



USAGE OF HIGH-PROTEIN DIET FOR PHYSICAL FITNESS AND SPORTS ACTIVITIES

Dr. Anjana Lohan*

*Associate Professor,
Head, Deptt. of Physical Education, S.D. Mahila Mahavidyalaya,
Narwana, Jind, Haryana, INDIA

ABSTRACT

Meat, dairy, and eggs are often included in high-protein diets. A high-protein diet is one in which protein makes up at least 20% of total daily calories. Most high-protein diets include a lot of saturated fat and limit carbs severely. Lean beef, chicken or poultry, pork, salmon and tuna, eggs, and soy are just a few examples of high-protein meals. High-protein diets have been decried as fads that promote erroneous ideas about carbs, insulin resistance, and ketosis, among other things. There are over 50,000 dietary supplement products on the market in the United States, where approximately half of the adult population uses dietary supplements, generating an industry valued at \$140.3 billion by 2020. Most people take multivitamins because they include a variety of vitamins and minerals in them. Those who are nutrient deficient due to their diet and have been given the go-ahead by their medical provider, according to the US National Institutes of Health, "may find benefit" in taking supplements.

KEYWORDS: *Protein, Protein in Sports, Usage of Protein for Physical Fitness*

INTRODUCTION

Some of the sources cited in this article are no longer available, therefore it will need to be updated to meet Wikipedia's quality standards. We'll need to consult some modern sources for this. You have the power to make a difference. Suggestions may be found on the discussion page. (March of the next year, 2021)

Food scientists characterise the diet as being unwholesome and imbalanced. "Long-term effects of high-protein diets are neither consistent nor conclusive," according to a study published in 2011. High-protein diets derived from animals should be treated with care, according to a study published in 2014. Ketosis, which may lead to high uric acid levels and gout and kidney stones, can be exacerbated by a high-protein diet because of the rise in ketones in the blood. If you consume more than 200 grammes of protein per day without getting enough calories from other sources (such as fat or carbs), you may suffer from a condition known as protein poisoning, which is characterised by metabolic disruption and

mortality. A daily intake of more than 285 g of protein (for an 80 kg individual) may be harmful even if other sources of calories are consumed as well.

High-protein diets have been linked to kidney damage, including chronic renal disease, over the long term, according to a study published last year. A year later, this was contested in a separate review. Increased risk of coronary heart disease, cancer, and osteoporosis are associated with high-protein diets. Chronic adherence to the diet may lead to vitamin B deficiency and side symptoms such as poor breath, constipation, tiredness, and nausea. There was no substantial improvement in blood pressure or glucose management in individuals with diabetes, according to a study published in 2020.

Physical Preparation For Sports

When trying to build muscle and strength, it's important to consume a lot of protein. However, going above the recommended daily intake by 2 grammes per kilogramme of body weight has minimal effect. Diets rich in protein, such as Protein Power and the Atkins diet, were strongly discouraged by the American Heart Association's Nutrition Committee in 2001. There were concerns raised by the committee about the long-term effects of high-protein diets on health and well-being. The Atkins, Dukan, Montignac, and Protein Power diets have all been called fads because of their high protein content.

Diets like the Scarsdale, Stillman, and Sugar Busters! are also popular. Another popular diet is the Zone diet.

Supplement to a healthy diet

To return to the search results, type "food supplement" in the box above. See Food additive for food additives that change the taste, colour, or shelf life of food.

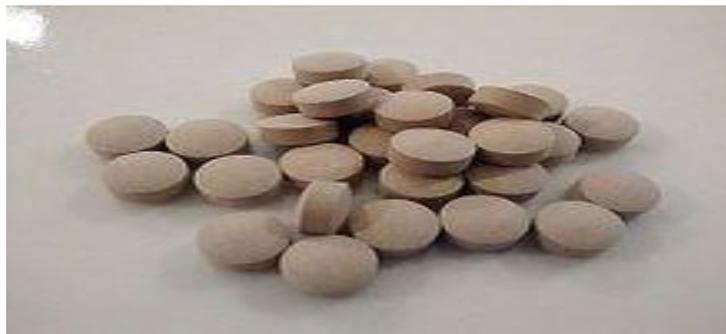


Figure 1 : Pill



Figure 2 : Capsules



Figure 3 : Tablets and Fish Oil

Asian Research consortium
www.aijsh.com



Figure 4 : Supplementary Diet

Production of cod liver oil, one of the first dietary supplement products manufactured in the 18th century. There are many different types of dietary supplements, but they all serve the same purpose: to complement one's diet. To enhance the amount of nutrients consumed, a supplement may offer nutrients taken from food or synthetically synthesised. Vitamins, minerals, fibre, fatty acids, and amino acids are all examples of nutritional molecules. Plant pigments and polyphenols, for example, are advertised as having a positive biological impact in dietary supplements, despite the fact that they have not been shown to be necessary to life. Collagen from chickens or fish, for example, may be a source of dietary supplement components sourced from animals. These may be purchased alone or in bundles, and they can be used in conjunction with nutritional components. Regulations set by the European Commission assist ensure the safety of food supplements and their proper labelling.

Manufacturers of dietary supplements cannot make the claim that their products cure or prevent illness in the United States due to government restrictions. The term "Structure/Function" may be used by companies if scientific data supports the claim that a supplement has a health benefit. When a supplement claims to "help maintain healthy joints," the label must state that the FDA "has not reviewed the claim." This is because only drugs may lawfully make such a claim. Another example would be "helps maintain healthy joints." Dietary supplements and supplement components that are hazardous or that do not follow established good manufacturing procedures are prohibited from being sold by the FDA (GMPs).

The Dietary Supplement Health and Education Act of 1994 in the United States describes the following: "A vitamin, mineral, herb or botanical, an amino acid, or a dietary substance for use by man to supplement the diet by increasing total dietary intake are all examples of "dietary supplements" under the Dietary Supplement Health and Education Act of 1994 (DSHEA), which defines the term as a product (other than tobacco) intended to supplement the diet and bearing or containing one or more of these dietary ingredients: Supplements must be labelled as such and be meant for ingestion, not for use as traditional food or as the only component of a meal or of the diet. They must also be labelled as such and be intended for consumption. Supplements cannot be approved or authorised as a novel medicine, an antibiotic, or a biologic before they have been approved or allowed for marketing as food or supplements. Except for the drug classification, nutritional supplements are considered food under the DSHEA."

Dietary supplements are defined by the DSHEA as being taken orally and not being ordinary meals (including meal replacements), medical foods, preservatives, or pharmaceuticals. Nose sprays and lotions applied to the skin do not qualify as over-the-counter drugs. Dietary supplements cannot include FDA-approved medicines as ingredients. Nutrients such as vitamins and nutritionally important minerals may be found in supplements as well as other nutrients derived from plants and animals, fungus and bacteria. Probiotics include live

bacteria. Supplements can also contain amino acids and essential fatty acids that aren't nutrients. In certain cases, the active components in dietary supplements are synthetic replicas of naturally occurring compounds (example: melatonin). Supplement labels are needed on all goods containing these substances. No government approval is needed to make or sell dietary supplements, unlike foods and drugs. Manufacturers confirm the safety of dietary supplements, but the government does not; and rather than risk–benefit analysis to prove that the product can be sold like a drug, such assessment can only be used by the FDA to decide that a supplement is unsafe and should be removed from the market.

Key Taxonomy and Types

Vitamins

Vitamins are organic compounds that, in little quantities, are needed by an organism as an essential nutrient. When an organism cannot manufacture enough of an organic chemical molecule (or related group of compounds), it is referred to be a vitamin and must be acquired from the diet. In other words, it's a situational phrase that depends on both the circumstances and the specific creature. Vitamin C, for example, is a vitamin for anthropoid primates, humans, guinea pigs, and bats, but not for other mammals. People who receive enough UV light exposure from the sun or a synthetic source, such as artificial light bulbs, manufacture vitamin D in their skin, therefore it is not a necessary nutrient for them. Thirteen vitamins are required by humans in their diet, with the majority being "vitamers," groupings of linked molecules (e.g. vitamin E includes tocopherols and tocotrienols, vitamin K includes vitamin K1 and K2). For example, there are a number of vitamins that are essential for good health. These include vitamins A and C, as well as vitamins D and E, as well as the B vitamins Thiamine and Riboflavin. Pantothenic acid is also a B vitamin. Vitamin consumption below the required levels may lead to vitamin insufficiency signs and symptoms. Health-conscious individuals with sufficient diets who take vitamins as dietary supplements get minimal benefit.

Some vitamins have Tolerable Upper Intake Levels (ULs) established by the US Institute of Medicine. Dietary supplement manufacturers may still offer items that have a greater potency per serving than the ULs. The UL for vitamin D is 100 g (4,000 IU), however products with 10,000 IU are available over-the-counter without a doctor's prescription.

Minerals

Minerals are the life-sustaining chemical components that come from outside the body. There are four minerals that are necessary for life: carbon, hydrogen, oxygen and nitrogen. However, since these elements are so common in food and drink, they are not considered nutrients and do not have recommended daily intakes as minerals. Protein, which is made up of nitrogen-containing amino acids, has nitrogen-responsibility needs. Sulfur is necessary for humans, although no specific daily requirement has been established. Instead, the sulfur-containing amino acids methionine and cysteine have suggested intakes assigned to them. Taurine and methylsulfonylmethane are examples of dietary supplements that include sulphur.

The necessary minerals for human health, given in weight order, are potassium, chlorine, sodium, calcium, phosphorus, magnesium, iron, zinc, manganese, copper, iodine, chromium, molybdenum, selenium, and cobalt (the last as a component of vitamin B12). Other minerals, such as boron and silicon, are required by certain plants and animals but are not required by humans. Individually and in combination with vitamins and other minerals, essential and allegedly necessary minerals are sold as dietary supplements.

FDA has reviewed the science and concluded that there is significant scientific agreement for some foods and dietary supplements and published specifically worded allowed health claims, even though dietary supplement labelling and marketing cannot make claims about

disease prevention or treatment as a general rule. It was modified on January 1, 2010, to cover calcium supplements with or without vitamin D, after an earlier decision permitting a health claim for osteoporosis and calcium dietary supplements. Below are some examples of acceptable sentence structure. A dietary supplement may make a calcium health claim if it contains at least 20% of the Reference Dietary Intake, which is 260 mg of calcium per serving.

"Osteoporosis risk may be reduced by consuming enough calcium in a well-balanced diet throughout one's life." There is some evidence to suggest that getting enough calcium via a nutritious diet and regular physical exercise may help prevent osteoporosis in later life. Adequate calcium and vitamin D in a well-balanced diet may help prevent osteoporosis. Physical exercise and a healthy diet that includes enough calcium and vitamin D may help prevent osteoporosis later in life."

EFSA also authorised a health claim for calcium and vitamin D dietary supplements in the same year, along with a decrease in osteoporotic fractures through slowing bone loss. Calcium picolinate, selenium picolinate, and chromium picolinate all have authorised Qualified Health Claims (QHCs) by the US Food and Drug Administration. Although QHCs are backed by scientific data, they fall short of the more stringent "significant scientific agreement" criterion needed for an approved health claim. The FDA specifies the precise language of the QHC to be used on labels and in marketing materials if dietary supplement firms want to make such a claim. The language used here is obnoxious: "According to one research, women who get enough selenium may have a lower risk of bladder cancer. However, a more limited investigation found no decrease in risk. Selenium supplements may not decrease women's risk of bladder cancer, according to the FDA, which cites these research."

Amino acids and proteins

Many protein-containing products are marketed as recovery aids for the sick or injured, as a preventative measure against the sarcopenia of old age, as an aid for athletes who believe that strenuous physical activity raises protein requirements for them, as a weight loss aid that minimises muscle loss, and as a tool for people who want to gain muscle mass to improve their athletic performance. Casein, soy, pea, hemp, and rice protein are other common ingredients in supplements. While the data is mixed, there is some support for using whey protein supplements in conjunction with an athlete's training and recuperation, especially for endurance, average power, mass, and decreased perceived exertion.

The RDA for protein for adults is based on 0.8 grammes of protein per kilogramme of body weight, according to US and Canadian Dietary Reference Intake standards. For those who are more sedentary or just moderately active, this suggestion is appropriate. If a high-protein diet and regular exercise result in increased muscle growth and strength, scientific evaluations may conclude that this is the case. Both strength and endurance athletes should consume approximately 1.2-1.8 grammes of protein per kilogramme of body mass each day, according to the International Olympic Committee (IOC). According to one study, the recommended daily protein consumption should be between 2.0 and 2.5 grammes per kilogramme of body weight, or around 25% of daily energy needs.

CONCLUSION

It is possible to use the same protein components found in dietary supplements in meal replacements and medical food items, but they are subject to different regulations and labelling requirements than dietary supplements. "Meal replacement" items are classified as foods in the United States and are labelled as such. Protein, carbs, fats, vitamins, and minerals are all common ingredients in these foods, and oils. Depending on the product, there may be claims about its nutritional value like "excellent source of protein," "low fat" or "lactose free." To be used in conjunction with a medical professional's supervision, medical meals are

also nutritionally complete. There are normal and high-protein variants of medical food liquids like Ensure. Amino acid chains form the protein building blocks. Because the human body cannot synthesise nine of these proteinogenic amino acids from other substances, they must be consumed via diet. There have been defined daily milligramme intakes, which are represented as a percentage of body weight in kilogrammes. Conditional on age or medical condition, other amino acids may be required. Individual amino acids and mixtures of amino acids are available for purchase as dietary supplements. Branch chain amino acids such as leucine, valine, and isoleucine are said to stimulate muscle protein synthesis. Based on the research, this assertion was shown to be unfounded. Adding leucine to the diets of older individuals increased lean body mass by a negligible amount (0.99 kg). When ingested in adequate quantities, the non-essential amino acid arginine is believed to serve as a donor for the production of the vasodilator nitric oxide. Blood pressure was shown to be lowered when a study was conducted. Technically, taurine, a common component in sports performance nutritional supplements, is not an amino acid. The amino acid cysteine is used to make it in the body.

REFERENCES

1. Longe, Jacqueline L. (2008). High-protein diet. In *The Gale Encyclopedia of Diets: A Guide to Health and Nutrition*. Gale. pp. 524-526. ISBN 978-1-4144-2991-5
2. "High-Protein Diets: Do They Work?". WebMD. 8 October 2018. 18 November 2018.
3. St Jeor ST, Howard BV, Prewitt TE, Bovee V, Bazzarre T, Eckel RH (October 2001). "Dietary protein and weight reduction: a statement for healthcare professionals from the Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism of the American Heart Association". *Circulation*. **104** (15): 1869–74. doi:10.1161/hc4001.096152. PMID 11591629.
4. Longe, Jacqueline L. (2008). *The Gale Encyclopedia of Diets: A Guide to Health and Nutrition*. Gale. p. 526. ISBN 978-1-4144-2991-5 "Nutritionists find high protein diets, especially high protein, high fat, severely carbohydrate restricted diets, to be unhealthy, unbalanced and generally unnecessary because of the well-documented risks."
5. Lepe M, Bacardi Gascon M, Jimenez Cruz. (2011). A: Long-term efficacy of high-protein diets: a systematic review. *Nutr Hosp* 26: 1256-1259.
6. Schwingshackl, L., & Hoffmann, G. (2014). Comparison of high vs normal/low protein diets on renal function in subjects without chronic kidney disease: a systematic review and meta-analysis. *PLoS One* 9(5): e97656.
7. Avoid 'Fad' Diets. FDA Consumer. Volume 36, Issue 1. p. 24. 2002.
8. Starr, Cecie; Taggart, Ralph; Evers, Christine; Starr, Lisa. (2011). *Biology: The Unity and Diversity of Life*. Cengage Learning. p. 732. ISBN 978-0-495-55792-0 "High-protein diets force the kidneys to work overtime to dispose of nitrogen-rich breakdown products. Such diets also increase the risk for kidney stones. These hardened deposits form when uric acid, calcium, and other wastes settle out of urine and collect in the renal pelvis."
9. Bilborough, Shane; Mann, Niel (April 2006). "A review of issues of dietary protein intake in humans". *International Journal of Sport Nutrition and Exercise Metabolism*. **16** (2): 129–52. doi:10.1123/ijsnem.16.2.129. PMID 16779921.
10. Kalantar-Zadeh K, Fouque D (2 November 2017). "Nutritional management of chronic kidney disease". *N. Engl. J. Med.* **377** (18): 1765–1776. doi:10.1056/NEJMra1700312. PMID 29091561. S2CID 27499763.
11. Michaela C Devries et al. (2018). Changes in Kidney Function Do Not Differ between Healthy Adults Consuming Higher- Compared with Lower- or Normal-Protein Diets: A

Systematic Review and Meta-Analysis, The Journal of Nutrition. DOI: 10.1093/jn/nxy197

12. Margolis, Simeon. (2005). High-Protein Diets. In The Johns Hopkins Medical Guide to Health After 50. Black Dog & Leventhal. p. 41. ISBN 978-1579124694
13. Hoeger, Wener; Hoeger, Sharon. (2007). Fitness and Wellness. Thomson Learning, Inc. p. 130. ISBN 0-495-01256-4
14. Bodinski, Lois H. (1987). The Nurse's Guide to Diet Therapy. Wiley. p. 77. ISBN 978-0471011965