### **Bulletin of Environment, Pharmacology and Life Sciences**

Bull. Env. Pharmacol. Life Sci., Vol 3 (5) April 2014: 85-90 © 2014 Academy for Environment and Life Sciences, India

Online ISSN 2277-1808

Journal's URL:http://www.bepls.com

CODEN: BEPLAD

Global Impact Factor 0.533 Universal Impact Factor 0.9804



# **ORIGINAL ARTICLE**

# Hormones and their effects on Athletes' body and Tenability with Neural Network

# Arash Rezapour<sup>1\*</sup>, Pegah Rezapour<sup>2</sup>

<sup>1</sup>Islamic Azad University, Khorram abad Branch, Iran <sup>2</sup>Islamic Azad University, Khorram abad Branch, Iran Email: arash.rezapour@gmail.com

#### **ABSTRACT**

In most of cases, athletes, especially those who exercise heavy sports, to achieving best result, become their own private physician and use a series of steroid drugs without knowing about their irrecoverable adverse effects, their information regarding these drugs come from their own experiences or other's telling. Unfortunately in some cases, pupils and high school students use these medicines too, without doing sports and exercises. Investigations show that among those who using steroid medicines, 11/7% didn't have know anything about them and most of them using these medicines because of other's advises, and 16% had no information about medicine's side effects and 72/3% of them think that available information and data about side effects of these drugs are wrong, so they used above medicines.

By using of Neural Network, we designed a net and presented a diagram which is related to error. The results from regulations with Neural Network has an error less than 1%. In fact, Neural Network has used regress engineering method and amount of consuming necessary doze in each day can be obtained by increasing in certain weight for special athlete as an input.

Keywords: Hormones, Neural Network

Received 12/02/2014 Accepted 20/03/2014

©2014 AELS, INDIA

# INTRODUCTION

In modern societies, physical strength and muscularity, is one of the ideal qualities for males. In fact achieving the goal either can be high risk temporarily or can be practical with proper diet, good exercises and under physician supervision permanently [1-6]. One of the reasons for prevailing use of hormone drugs among athletes is lacking drugs testing, since this test is costly[7-17]. As we can see, in most of competitions in every country .medicines test are not performed. Since this test is costly. It is performed only in Olympics [2,3,4,18-21]. So athletes don't fear of disclosing their using medicines, at least in their own country and for this, many sportsmen in semi professional level whose want to be popular, use hormone drugs which make them unhealthy[22-28].

Often individuals, whom by using steroids became successful, deny using them and only saying it to their much closed friend, although they never say that they are suffering from drugs side effects, so their friends have misunderstanding about drugs and their effects [29-35].

According to researches and investigations which performed on this aspects, in most of literature, importance and warring about the harmful effects of steroid drugs explained, so every one who wants to using these drugs because of other's body development resulted of using these drugs, at first neglects their side effects and use it [36-46]]. so in this study, first those aspects which seems positive examined and then their irrecoverable harmful and most important temporary and receivable positive effects are described. Finally, athletes must decide about using or not using these drugs [1].

The main structure of all steroids is composed of 2 components namely Testosterone and Nandrolone which today, by using them and their Derivatives, there are a lot of hormone drugs in wide world and this extend the scope of misusing them[47-52]].

Commercially, Hormones are 2 types: injecting ampoules and oral tablets. The most popular tablets of hormone are Oxy metholone ,Methandienone,Dianabol,... and the most common injecting hormones

are:Testosterone,Nandrolone,Sostanol,Mestabol,Deca,Winstrol,Sostanol, Decasostanol,Omadrine deca nandrolone, Dexaoxy, Stanolozol,Durabolin,Anadur.

Each of these drugs has especial applications, for example: increasing mass index, increasing body strength, Endurance, increasing muscular strength, reducing lipid tissue around muscles and losing weigh.

### **METHODOLOGY**

In following table1, you can see the results of investigations about the main reasons of using drugs among users.

Table 1. Reason of use

Reasons of use	men	women
Enhancing muscular strength	77%	0%
Enhancing sexual qualities	13.5%	0%
Enhancing performance	17%	32%
Losing weight	38.3%	23.1%
Enhancing muscular mass	49.8%	9%
Increasing mental strength	31%	33%
Rising weight	97%	15.4%

Now, because the numbers of drug users who use it for increasing their body strength – is high, we examine the effects of one of the most popular drugs namely Dianabol which is used by athletes very much to increasing muscular strength.

For showing Dianabol effects on athletes, we investigate increasing numbers of sinkers in exercises of people who work power lifting and bodybuilding professionally. In following table 2 you can see results of our researches.

Table2. result of Neural Network

days of a complete period Usage of Dianabol	dose of usage in each day(mg)	increasing sinkers compared to first day(kg)	days of a complete period Usage of Dianabol	dose of usage in each day(mg)	increasing sinkers compared to first day(kg)	days of a complete period Usage of Dianabol	dose of usage in each day(mg)	increasing sinkers compared to first day(kg)
1	2.5	0	42	26.25	25	83	48.75	53
2	2.5	1	43	26.25	26	84	48.75	54
3	3.75	1.5	44	27.5	27	85	50	54
4	3.75	2	45	27.5	27.5	86	50	55
5	5	2.5	46	28.75	27.5	87	50	55.5
6	5	3	47	28.75	28	88	50	56
7	6.25	3	48	30	29	89	50	57
8	6.25	4	49	30	29.5	90	51.25	57
9	7.5	4.5	50	30	31	91	51.25	58
10	7.5	5	51	31.25	31	92	52.5	59
11	8.75	5	52	31.25	33	93	52.5	60
12	8.75	6	53	32.5	33.5	94	53.75	61
13	10	7	54	32.5	34	95	53.75	62
14	10	7.5	55	33.75	35	96	53.75	64
15	11.25	8	56	33.75	36	97	55	65
16	11.25	8.5	57	35	36	98	55	66
17	12.5	8.5	58	35	37	99	55	67
18	12.5	9	59	36.25	38	100	56.25	67

19	13.75	10	60	36.25	38.5	101	56.25	68
20	13.75	10.5	61	37.5	39	102	57.5	69
21	15	11	62	37.5	39.5	103	57.5	70
22	15	12	63	38.75	40	104	58.75	71
23	15	12.5	64	38.75	40	105	58.75	72
24	16.25	13	65	40	41	106	60	73
25	16.25	14	66	40	42	107	60	76
26	17.5	14	67	40	44	108	60	79
27	17.5	14.5	68	41.25	44	109	60	83
28	18.75	15	69	41.25	45			
29	18.75	15.5	70	42.5	46			
30	20	16	71	42.5	47			
31	20	17	72	43.75	47.5			
32	20	18	73	43.75	48			
33	21.25	18	74	45	48.5			
34	21.25	19	75	45	49			
35	22.5	20	76	45	49.5			
36	22.5	21	77	46.25	49.5			
37	23.75	22	78	46.25	50			
38	23.75	22.5	79	47.5	51			
39	25	23	80	47.5	51.5			
40	25	23.5	81	47.5	52			
41	25	24	82	48.75	52			

#### **RESULTS**

According to present data and by using of Neural Network, we designed a net and presented a diagram which is related to error. Figure 1 shows the error diagram. The results from regulations with Neural Network has an error less than 1%. In fact, Neural Network has used regress engineering method and amount of consuming necessary doze in each day can be obtained by increasing in certain weight for special athlete as an input [1].

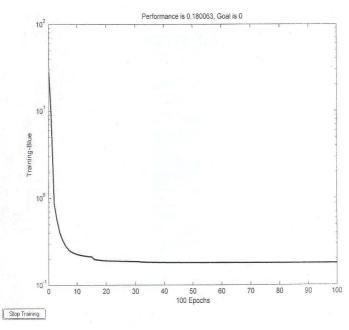


Fig.1. error diagram

# **DISCUSSION**

Before examining side effects of hormones, it is necessary to recall that each of them has special effects.now we summarized some of the most prevailing and common effects of them.

a) Harmful effects on muscles and body skelet

BEPLS Vol 3 [5] April 2014 87 | P a g e ©2014 AELS, INDIA

If these drugs used by children who are in development age, they make premature suspension of bony development. As the statistics of table show, Probability of damaging of tendon in athletes- who by using these drugs try to uprising most sinkers-is very high, and this tearing of tendon is just for additional pressure on muscle and this is same case which we have faced it many times and in some cases tearing of tendon causes some one cannot upraise even one 5 kg sinker forever.

# b) Harmful effects on cardiovascular system

If these drugs used for a long period of time, they cause coagulation and closing vessels .increasing level of LDL makes arteriosclerosis and decreasing of Triglyceride level and reducing high concentration of lipoprotein.

### c)Harmful effect on behavior

Steroids users, suffering from anxiety and discomfort .there are many reports about their aggressive behavior against their stimulations. The most popular side effects of these drugs are: Depression, psychic problems and antisocial behavior resulted of increasing libido.

### d)Harmful effects on sexual organs

FSH and LH are necessary in our body ,If some one used steroid drugs, these drugs make dependency on doses in structure LH hormone and stimulate internal glands about FSH hormone and using high dose in one period ,cause infertility .in some cases these drugs increasing risk of prostate cancer and make smallness of testicular in men.

# e)Other prevailing effects

Hormone drugs misuse in women leading to modeling men's baldness ,hirsutism ,smallness of breast and menstruation ,acne ,dermatological, fatness of skin and hair ,cancer ,cahexia ,anemia ,increasing retardation and cardiovascular and behavioral problems as explained before. And in men cause premature Moult ,acne fatness of skin and hair,dermatological increasing lipid tissue ,cachexia,anemia ,increasing retardation and escalating muscular , cardiovascular , sexual and behavioral problems as we said before These drugs influence directly on liver and destroy enzymes AST,ALT,LOH,CK which cause hepatitis and cholesterol and liver cancer and they influence on kidney and cause increasing serum urea ,serum uric acid and Hyperphosphataemia.

As we said, knowledge of people who use these drugs comes from their own experiences and other's telling, so n2eglecting these drugs can be their enemy. Solving this problem needs complete efforts including making culture in our society and verifying that positive effects of these drugs are temporary and unstable, while their negative effects are stable and permanently and with good diet and continuous exercises we can achieve best results compared to hormone drugs this results stable.[1]

It is better to say that medical setting pharmacy don't give this drugs without doctor prescription and health ministry must control the shops and settings which sell drugs ,so athletes can study more about their side effects before using them. Finally rejecting popular athletes who used this drugs for being popular ,can be very effective preventing other athletes misusing of drugs because these efforts is good for keeping athletes and society healthy.

### **REFERENCES**

- 1. Rezapour.A. (2013). The study of Advantages and Disadvantages of using Anabolic Steroids(Testosterone) in power sports and tunability with Neural Network. in journal of THE IJES.pp.122-125, June
- 2. Kutscher EC, Lund BC, Perry PJ. Anabolic sceroids: a review for the clinicial sports Med 32:258 2002.
- 3. Silver MD.use of ergogenic eids by athletes.J.Am. Aced.Orthop.Surg.9:61\_70.2001.
- 4. Dubin CL. 1990 commission of Inquiry into the use of drugs and Banned practices Intended to increase Athletic performance .Ottawa: Canadian government publishing center.
- 5. Dawson RT.drugs in sports .the role of the physician .G.Endocrinol.170:55-61 .200
- 6. Lun V, Meeuwisse H, Stergiou P, Stefanyshyn D. Relation between running injury and static lower limb alignment inrecreational runners. *Brit J Sports Med.* 2004;38:576-80.
- 7. Messier SP, Davis SE, Curl WW, Lowery RB, Pack RJ. Etiologic factors associated with patelofemoral pain in runners. *Med Sci Sports Exerc.* 1991;23:1008-15.
- 8. Taunton JE, Ryan MB, Clement DB, Mc Kenzie DC, Lloyd Smith DR, Zumbo BD. A retrospective case-control analysis of 2002 running injuries. *Br J Sports Med*.2002;36:95-101.
- 9. Van Mechelen W. Running injuries. A review of the epidemiological literature. Sports Med. 1992;14:320-35.
- 10. Wen DY, Puffer JC, Schmalzried TP. Injuries in runners: a prospective study of alignment. *Clin J Sport Med.* 1998;8:187-94.
- 11. Arazi M, Oğün TC, Memik R. Normal development of the tibiofemoral angle in children: a clinical study of 590 normal subjects from 3 to 17 years of age. *J Pediatr Orthop.* 2001;21:264-7.
- 12. Gordon CM, Feldman HA, Sinclair L, et al. Prevalence of vitamin D deficiency among healthy infants and toddlers. *Arch Pediatr Adolesc Med.* 2008;162:505-12.
- 13. Christie DP. The spectrum of radiographic bone changes in children with fluorosis. 1980;136:85-90.
- 14. Bajpai A, Bardia A, Mantan M, et al. Non-azotemic refractory rickets in Indian children. Indian Pediatr.

- 2005;42:23-30.
- 15. Kwee TC, Beemer F A, Beek FJ, et al. Knee radiography in the diagnosis of skeletal dysplasias. *Pediatr Radiol*. 2006:36:8-15.
- 16. American Dietetic Association, Dietitians of Canada and the American College of Sports Medicine.2000 Position stand: Nutrition and athletic performance. Med Sci Sports Exerc.32, 2130-2145
- 17. Andersen, L.L., Tufekovic, G., Zebis, M.K., Crameri, R.M., Verlaan, G., Kjaer, M., et al 2000. The effect of resistance training combined with timed ingestion of protein on muscle fiber size and muscle strength. Metabolism. 54(2):151-156.
- 18. Bird, S.P., Tarpenning, K.M. and Marino, F.E. 2006 Independent and combined effects of liquid carbohydrate/essential amino acid ingestion on hormonal and muscular adaptations following resistance training in untrained men. Eur J Appl Physiol. 97(2):225-38.
- 19. Bratusch-Marrain, P. and Waldousi, W.(1979) The influence of amino acids and somatostatin on prolactin and growth hormone release in man. Acta Endocrinol (Copenh). 90(3):403-408.
- 20. Candow, D,G, Chilibeck, P,D, Facci,M, Abeysekara, S, and Zello,G.A. 2006. Protein supplementation before and after resistance training in older men. Eur J Appl Physiol. 97(5):548-556.
- 21. Chandler, R.M., Byrne, K., Patterson, J.G. and Ivy, J.L. (1994) Dietary supplements affect the anabolic hormones after weight-training. J Appl Physiol. 76(2):839-45.
- 22. Roy, B.D., Fowles, J.R., Hill, R., Tarnopolsky, M.A. 2000 Macronutrient intake and whole body protein metabolism following resistance exercise. Med Sci Sports Exerc. 32(8):1412-1418
- 23. Tarnopolsky, M.A., Atkinson, S.A., MacDougal, J.D., Chesley, A., Phillips, S. Shwarcz, H.P. 1992. Evaluation of protein requirements for trained strength athletes. J Appl Physiol. 73(5):1986-1995.
- 24. Rankin, J.W., Goldman, L.P., Puglisi, M.J., Nickols-Richardson, S.M., Earthman, C.P., Gwazdauskas, F.C. (2004) Effect of postexercise supplement consumption on adaptations to resistance training. J Am Coll Nutr. 23(4):322-330
- 25. Lemon, P.W.R., Tarnopolsky, M.A., MacDougal, J.D. and Atkinson, S.A.1992. Protein requirements and muscle mass / strength changes during intensive training in the novice body builders. J Appl Physiol. 73(2):767-775
- 26. Kraemer, W.J., Ratamess, N.A., Volek, J.S., Hakkinen, K., Rubin, M.R., French, D.N., et 2006. The effects of amino acid supplementation on hormonal responses overreaching. Metabolism. 55(3):282-291.
- 27. Hoffman, J.R., Cooper, J., Wendell, M. and Kang, J 2006. Strength changes during an in-season resistance-training program for basketball. J Strength CondRes. 17(1):109-114.
- 28. Hinton, P.S., Sanford, T.C., Davidson, M.M., Yakushko, O.F., Beck, N.C. 2004 Nutrient intakes and dietary behaviors of male and female collegiate athletes. Int J Sport Nutr Exerc Metab. 14(4):389-405.
- 29. Forbes, G.B., Brown, M.R., Welle, S.L. and Underwood, L.E. 1989Hormonal response to overfeeding. Am J Clin Nutr. 49(4):608-61
- 30. Moreno LA,Leon JF,Seron R,et al. Body composition in young male football (soccer) players. *Nutr Res* 2004:24:235-42.
- 31. WHO. Physical status: the use and interpretation of anthropometry. Report of a WHO Expert Consultation. *WHO Technical Report Series* Number 854. World Health Organization, Geneva. 19
- 32. Ode J, Pivarnik JM, Reeves M, Knous JL. Body mass index as a predictor of percent fat in college athletes and nonathletes. *Med Sci Sports Exerc* 2007;39:403-9.
- 33. Srdic B, Obradovic B, Dimitric G, Stokic E, Babovic S. Relationship between body mass index and body fat in children Age and gender differences. *Obes Res Clin Pract* 2012;6:e167-73.
- 34. Mak KK, Ho SY, Lo WS, Thomas GN, McManus AM, Day JR, Lam TH. Health-related physical fitness and weight status in Hong Kong adolescents. *BMC Public Health* 2010;10:88.
- 35. Artero EG, Espana-Romero V, Ortega FB, et al. Health-related fitness in adolescents: underweight, and not only overweight, as an influencing factor. The AVENA study. *Scand J Med Sci Sports* 2010;20:418-27.
- 36. Chen LJ, Fox KR, Haase A, Wang JM. Obesity, fitness and health in Taiwanese children and adolescents. *Eur J ClinNutr*2006;60:1367-75.
- 37. Dupuis JM, Vivant JF, Daudet G, et al. Entraînement sportif personnalisé dans la prise en charge de garçons obèses âgés de 12 à 16 ans. *Arch Pediatr* 2000;7:1185-93.
- 38. Parizkova J. Lean body mass and depot fat during autogenesis in humans. In: Parizkova J, Rogozkin V (eds). *Nutrition, Physical Fitness and Health: International Series on Sport Sciences*. University Park Press, Baltimore. 1978.
- 39. Wells KF, Dillon EK. The sit and reach. A test of back and leg flexibility. Res Quart Exerc Sport 1952;23:115-8
- 40. Adam C, Klissouras V, Ravazzolo M, et al. The Eurofit Test of European Physical Fitness Tests. Council of Europe, Strasbourg. 1988.
- 41. Aragon-Vargas LF. Evaluation of four vertical jump tests: Methodology, reliability, validity, and accuracy. *Meas Phys Educ Exerc Sci*2000;4:215-28.
- 42. Vandewalle H, Peres G, Heller J, Monod H. All out anaerobic capacity tests on cycle ergometers, a comparative study on men and women. Eur J Appl Physiol Occup Physiol 1985;54:222-9.
- 43. Bar-Or O, Skinner JS. Wingate anaerobic test. Human Kinetics, Champaign, 1996.
- 44. Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *Br Med J* 2000;320:1240-3.
- 45. Souames M, Brun P, Losfeld P. Surpoids et régime alimentaire chez l'adolescent: étude dans les collèges du département des Hauts-de-Seine. Arch Pediatr 2005:12:1540-3.
- 46. Krassas GE, Tzotzas T, Tsametis C, Konstantinidis T. Prevalence and trends in overweight and obesity among

- children and adolescents in Thessabniki, Greece. J Pediatr Endocrinol Metab 2001;14:1319-26.
- 47. Alricsson M, Landstad BJ, Romild U, Gundersen KT. Physical activity, health, BMI and body complaints in high school students. *Minerva Pediatr* 2008:60:19-25.
- 48. Nikolaidis PT. Familial aggregation and maximal heritability of exercise participation: A cross-sectional study in schoolchildren and their nuclear families. *Sci Sports* 2011;26:157-65.
- 49. Malina RM, Morano PJ, Barron M, et al. Overweight and obesity among youth participants in American Football. *J Pediatr* 2007:151:378-82
- 50. Bloomfield J, Polman R, Butterly R, O'Donoghue P. Analysis of age, stature, body mass, BMI and quality of elite soccer players from 4 European leagues. *J Sports Med Phys Fitness* 2005;45:58-67.
- 51. Pietrobelli A, Faith MS, Allison DB, et al. Body mass index as a measure of adiposity among children and adolescents: A validation study. *J Pediatr* 1998;132:204-10
- 52. Morimoto A, Nishimura R, Sano H, et al. Gender differences in the relationship between percent body fat and body mass index in Japanese children. *Diabetes Res Clin Pract* 2007;78:123-5.

#### Citation of this article

Arash R, Pegah R. Hormones and their effects on Athletes' body and Tenability with Neural Network.Bull. Env. Pharmacol. Life Sci., Vol 3 (5) April 2014: 85-90