of delayed onset muscle soreness in untrained men. *Clinical Journal of Sport Medicine*. 2009;19(2):115-119.
9. Cleak M, Eston R. Delayed onset muscle soreness: mechanisms and management. *Journal of Sports Sciences*. 1992;10(4):325-341.
10. Connolly DA, Sayers SE, McHugh MP. Treatment and prevention of delayed onset



- muscle soreness. *The Journal of Strength & Conditioning Research*. 2003;17(1):197-208.
11. Saxton JM, Clarkson PM, James R, Miles M, Westerfer M, Clark S, et al. Neuromuscular dysfunction following eccentric exercise. *Medicine and Science in Sports and Exercise*. 1995;27(8):1185-1193.
  12. Boger RH, Boger SM. The Clinical Pharmacology of L- Arginine. *Annual Review of Pharmacology and Toxicology*. 2001;41(1):79-99.
  13. McConnell GK, Effects Of L-Arginine Supplementation On Exercise Metabolism. *Curr Opin Clin Nutr Metab Care*. 2007; 10(1):46-51.
  14. Huk I, Nanobashvili J, Neumayer C, Punz A, Mueller M, Afkhampour K, et al. L-Arginine Treatment Alters the Kinetics of Nitric Oxide and Superoxide Release and Reduces Ischemia/Reperfusion Injury in Skeletal Muscle. *Circulation*. 1997;96:667-675.
  15. Meldrum DG, Stephenson LL, Zamboni W. Effects of l-NAME and l-Arginine on Ischemia-Reperfusion Injury in Rat Skeletal Muscle. *Plast Reconstr Surg*. 1999;103(3):935-940.
  16. Alvares TS, Meirelles CM, Bhambhani YN, Paschoalin VM, Gomes PS. L-Arginine as a potential ergogenic aid in healthy subjects. *Sports Medicine*. 2011;41(3):233-248.
  17. Rector TS, Bank AJ, Mullen KA, Tschumperlin LK, Sih R, Pillai K, et al. Randomized, double-blind, placebo-controlled study of supplemental oral L-arginine in patients with heart failure. *Circulation*. 1996;93(12):2135-2141.
  18. Yavuz HU, Turnagol H, Demirel A. Pre-exercise arginine supplementation increases time to exhaustion in elite male wrestlers. *Biology of Sport*. 2014;31(3):187-191.
  19. Bangsbo J, Madsen K, Kiens B, Richter E. Effect of muscle acidity on muscle metabolism and fatigue during intense exercise in man. *The Journal of Physiology*. 1996;495(2):587-596.
  20. Favero TG, Zable AC, Colter D, Abramson JJ. Lactate inhibits Ca<sup>2+</sup>-activated Ca<sup>2+</sup>-channel activity from skeletal muscle sarcoplasmic reticulum. *Journal of Applied Physiology*. 1997;82(2):447-452.
  21. Spodaryk K, Szmatlan U, Berger L. The relationship of plasma ammonia and lactate concentrations to perceived exertion in trained and untrained women. *European Journal of Applied Physiology and Occupational Physiology*. 1990;61(3):309-312.
  22. Gomes EC, Silva AN, Oliveira MRd. Oxidants, antioxidants, and the beneficial roles of exercise-induced production of reactive species. *Oxidative Medicine and Cellular Longevity*. 2012;2012:1-12.
  23. Suvorava T, Kojda G. Reactive oxygen species as cardiovascular mediators: lessons from endothelial-specific protein overexpression mouse models. *Biochimica et Biophysica Acta (BBA)-Bioenergetics*. 2009;1787(7):802-810.
  24. Radak Z, Zhao Z, Koltai E, Ohno H, Atalay M. Oxygen consumption and usage during physical exercise: the balance between oxidative stress and ROS-dependent adaptive signaling. *Antioxidants & Redox Signaling*. 2013;18(10):1208-1246.
  25. Xu J, Li Y. Effects of salidroside on exhaustive exercise-induced oxidative stress in rats. *Molecular Medicine Reports*. 2012;6(5):1195-1198.
  26. Donovan EL, McCord JM, Reuland DJ, Miller BF, Hamilton KL. Phytochemical activation of Nrf2 protects human coronary artery endothelial cells against an oxidative challenge. *Oxidative Medicine and Cellular Longevity*. 2012;2012:1-9.
  27. Fazelian S, Saedi A, Mirfatahi M, Hoseini M, Sadrzadeh H, Heshmati J, et al. Effect of L-Arginine supplementation on antioxidant enzyme activity, total antioxidant capacity and body composition in patients with pre-diabetes. *Arak Medical University Journal*. 2013;16(78):25-35.
  28. Shan L, Wang B, Gao G, Cao W, Zhang Y. L-Arginine supplementation improves antioxidant defenses through L-arginine/nitric oxide pathways in exercised rats. *Journal of Applied Physiology*. 2013;115(8):1146-1155.
  29. Shimomura Y, Inaguma A, Watanabe S, Yamamoto Y, Muramatsu Y, Bajotto G, et al. Branched-chain amino acid supplementation before squat exercise and delayed-onset muscle soreness. *International Journal of Sport Nutrition and Exercise Metabolism*. 2010;20(3):236-244.
  30. Varga IS, Matkovics B. Comparative study of plasma antioxidant status in normal and



- pathological cases. *Pathophysiology*. 1998;5(1001):77.
31. Gallagher EJ, Bijur PE, Latimer C, Silver W. Reliability and validity of a visual analog scale for acute abdominal pain in the ED. *The American Journal of Emergency Medicine*. 2002;20(4):287-290.
  32. Walker HA, McGing E, Fisher I, Böger RH, Bode- Böger SM, Jackson G, et al. Endothelium dependent vasodilation is indeoendent of the plasma L-arginine/ADMA ratio in men with stable angina: lack of effect of oral L-arginine of emdothelial function, oxidative stress and exercise performance. *Journal of the American College of Cardiolofy*. 2001;38(2):499-505.
  33. Bailey SJ, Winyard PG, Vanhatalo A, Blackwell JR, DiMenna FJ, Wilkerson DP, et al. Acute l-arginine supplementation reduces the O<sub>2</sub> cost of moderate-intensity exercise and enhances high-intensity exercise tolerance. *Journal of Applied Physiology*. 2010;109(5):1394-1403.
  34. Leeuwenburgh C, Heinecke J. Oxidative stress and antioxidants in exercise. *Current Medicinal Chemistry*. 2001;8(7):829-838.
  35. Armstrong R, Warren G, Warren J. Mechanisms of exercise-induced muscle fibre injury. *Sports Medicine*. 1991;12(3):184-207.
  36. Bohlooli S, Barmaki S, Khoshkharesh F, Nakhostin-Roohi B. The effect of spinach supplementation on exercise-induced oxidative stress. *The Journal of Sports Medicine and Physical Fitness*. 2015;55(6):609-614.
  37. Nakhostin-Roohi B, Khoshkharesh F, Parandak K, Ramazan-zadeh R. Influence of L-carnitine supplementation on exercise-induced muscle damage. *International Journal of Sport and Health Sciences*. 2015;2(10).
  38. Nakhostin-Roohi B, Babaei P, Rahmani-Nia F, Bohlooli S. Effect of vitamin C supplementation on lipid peroxidation, muscle damage and inflammation after 30-min exercise at 75% VO<sub>2</sub>max. *Journal of Sports Medicine and Physical Fitness*. 2008;48(2):217-224.

## تأثیر مصرف مکمل ال - آرژنین بر شاخص‌های کوفتگی عضلانی تأخیری (DOMS) بعد از فعالیت شدید برونگرا

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مجله پزشکی هرمزگان سال بیست و یکم شماره سوم ۹۶ صفحات ۱۷۷-۱۶۹

### چکیده

**مقدمه:** مکمل یاری ال - آرژنین باعث بهبود دفاع آنتی اکسیدانی از طریق مسیرهای آرژنین - نیتریک اکساید می‌شود. این تحقیق، تأثیر مصرف مکمل آرژنین را بر روی شاخص‌های منتخب کوفتگی عضلانی تأخیری (DOMS) پس از یک وهله تمرین سنگین برونگرا در دختران جوان سالم را مورد بررسی قرار می‌دهد.

**روش کار:** نوزده دختر جوان سالم که از دانشجویان دانشگاه محقق اردبیلی بودند، به صورت داوطلبانه در یک آزمون دوسویه کور با روش همگن برای تخمین تأثیر مصرف ۳ گرم آرژنین در مقایسه با مصرف دارونما (۳ گرم گلوکز) بعد از تمرین سنگین برونگرا، شرکت کردند. ال - آرژنین و دارونما بلافاصله بعد از تمرین (۷ ست حرکت اسکات با ۲۰ تکرار) مصرف شد. مرحله دوم، بعد از ۱۰ روز فاصله اجرا شد. اندازه‌گیری‌ها قبل از تمرین و مکمل یاری، ۲۴ ساعت و ۴۸ ساعت بعد از آن صورت گرفت؛ اندازه‌های *LDH*، *CK*، *TAC*، مقیاس بصری آنالوگ (*VAS*)، دامنه حرکتی مفصل زانو (*ROM*) و ادم عضله ران مورد بررسی قرار گرفت. برای تحلیل آماری داده‌های حاصل از اندازه‌گیری از نرم‌افزار *SPSS 20* استفاده شده و برای تعیین تفاوت‌های درون گروهی و برون گروهی از آزمون آنالیز واریانس با اندازه‌گیری‌های مکرر با آزمون تعقیبی بونفرونی استفاده شد.

**نتایج:** مقادیر *TAC* ۴۸ ساعت بعد از تمرین در مقایسه با مقادیر پیش آزمون افزایش معناداری در گروه آرژنین داشته است ( $P < 0.05$ ). همچنین *CK* و *LDH* در گروه دارونما، ۲۴ و ۴۸ ساعت بعد از تمرین نسبت به پیش آزمون به صورت معنی‌داری افزایش یافت ( $P < 0.05$ ). میزان ادم و *VAS*، ۲۴ و ۴۸ ساعت بعد از تمرین در هر دو گروه افزایش پیدا کرد ( $P < 0.05$ ). علاوه بر این، *ROM* در هر دو گروه، ۲۴ و ۴۸ ساعت بعد از تمرین کاهش یافت ( $P < 0.05$ ). در سری‌های زمانی اختلاف معنی‌داری بین گروه‌ها وجود نداشت ( $P \geq 0.05$ ).

**نتیجه‌گیری:** یافته‌های این مطالعه نشان می‌دهد مصرف ۳ گرم ال - آرژنین بعد از تمرینات سنگین برونگرا ممکن است از طریق ارتقاء ظرفیت آنتی اکسیدانی، سنتز پروتئین یا کاهش تجمع لاکتات باعث کاهش آسیب عضلانی شود.

**کلیدواژه‌ها:** کراتین کیناز، لاکتات دهیدروژناز، مقیاس بصری آنالوگ

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