SANOGENETIC EFFECTS OF SPORT IN CONTEMPORARY SOCIETY

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Abstract

Learning to make the move is an important component of education. This aims to recall this principle essential to our natural development and to achieve a real level of performance in those areas in which we operate. On the other hand, making the move is a necessary ingredient for turning a child into an adult strong, well-organized and, why not, who has the courage to change the world.

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We used to count and measure. Almost all the topics of interest of our lives can be reduced to numbers. This year marks 40 years, the car costs 20,000 euros, there are 15 days until vacation, and so on. Usually we measure seated and our heart beats about 70 times a minute. Life goes monotonous, the pace at which we have grown accustomed to a number. But if we pick up off the chair and change the rhythm, the new results will be surprising.

For example, when you run, you can easily reach the heart rate to 140 beats per minute, blood lead more oxygen in the muscles and the brain, and countdown of 40 years acquires a qualitative dimension. Because it is a big difference between 40 years to 10 kg of fat and a general state of fatigue or 40 years with physical tone and enthusiasm for the shares of this mature age. We are entering an area where interesting things happen, because the intensity dual perception, begin to discover unsuspected resources that change completely the situation. As he ran, we understand that the movement is not related primarily to athletic performance, but also with personal performance, including professional. After running can be better, whether finance or professor in atomic physics. Of course, there is nothing new or revolutionary here, just sitting in the chair permanently, we might forget this classic principle of education of all time.

And now tell you what this is about: we are concerned habit of physically sit still, on the other hand we are glad to see that there is a trend towards revival. Talk about the trend of events running, swimming, cycling and triathlon have appeared in recent years. Therefore, we consider it important that these events to bring home...
as many of my colleagues, our neighbors and friends. There seems no accident that the events of the marathon, for example, Western European countries have tens of thousands of participants. And there are many such events, which means that people there have learned to use those resources that I can do better.

Then we wait for parents and teachers to take their turn and to convey the message and small. Because making and movement is an indispensable ingredient for turning a child into an adult strong, disciplined and, why not, who has the courage to change the world. And then it becomes essential that they learn to count steps correctly, priorities and resources.

Thus, it seeks to help those who act to promote a balanced lifestyle and an invitation to re-learn to count together. When you run or ride through the trees, past moments otherwise.

In the modern sense, health is considered a state, a condition that has several components: physical, social and psychological. At any stage of a human life, each of these components can be characterized as having a positive or negative level. To say that someone enjoys a positive health (modern term that defines a condition that must be the permanent goal of each of us), it is not enough that the person does not suffer from any disease; nowadays, health cannot be defined only by negation. It requires that each component of the health - physical, social and psychological - to be on pole or position, and the individual as a social entity, to be characterized by the ability to enjoy life, to solve current problems and move over any obstacles obstacles to personal fulfillment. And that physical activity can help us clearly, regardless of age, sex and other characteristics, to accede to such a quality of life is something clearly proven and widely accepted today.

What benefits can I have...

There are therefore a number of increasingly greater evidence and arguments that support the idea that physical activity performed during leisure time, but only after certain criteria, helps maintain, promote and / or regaining health. In 1988 held in Toronto (Canada), the first International Symposium on the effort, fitness and health, a symposium that aims to critically examine all the evidence on the relationship between these three factors and formulate a uniform point of view of experts in the field. He attended a symposium same way again in 1992, in which issues were brought up to date and relevant knowledge. Subsequently, the health benefits of physical activity have been examined and recognized by many international bodies such as the World Health Organization, the International Federation of Sports Medicine, American College of Sports Medicine and the Council of Europe.

Regular physical activity can maintain or improve the structure of various organs and tissues (muscles, tendons, heart, vessels, etc.) to improve their functions and to counteract the inherent defects that tend to occur due to inactivity (sedentary) and
age. This is why, in developed countries, especially the US, the term of fitness (physical condition) and the health, are quasi-similar interchangeable. This is reflected even in the title of specialized faculties, which are called as the new "university of physical education and sport" but "universal health, physical education, recreation and dance." The skills that these faculties offer, not just to the physical education teacher and coach, a large number of graduates working effectively to promote health through movement within specialized programs offered by community setting or the corporate.

When we speak of the effects sanogenic of sport, we refer both to positive changes in the psychic sphere and influences evident and positive on some categories of diseases of the most obvious and positive on some categories of diseases of the most powerful: the suffering lumbar (lombopatiile), a series of endocrine disorders, cancers and, especially cardiovascular diseases. In practice, however, due to high incidence, the tendency of ages becoming younger and that, of all conditions, it responds best to the action of physical effort, ischemic heart disease should be the main objective of any program motion regardless of age and sex and whatever the age and sex of the person or if physical activity that is carried out individually or in an organized and specialized supervision. Identifying risk of this "enemy number one" health and fight against the practice of regular sport are absolutely necessary as, currently, this type of disease is the leading cause of death (with a tendency to act in this an ages increasingly younger), on the other hand, it is not clear that the atherosclerotic starts from 3 years aorta and can catch from the age of 10 years, coronary arteries (arteries that nourish the heart with blood and which causes narrowing of coronary heart disease, and thereafter, myocardial infarction).

Recall that the atherosclerotic process means fatty deposits on the vessel walls, which makes their narrow hole, all leading to irreversible disruption of blood flow and oxygen supply to the tissues.

Returning to the resounding positive analytic movement has on health, stating that we do speaks so functional effects (improvements to the functions of all devices and systems) and prophylactic effects of physical effort. The details of this issue would require a very large printing space, but it is not the subject of this paper. But I will allow to point out some of the most significant aspects. And since between these functional and prophylactic effects are closely interdependent, they are presented together, as follows:

**Cardiovascular system:**
- increase the amount of blood that the heart can push;
- it increases the amount of blood vessels existing;
blood becomes fluid and flows more easily through the arteries.
Prophylactic effect against:
- artherosclerosis;
- ischemic heart disease;
- hypertension.

**Lung system:**
-the lung is able to vent a greater amount of air per minute.
Prophylactic effect against:
- Chronic lung diseases.

**Skeletal muscle:**
-increase strength, endurance and strength;
-musculatura "melts" into slower, with age.
Prophylactic effect against:
- lombo-diseases;
- fractures that occur through the fall, especially in the elderly.

**Adipose tissue:**
-decreases total fat mass;
-decreases fat on the internal organs.
Prophylactic effect against:
- obesity.

**Carbohydrate metabolism:**
-increase the ability of muscle to extract blood sugar.
Prophylactic effect against:
- diabetes.

**Fat metabolism:**
-increase muscle ability to take blood fats and use them to purchase energy.
Prophylactic effect against:
- Atherosclerosis

**Immune system:**
-it enhances the immune system to respond to microbial aggression.
Prophylactic effect against:
- infections.

**Digestive processes:**
-eliminating the constipation.
Prophylactic effect against:
- Colon cancer.

**Cognitive functions:**
-it improves reaction speed and timeliness of responses to various stimuli.
Prophylactic effect against:
- fractures caused by falls, especially in the elderly.
Nervous system:
-coordination improve movement and balance.

*Prophylactic effect against:*
- fractures caused by falls, especially in the elderly.

Psycho-social behavior:
-improves self-image, professional effectiveness, family behavior, and sets up "well" and the joy of living.

*Prophylactic effect against:*
- depression and anxiety.

Vision and preventive action on health involves taking action when ischemic heart disease has not been installed yet. For this, it was necessary to establish the modalities by which people can be identified as presenting the greatest risk of disease. It was therefore the nomination of so-called risk factors, whose identification, quantification and tracking of time should stand in attention to each of us, even from a young adult.

By means of risk factors or a history (family history, genetic) or certain characteristics or external components (smoking, physical inactivity, excessive eating, etc.), we are own. They can be primary and secondary, and from another perspective, there may be risk factors that can be influenced (majority and practically most important), and risk factors over which they can act in any way; for example, family history of coronary heart disease, hypertension and stroke, predominantly male gender and older age (know clearly that female gender is also less prone to illness).

Primary risk factors include those personal characteristics or behaviors that, alone, without secondary influence other risk factors are enough to put us under a great cardiovascular disease risk. In this category high cholesterol, low density, low density cholesterol increased, hypertension and smoking. Though highly virulent, these risk factors has the advantage that depend largely (top three) or full (smoking), our desire to make them harmless. It is worth mentioning that effort, physical activity, is essentially "medicine" the most affordable and effective in fighting these risk factors.

Risk factors are secondary personal characteristics or behavior that we can not place themselves at risk of ischemic. So are the three factors mentioned above (history of coronary heart disease, age and male sex), their adding to them the physical inactivity (sedentary), obesity, diets high in fat, inadequacy in responding to conflict situations, stress, type Personality "A" (predisposition to coronary artery disease) and high levels of triglycerides in the blood. Theoretically we could say, so that only the association between factors (whether primary or secondary one), we could get into a situation of disease.
In reality, things are not so simple and trenchant. In addition, more and more authors argue that physical inactivity, obesity and high fat diet must be entered in the category primary risk factors. Regardless, the way things are, importantly, exercise can effectively counter this category of factors, thereby preventing the occurrence of ischemic heart disease.

The need to consult a doctor before starting an organized exercises program

One such question arises, of course, especially if you are a person who has no childhood or adolescence and, for whatever reason, you decided finally to start to practice regular physical activity from which you hope to get benefits the health plan. The first thing you need to do in such cases is to get to a physician, preferably sport doctor, which tell the entire history of your disease, if any, and, after a thorough examination, to draw conclusions They are also required to make the necessary recommendations. These recommendations should also refer to the intensity, duration and frequency of exercise you are allowed and / or recommended to provide.

Contrary to appearances, a full initial review is not only necessary to know whether or not you're allowed to do effort - in other words, if you are prone to an accident likely to be triggered cardiovascular exercise. One such specialist advice must propose other goals that at the end of both the examiner, as the patient, to have a complete and concrete on the level of risk factors of exercise capacity, measures the food must consider. In addition, these initial data are necessary periodically to track progress or have objective support in making decisions to amend effort parameters of the program, when this becomes necessary.

Given the above, it turns out that to qualify for an initial review, this consultation should give an answer at least the following questions:
- How's your weight, and especially with body fat?
- That aerobic exercise is your ability?
- Have a satisfactory strength and muscular endurance?
- How's your mobility?
- You eat right?

On the other hand, in Romania it happens quite frequently still not find suitable doctor or specialist who can help you clarify the issues mentioned. What do you do? Start physical activity without having the original data?

Additional recommendations not happen because you work blindly, without criteria and targets, which îndrplinire to follow in time. You'll still need to get from a GP or, better, a cardiologist, confirming that there is no danger if you are exercising regularly submit. The answers to the above questions, in these circumstances, you have to give them your own, and applying a series of specific tests and measurements.
REFERENCES

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