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Muscle Damage from Protein Intake and Exercise: Bibliometric and Visual Analysis

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Introduction

It is now undeniable that exercise plays a role in promoting well-being, supporting healthy aging, preventing and managing numerous chronic non-communicable diseases, stress conditions, and more. However, incorporating exercise into daily life is a difficult lifestyle change. Moving from "what" to "how" may be a crucial step toward understanding exercise medicine. It is just as important for doctors to be able to change a patient's behaviour as it is for them to be able to prescribe exercise. Even though this idea may appear to be obvious, it is far from being implemented in current practice. In order to implement successful programs for lifestyle change, it would be beneficial to include lifestyle medicine (considering all required competencies) in undergraduate medical curricula or in the curricula of other health professionals. The practical model that this paper proposes could serve as a model for introducing exercise medicine into everyday medical practice. In addition, it is necessary to emphasize the significance of the physician serving as a role model for the patient by regularly exercising [1-6].

Description

Similar to the lung, salivary gland cells showed evidence of TRPV4 and AQP5 channel cooperation. The apical area of the acinar cells in the mouse submandibular gland is where both channels are located. The analysis of salivary gland cells from AQP5-/- and AQP5+/+ mice showed that the HTS-stimulated Ca^{2+} entry (for which the TRPV4 channel is presumably involved) was dramatically reduced in cells separated from AQP5-/- animals when they were put in HTS (hypotonic external solution). N and C terminus-truncated AQP5 channels were created in order to more thoroughly examine the connection between AQP5 and TRPV4.

Conclusion

Patients who have recovered from moderate to severe ARDS-related COVID-19 damage have irreversible functional deficits. In the post-discharge pulmonary rehabilitation, exercise is essential. Despite being secure and the standard form of training, CONC exercises provide exercise-limiting cardiovascular stress, dyspnea, and fatigue. Therefore, lowered tolerance and training compliance can significantly reduce prospective advantages. ECC, on the other hand, is a cutting-edge form of training that is often employed by athletes but much less frequently in therapeutic settings. Recent studies show that COPD patients who exercise with ECC as opposed to CONC experience significantly greater gains in functional capacity and muscle mass as well as fewer complaints of fatigue and dyspnea. However, there are few outpatient data following COVID-19.

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Conflict of Interest

None.

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