

Efficacy of Cellfood® and Switch™ as Ergogenic Aids in Endurance Athletes

by

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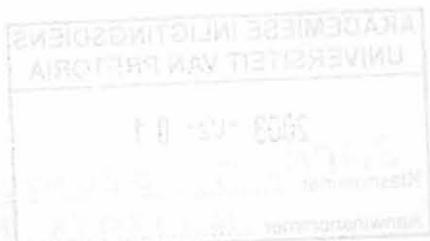
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DEDICATION

This dissertation is dedicated to my wife, Kim. Dr. H. A. VAN DER HORST was my supervisor during the preparation of this study. His guidance and support enabled me to complete this study.

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SYNOPSIS

TITLE	: Efficacy of Cellfood® and Switch™ as Ergogenic Aids in Endurance Athletes
CANDIDATE	: H.W. Nolte
SUPERVISOR	: Dr. H.J. van Heerden
DEGREE	: M.A. (HMS)

The efficacy of Cellfood® and Switch™ as ergogenic aids for endurance runners was evaluated using a pre-test – post-test, double-blind cross-over, placebo controlled experimental design. Thirty marathon runners (19 males and 11 females) between the ages of 20-51 years (mean age = 38.4 ± 8.2 years), who could maintain a minimum running pace of 7.5 minutes per km, volunteered to take part in the study. Subjects were randomly assigned to either a placebo ($n = 10$), Cellfood® ($n = 10$) or Switch™ ($n = 10$) group. Each of the groups underwent a supplementation period comprising three four-week cycles of varying dosages, as recommended by the manufacturer. After each cycle the subjects stopped supplementation during a two-week washout period, prior to crossing-over to an alternative supplementation and dosage cycle.

In an analysis of significant changes ($p < 0.05$) from baseline values within groups across the three cycles, Switch™ showed an ergogenic increases in red blood cell count (7.8%) and hematocrit (6.2%) during the first (low-dosage) cycle. Cellfood® showed a potentially ergolytic increase of 6.9% in lactate accumulation at 14 km/h treadmill speed during the second (intermediate-dosage) cycle. Switch™ showed an ergogenic decrease in lactate accumulation of 17.2% at 14 km/h during the third (high-dosage) cycle. Cellfood® showed an ergogenic decrease of 4% in VE/V_{O₂} during the first cycle, while Switch™ showed a similar decrease of 4.5% during the second cycle. During the third cycle Cellfood® showed an ergogenic increase of 5% in absolute V_{O_{2max}}. In an analysis of significant differences ($p < 0.05$) in changes between groups, across the three cycles, Switch™ showed an increase (5.7%) in haemoglobin (Hb) concentration after the first cycle, which differed significantly from an inverse decrease in Cellfood® (6.8%). During cycle two, Cellfood® showed an increase of 3.2% in haemoglobin concentration, which differed significantly from an



inverse decrease in Switch™ (3.3%). During the first cycle, Switch™ showed an increase in red blood cell count of 7.8%, which differed significantly from an inverse decrease of 1.2% in Cellfood®. The increase in hematocrit (6.2%) observed with Switch™ during cycle one, differed significantly from an inverse decrease of 11.8% observed in Cellfood®. During the second cycle, a reverse tendency was found in hematocrit, with Cellfood® showing an increase of 3.0%, which differed significantly from a decrease of 7.7% in Switch™. In the third cycle, Switch™ showed a potentially ergolytic decrease of 2.2% in haemoglobin saturation at 17 km/h, which differed significantly from an unchanged concentration in Cellfood®. During the third cycle, Cellfood® showed a significantly greater ergogenic decrease of 4.5% in heart rate at 10km/h, as compared to the corresponding 0.3% reduction observed in Switch™.

In conclusion, when considering the relative efficacy of the two products with respect to potential ergogenic benefits throughout any of the cycles, Cellfood® (at the highest dosage) was the most superior, followed by Switch™ (at the lowest dosage), with both products either matching or being superior to placebo in any of the dosage cycles.

KEY WORDS

Cellfood®; Switch™; Haemoglobin Concentration and Saturation; Hematocrit; Heart Rate; Blood Lactate Concentration; VE/V_O₂; Absolute V_O_{2max}.



SINOPSIS

TITEL	: Doeltreffendheid van Cellfood® en Switch™ as Ergogeniese Middels vir Uithouvermoë Atlete
KANDIDAAT	: H.W. Nolte
STUDIELEIER	: Dr. H.J. van Heerden
GRAAD	: M.A. (MBK)

Die doeltreffendheid van Cellfood® en Switch™ as ergogeniese middels vir uithouvermoë atlete is ondersoek. 'n Voor-toets – na-toets, dubbel-blind oorkruis, placebo beheerde eksperimentele ontwerp is vir die doel aangewend. Dertig maraton atlete (19 manlik en 11 vroulik) tussen die ouderdomme van 20 en 51 (gemiddelde ouderdom = 38.4 ± 8.2 jaar), wie 'n minimum hardloopspoed van 7.5 minute per kilometer kon handhaaf, het vrywillig aan die studie deelgeneem. Die proefpersone is lukraak na 'n placebo ($n = 10$), Cellfood® ($n = 10$) of Switch™ groep ($n = 10$) toegewys. Elkeen van die groepe het 'n aanvullingstydperk van drie, vier-week siklusse met verskillende doserings, soos deur die vervaardigers aanbeveel, deurgemaak. Na die afloop van elke siklus het proefpersone die aanvullings vir 'n twee-week uitwas tydperk gestaak, waarna hulle met die volgende produk en dosis siklus begin het.

Met ontleiding van beduidende veranderinge ($p < 0.05$) tussen die voor- en na-toets waardes binne die groepe, oor die drie verskillende siklusse, het Switch™ 'n ergogeniese verhoging in rooi bloedseltelling (7.8%) en hematokrit (6.2%) na die eerste siklus (lae-dosering) getoon. Cellfood® het 'n potensiele ergolitiese toename van 6.9% in laktaat akkumulasie teen 14km/h tydens die tweede siklus (middel dosering) getoon. Switch™ het 'n ergogeniese afname van 17.2% in laktaat akkumulasie getoon teen 14km/h gedurende die derde siklus (hoë-dosering). Cellfood® het 'n ergogeniese afname van 4.0% in VE/V_{O₂} getoon tydens die eerste siklus terwyl Switch™ 'n soortgelyke afname van 4.5% getoon het tydens die tweede siklus. Tydens die derde siklus het Cellfood® 'n ergogeniese toename van 5% getoon in absolute V_{O₂} maks.

Met ontleding van beduidende verskille ($p<0.05$) in veranderings tussen groepe, oor die drie verskillende sikelusse, het Switch™, tydens die eerste sikelus ‘n toename van (7.5%) in hemoglobien konsentrasie getoon wat beduidend verskil het van ‘n omgekeerde afname in Cellfood® (6.8%). Tydens die tweede sikelus het Cellfood® ‘n toename van 3.2% in hemoglobien konsentrasie getoon, wat beduidend verskil het van ‘n omgekeerde afname in Switch™ (3.3%). Tydens die eerste sikelus het Switch™ ‘n toename van 7.8% in rooibloedsel telling getoon wat beduidend verskil het van ‘n omgekeerde afname van 1.2% in Cellfood®. Die toename in hematokrit (6.2%) in Switch™ tydens die eerste sikelus, het beduidend verskil van ‘n omgekeerde afname van 11.8% in Cellfood®. Tydens die tweede sikelus was daar ‘n omgekeerde tendens in die hematokrit waardes, met Cellfood® wat ‘n toename van 3.0% getoon het wat beduidend verskil het van ‘n afname van 7.7% in Switch™. Tydens die derde sikelus het Switch™ ‘n potensiële ergolitiese afname van 2.2% in hemoglobien versadiging getoon teen 17km/h. Hierdie afname het beduidend verskil van ‘n onveranderde versadiging in Cellfood®. Tydens die derde sikelus het Cellfood® ‘n beduidend groter ergogeniese afname van 4.5% in harttempo getoon teen 10km/h teenoor die 0.3% afname wat in Switch™ waargeneem.

Wanneer die relatiewe doeltreffendheid van die twee produkte as ergogeniese middels deur alle sikelusse samevattend in ag geneem word, was Cellfood® (teen die hoogste dosering) die mees doeltreffend, gevvolg deur Switch™ (teen die laagste dosering), terwyl beide produkte tydens enige van die sikelusse ten minste die gelyke of meer doeltreffend was as die placebo.

SLEUTELWOORDE

Cellfood®; Switch™; Hemoglobien Konsentrasie en Versadiging; Hematokrit; Harttempo; Bloed Laktaat Konsentrasie; VE/V_O₂; Absolute V_O₂maks.

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and the relationship between oxygen uptake and oxygen delivery. The exercise performance of children with chronic diseases is often limited by the ability to extract oxygen from the blood. This may be due to a number of factors such as reduced aerobic capacity, reduced oxygen delivery, reduced oxygen extraction, reduced oxygen affinity or reduced oxygen utilisation. In addition, children with chronic diseases may have a reduced exercise tolerance due to other factors such as pain, fatigue, reduced motivation and reduced self-esteem (Kaufman et al., 1992).

The exercise training response of children with chronic diseases is dependent on oxygen delivery and oxygen extraction. It is important to ensure that the following principles of exercise training are followed to gain the right adaptation. First, it is important to ensure that the exercise training is progressive and repeatable. This is important to ensure that the exercise training is effective. Second, it is important to ensure that the exercise training is safe. This is important to ensure that the exercise training does not cause harm to the child. Third, it is important to ensure that the exercise training is enjoyable. This is important to ensure that the child is motivated to continue with the exercise training.