

The Effect of Astaxanthin and Regular Training on Dynamic Pattern of Oxidative Stress on Male under Strenuous Exercise

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Abstract. Strenuous physical activity induced higher Reactive Oxygen Species (ROS) level in human body that can be measured by serum Malondialdehyde (MDA) level. Malondialdehyde is product of lipid peroxidation process that cause as oxidative damage of lipid biomolecule by reactivity of reactive oxygen species. Still the dynamic pattern of Malondialdehyde (MDA) level under strenuous exercise is not fully understood. Potent antioxidant such as Astaxanthin and training may be altered the level of MDA. The purpose of this study is to understand effect of astaxanthin to MDA dynamic pattern on young male after strenuous physical activity. It was a double blind experimental study, conducted on thirty young male age, divided into untrained and trained groups. Supplement Astaxanthin was given to 15 subject as well as placebo for one week after supplementation, subjects were tested with anaerobic strenuous physical activity. The values were analyzed with ANOVA test followed by Duncan test showed that in every groups, mean MDA before test was similar, start increase significantly after tested, begin decrease at 6th hour post-test and return to baseline at 24th hour post-test ($p < 0.05$), except for group of untrained male with placebo still increase twice from baseline. The lowest mean of MDA was found on group of trained male with Astaxanthin supplementation and the highest was found on group of untrained male with placebo ($p < 0.05$). These findings support that Astaxanthin and training might have positive effect to oxidative stress condition without altered its dynamic pattern in male under strenuous physical activity.

1. Introduction

An increase in macromolecule oxidation has been demonstrated following both aerobic and anaerobic exercise of sufficient intensity. The generation of reactive oxygen and nitrogen species (RONS), such as singlet oxygen ($\cdot\text{O}$), superoxide radical (O_2^-), hydroxyl radical (OH), and peroxynitrite (ONO_2^-) occur as a consequence of normal cellular metabolism and seem to be increased under psychological and physical stress conditions. In anaerobic exercise (e.g., resistance, isometric, eccentric, sprint training or just acute muscle contraction with heavy load (90% 1 RM)) however, other pathways of ROS generation exist including ischemia-reperfusion, xanthine and NADPH oxidase production, prostanoid metabolism, phagocytic respiratory burst activity, disruption of iron containing proteins, and altered calcium homeostasis.



The production of ROS via these pathways may result partly from eccentric muscle actions, which cause muscle injury.⁴ Resistance training is reported to have many benefits, such as weight control, prevention of osteoporosis, improvement of cardiovascular risk factors, and prevention of injury. However excessive resistance training program may increase oxidative stress and cellular damage. There are two theories supporting the concept that resistance exercise could lead to an increase in the production of oxygen free radicals in active muscle sites. A widely supported hypothesis involves the ischemia reperfusion injury. Intense muscle contractions can result in a temporary decrease in blood flow and oxygen availability and subsequent ischemia. Following contraction (muscle relaxation), reperfusion produces an abundant reintroduction of O₂ and results in the formation of O₂⁻ radical. Mechanical stress is another hypothesis used to explain an increase in ROS. In particular, eccentric acute exercise, which includes high levels of force, was shown to result in muscle tissue damage. This initiates the inflammation process that eventually produces oxygen free radicals and lipid peroxidation, one of its product is malondialdehyde (MDA).

These free radicals are neutralized by an elaborate antioxidant defense system consisting of enzymes such as catalase, superoxide dismutase, glutathione peroxidase and numerous non-enzymatic antioxidants, including vitamins A, E and C, glutathione, ubiquinone, and flavonoids. Exercise can cause an imbalance between ROS and antioxidants, which is referred to as oxidative stress which lead to produce amount of malondialdehyde. Exercise training seems to decrease the oxidative stress of exercise, such that trained athletes show less evidence of lipid peroxidation for a given amount of exercise and an enhanced defense system in relation to untrained subjects. Whether the body's natural antioxidant defense system is sufficient to counteract the increase in reactive oxygen species with exercise or whether additional exogenous supplements are needed is not known.

Astaxanthin as an exogenous antioxidant, known as powerful antioxidant supplement. Astaxanthin exhibits strong ROS scavenging activity, protects against lipid peroxidation and oxidative damage of cell membranes, cells, and tissues.¹⁵⁻¹⁸ these supplement may suppress the increasing of lipid peroxidation product such as malondialdehyde (MDA) during acute muscle contraction with heavy load in trained and untrained male. The comparison of Astaxanthin effect on MDA in trained and untrained male have not been fully described in the literature.

2. Purpose of Study

Therefore, the aim of this study is to compare the Astaxanthin supplementation effect on MDA changing in 24 hours between trained and untrained male after acute muscle contraction with heavy load.

3. Method

3.1. Exercise Protocol

On the Sunday, the subjects did 7 different physical test such as leg Press, leg curls, leg extension, rowing, bench press, military press, and two arm curl with load 90% from 1 RM. 4 repetition, 3 sets.

3.2. Collection of Blood Samples

Blood sampling were collected at pretest, immediate posttest, 6th hour's posttest and 24th hour's posttest.

3.3. Statistical

Plasma samples were used for MDA (mmol/ml). The MDA's values were expressed as mean \pm SE, they were assessed using homogeneity test (levene test) and normality test (Kolmogorov-Smirnov). Independent samples t-test was used for comparison of corresponding values between the groups. The values were analyzed with ANOVA test and followed by Duncan test to determine whether there is a specific different among groups.

4. Result

4.1. Subject Physical Characteristics

Mean of physical characteristics subjects such as age (years), height (cm), weight (kg), body mass index (BMI), and fitness level subjects based on the strength of the muscles when lifting loads up to 90% of 1 RM listed in the table 1.

Table 1. Subject Physical Characteristic

Groups	Groups											
	A			B			C			D		
	χ	\pm	S									
Age(Year)*	21,14	\pm	1,35	20,88	\pm	1,64	18,38	\pm	0,92	18,86	\pm	2,48
Height(cm)*	174,4	\pm	8,85	173,1	\pm	3,31	165,0	\pm	3,8	170,5	\pm	3,78
Weight(Kg)#	70,57	\pm	17,48	68,75	\pm	5,85	70,75	\pm	12,2	67,7	\pm	7,43
IMT(Kg/m ²)#	23,11	\pm	4,75	22,64	\pm	1,21	22,55	\pm	2,1	21,46	\pm	1,92
Leg Press(Kg)*	171,43	\pm	41,58	132,25	\pm	17,75	107,5	\pm	17,33	98,14	\pm	9,87
Leg Curls(Kg)*	74,14	\pm	13,90	68,38	\pm	9,2	63,25	\pm	3,1	58,71	\pm	10,89
Leg Extension(kg)*	137,57	\pm	17,78	114,88	\pm	7,05	82,38	\pm	5,45	74,14	\pm	12,48
Rowing(Kg)*	65,29	\pm	10,06	54,50	\pm	8,0	39,7	\pm	8,44	41,29	\pm	6,80
Bench Press(Kg)*	65,30	\pm	17,27	54,60	\pm	7,9	39,7	\pm	8,44	41,30	\pm	10,86
Military Press(Kg)*	74,86	\pm	13,90	69,5	\pm	9,5	49,7	\pm	12,27	40,00	\pm	7,66
Two Arm Curls(Kg)*	49,00	\pm	6,61	45,00	\pm	7,46	45,8	\pm	8,96	33,71	\pm	7,52

Note : * Significantly difference ($p < 0.05$)

Not Significant

Group A: Trained +Astaxanthin Suplemen C : Untrained +Astaxanthin Suplemen

B : Trained +placebo D : Untrained + Placebo

4.2. Comparative Between Trained and Untrained Male

On trained male, the result show significant difference between Astaxanthin & placebo effects on MDA mean level at immediately posttest (11,55 \pm 2,34 vs. 16,33 \pm 7,09mmol/ml) ($p = 0,01$), 6th hours posttest (5,58 \pm 3,32 vs 7,73 \pm 3,06mmol/ml) ($p = 0,027$), 24th hours posttest (4,25 \pm 1,86 vs. 5,14 \pm 1,07mmol/ml) ($p = 0,027$). In untrained male the result is also significantly different between astaxanthin & placebo effects on MDA level at immediately posttest (18,98 vs. 20,09mmol/ml ($p = 0,047$), 6th hours posttest (9,31 vs. 12,74mmol/ml) ($p = 0,048$), 24th hours posttest (5,02 vs. 8,14mmol/ml ($p = 0,048$).

Table 2. MDA Measurement Results (mean)

Groups	Pre test (mmol/ml)			Post test (mmol/ml)			6 th h Post test (mmol/ml)			24 th h Post test (mmol/ml)		
	χ	\pm	S	χ	\pm	S	χ	\pm	S	χ	\pm	S
A	5,96	\pm	1,82	11,55	\pm	2,34	5,58	\pm	3,32	4,25	\pm	1,86
B	4,39	\pm	1,77	16,33	\pm	7,09	7,73	\pm	3,06	5,14	\pm	1,07
C	4,69	\pm	1,79	18,98	\pm	6,04	9,31	\pm	2,80	5,02	\pm	1,04
D	4,66	\pm	2,92	20,09	\pm	4,68	12,74	\pm	3,45	8,14	\pm	2,03

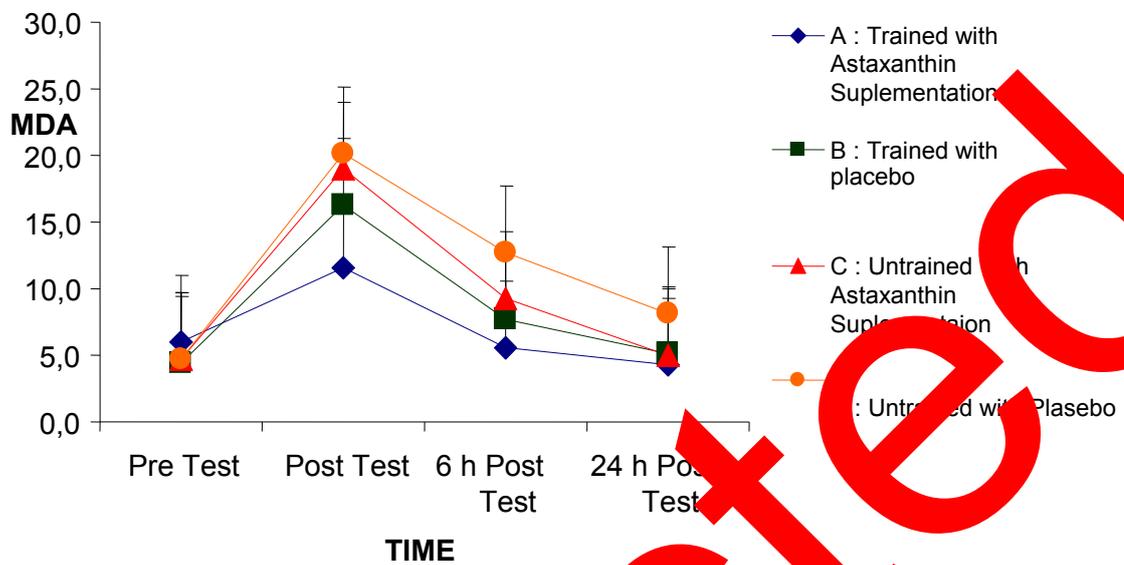


Figure 1. Dynamic Pattern of Oxidative Stress

The ANOVA test and Duncan test shows that the MDA level is significantly different between group A at immediate posttest ($11,55 \pm 2,34$ vs. $16,33 \pm 7,09$ vs. $18,98 \pm 6,04$ vs. $20,09 \pm 3,45$) ($p < 0,05$), 6th hours posttest ($5,58 \pm 3,32$ vs. $7,73 \pm 3,06$ vs. $9,31 \pm 2,80$ vs. $12,74 \pm 3,45$) ($p < 0,002$), 24th hours posttest ($4,25 \pm 1,86$ vs. $5,14 \pm 1,07$ vs. $5,02 \pm 1,04$ vs. $8,14 \pm 2,03$) ($p < 0,000$). These findings show that astaxanthin supplementation and training will protect body from ROS better than untrained person.

Table 3. ANOVA Test Result on MDA Measurement

Time Measurement	F test	p value
Pretest	0,759	0.506
Post test	4,474	0.030*
6 th hour post test	6,485	0,002**
24 th hour post test	8,854	0,000**

Note : * Significant different ($p < 0,05$)

** Significant different ($p < 0,01$)

Table 4. Duncan Test Result on MDA Measurement

Groups	Duncan Test			
	x Pre test	x Post test	x 6 th h post test	x 24 th h post test
A	5.96 A	11,55 a	5,58 a	4,25 a
B	4.39 A	16,33 ab	7,73 ab	5,14 a
C	4,69 A	18,98 b	9,31 b	5,02 a
D	4,66 a	20,09 b	12,74 c	8,14 b

5. Discussion

From the physical characteristic of the subject (Table 1) illustrated that the heaviest load can be lifted by a trained group. This is possible because the group exercises often used to lift weights and body functions and muscle contractions have been accustomed to the heavy load.

From the above study showed that physical exercise may increase the levels of reactive oxygen species in accordance with previous research by Guzel et al. Astaxanthin and exercise has a positive effect on the increase in MDA levels but did not affect dynamic pattern after strenuous physical activity. After a strenuous physical activity, mean MDA in each group experienced a significant increase, began to decline at 6 hours after the activity and return to the initial value approaching 24 hours after physical tests except in groups of untrained without Astaxanthin supplementation where the mean level of MDA was increased by 2 times the initial value. After the tests of strenuous physical activity, the mean value of the lowest MDA is the group of trained with Astaxanthin supplementation and the highest MDA is the group of untrained men without Astaxanthin supplementation. This is in relevance with previous research which states that the maximum levels of Astaxanthin are 8 hours after supplementation.

The previous study was conducted on 32 healthy subjects were given a single dose of 6 mg of Astaxanthin, Astaxanthin is known to reach maximum levels at 8 hours after administration and has a half-life of 15.9 hours, but in this study this pattern also occurred in the untrained group whom receiving placebo although the mean value of MDA remain higher 2 times the normal value. At 24-hours after physical activity the mean MDA value return to initial MDA mean value, it may be because the body was adapt to ROS formation. Adaptation mechanism is important in the overall antioxidant defense system, body will produces antioxidant enzyme to prevent body from ROS, exogenous antioxidant or supplementation will enhance the enzyme function therefore the increasing of ROS in the body could be suppressed.

In this study, subjects who received supplementation with Astaxanthin has minimal increased of MDA level compared to subject without supplementation. Astaxanthin is one component of fat-soluble carotenoids and work on cell membrane by reducing the activity of singlet oxygen radicals and breaking the chain initiation, propagation and termination of the formation of ROS and can boost the immune system and antioxidant enzyme. This result support previous research that supplementation Astaxanthin is able to increase the activity of glutathione peroxidase, catalase, and the MnSOD in mice balb/c. In this study the decrease of plasma MDA levels in trained and untrained groups are significantly different ($p < 0.05$). It is supported the Papanicolaou statement (1999), factors that affect oxidative stress are diet, environment and training. Regular training led to an increase in antioxidant endogen exercise. Other study in mice that high intensity sprint 30 second 6 repetition led to an increase MDA level compare to control, however after 12 week sprint training shows decreasing the level MDA without any antioxidant supplementation.

6. Conclusion

These findings show that Astaxanthin supplementation and regular training may protects body from free radical in untrained males. Astaxanthin improves oxidant status of trained and untrained males without altering the dynamic pattern of oxidative stress under strenuous exercise.

References

- [1] Brod K, Gatterer H, Frontull V, Philipe M, Burtcher M. Effect of Short Term Antioxidant Supplementation on oxidative stress and exercise performance in the heat and the cold. *Int J Physiol Pathophysiol Pharmacol* 2015;7(2):98-104
- [2] Guzel N, Hazar S, Erbas D. Effects of Different Resistance Exercise Protocols on Nitric Oxide, Lipid Peroxidation and Creatine Kinase Activity in Sedentary Males. *Journal of Sports Science and Medicine*. 2007; 6: 417-422
- [3] Lamina S, Ezema C I, Theresa AI, Ezulu U A. Effect of Free Radicals and Antioxidants on

- exercise Performance. *Oxid Antioxid Med Sci.* 2013;2(2):83-91
- [4] Belviranlı M, Gökbel H. Acute Exercise Induced Oxidative Stress and Antioxidant Changes. *Eur J Gen Med.* 2006; 3(3): 126-131
- [5] Powers SK, Talbert EE, Adhietty PJ. Reactive oxygen and nitrogen species as intracellular signals in skeletal muscle. *J Physiol* 2011; 589:2129-38.
- [6] Hamid AA, Aiyelaagbe OO, Usman LA, Ameen OM, Lawal A. Antioxidants: its medical and pharmacological applications. *Afr J Pure Appl Chem* 2010; 4:142-51.
- [7] Papas AM. Antioxidant Status, Diet, Nutrition and Health. London: CRC Press.1999
- [8] Winarsi H. Antioksidan Alami dan Radikal Bebas: Potensi dan Aplikasinya dalam Kesehatan. KANISIUS, Yogyakarta .2007
- [9] Kelly MK, Wicker RJ, Barstow TJ, Harms CA. Effects of N-acetylcysteine on respiratory muscle fatigue during heavy exercise. *Respir Physiol Neurobiol* 2009; 165:67-72.
- [10] McCartney M, Keese C, Fletcher L, Stiver S. Effect of Sprint Training on Glutathione Expression in Liver and Skeletal Muscle. *Journal Exercise Physiology.* 2011;14(1): 66-71
- [11] Simpson RJ, Wilson MR, Black JR, Ross JAWhyte, G.P; Coombes JS et al. Exercise alterations, lipid peroxidation, and muscle damage following a hill race. *Canadian Journal of Applied Physiology.* 2005;30: 196-211.
- [12] Fassett RG, Coombes JS. Astaxanthin: a potential therapeutic agent in cardiovascular disease. *Mar. Drugs.* 2011;9(3):447-465.
- [13] Dore, J.E., Cysewski. G.R. Haematococcus algae meal: a source of natural astaxanthin for aqua feeds. *Aqua Feed Tnt.*2003; 6:22.
- [14] Pashkow FJ, Watumull DG, Campbell CL. Astaxanthin: a novel potential treatment for oxidative stress and inflammation in cardiovascular disease. *Am J Geriatr.* 2008;101(10A):58D-68D.
- [15] [15] Serebruany V, Malinin A, Goodin J, Pashkow F. The in vitro effects of Xancor, a synthetic astaxanthine derivative, on hemostatic biomarkers in aspirin-naive and aspirin-treated subjects with multiple risk factors for vascular disease. *Ann Intern.* 2010;17(2):125-132
- [16] [16] Yamashita E. The effect of a dietary supplement containing astaxanthin on skin condition. *Carotenoid Sci.* 2006;10(1): 1-5.
- [17] Yoshida H, Yanai T, Ito K, Terano Y, Koike K, Tsukahara H et al. Administration of natural astaxanthin increases serum HDL-cholesterol and adiponectin in subjects with mild hyperlipidemia. *Vann. Sclerosis.* 2010; 209(2):520-523.
- [18] Yuan JP, Peng J, Yin K, Wang JH. Potential Health-Promoting Effects Of Astaxanthin: A High-Value Compound Mostly from Microalgae. *Mol Nutr Food Res.* 2011;55(1):150-65
- [19] Odeberg J, Lignell A, Patterson A, Hoglund P. Oral bioavailability of the antioxidant astaxanthin in humans is enhanced by incorporation of lipid based formulations. *European Journal of Pharmaceutical Sciences.*2003;19:299-304
- [20] Birmingham, Geary, Harper R, Pendleton A, Stove S. High Intensity Sprint Training Reduces Oxidative Oxidation In Fast-Twitch Skeletal Muscle. *Journal of Exercise Physiologyonline.* 2005; 8: 18-25
- [21] [21] Brooks SV. Reactive oxygen species generation is not different during isometric and lengthening contractions of mouse muscle, *Am J Physiol Regul Integr Comp Physiol.* 2013; 305(7): R832-R839
- [22] Bherer L, Erickson KI, Ambrose TL. A Review of the Effects of Physical Activity and Exercise on Cognitive and Brain Functions in Older Adults. *Journal of Aging Research.* 2013;1-8
- [23] [23] Loza P, G. Calviello, M. Emilia De Leo, S Serini, and G.M. Bartoli *Canthaxanthin supplementation alters antioxidant enzymes and iron concentration in liver of balb/c mice.* *Journal of nutrition.* 2008;130:1303-1308
- [24] Bompa, Tudor O. Periodization Theory and Methodology of Training. 5th edition. Champign B: Human Kinetik.2009