



**Jocelyn
Krieger**

Coach Lamaze made her high on running

The heat began rising from the sun-seared pavement as we pounded into the third mile of a 10 km race. Carefully, I paced myself while watching the rest of the world whiz past.

What choice was there, carrying 50 pounds extra weight by the scales and 40 years according to the calendar? Six weeks prior running experience should also be added to these not-so-impressive qualifications, and the only reason I had entered the race was to go the distance.

My even, measured breaths fell into an easy cadence when abruptly the sound was distorted by a huffing and puffing defying any rhythm. An elongated shadow of myself pulled up beside me, minus 20 years.

"Who (gasp) coached (gasp) your (gasp) breathing (gasp)?" she questioned.

"Lamaze!" I allowed myself to answer and quickly resumed my pattern.

"Never heard of him!" she blurted, almost collapsing with the effort.

WHEN I SPRUNTED across the finish line in 81:53 and could carry on a normal conversation without wishing an oxygen tank were near by, I knew there definitely had to be an advantage to

having given birth to six children by natural childbirth, using the Lamaze method. While the time left me to be desired by racing standards, I was congratulated and encouraged by women runners with two or more years experience who had run the Bonnie Bell 10 km yet took this fun-run in 60 minutes (winning time was 34:00).

They noted my breathing had supported me despite the facts. The facts were: 41 years; 5 feet 6 inches tall; 186½ pounds; high blood pressure, asthmatic and a nursing mother.

The doctor suggested I begin jogging because of a nearly fatal pregnancy that left me with high blood pressure. My first attempts were at walking, but I was thwarted by my asthma. I couldn't resist the urge to just take off and run.

Determined, I decided I would follow the same breathing technique used for natural childbirth. With other exercises it is more taxing to a woman's body as well as debilitating?

AT FIRST I used the breathing suggested for the final stages of labor and delivery. Instead of contractions, I timed steps — 1-2 explosive exhale (blow) while jogging and with a fast walk I used four steps with each inhale-exhale.

Twelve weeks after beginning my program, with a 10 pound weight loss, averaging 10 to 15 miles a week, I no longer needed my asthma medication and only required the breathing technique whenever I increased my speed.

To stabilize my breathing, I used the technique for early labor, relax-inhale-exhale slowly with a light breath through slightly open lips, similar to blowing on a candle without extinguishing the flame.

As my fitness increased and I could run a mile without walking, I concentrated on lifting my rib cage and breathing deeply, using the breathing for delivery whenever I felt strain.

Natural childbirth has enabled me to be more attuned to my body sensations. I'm aware of tension and can relax immediately because of reflex conditioning.

Pain in childbirth is caused by over-tight muscles, and injury during delivery (tearing and pulled ligaments) is often the result of an unrelaxed pelvic floor.

My preliminary stretching includes the childbirth preparation exercises. My warm-downs are similar. The more I stretch, the less I hurt, which may be a good lesson for obstetricians.

While natural delivery may be fantastic, muscle soreness is always an aftereffect, most likely because of the abrupt cessation of activity after delivery.

RECOVERY UNIT nurses continually ask naturally delivered mothers what medication they were given because of their bubbly, exhilarated condition after having given birth.

They can't comprehend the super-high of the unmedicated mother, she's had an over-abundance of oxygen and her adrenal glands have produced the maximum. She's high on life and love.

The same for running. Once you've experienced it, you'll know it well. As my little girl used to proclaim, explaining her inward joy: "It's me! It's really me!"

You'd better believe it! If it's pushing a newborn life into the world or pushing yourself across the finish line — it's YOU, baby, it's really you!

Jocelyn Krieger is a freelance writer and a former actress in off-Broadway productions. As a singer, she has appeared with the Detroit Concert Band and Detroit Symphony Orchestra. She is currently a teacher of piano and voice and is married to a tax consultant. Residents of Southfield, the Kriegers have six children.

How long, how hard should you exercise?

QUESTION: I would like to start an exercise program to improve my heart and lung fitness. How much and what type of exercise do I need to accomplish this goal?

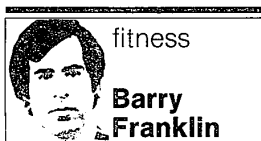
A.B., Farmington Hills

The effectiveness of any exercise program is determined by how frequently you participate, how intense your efforts are, how long each exercise session lasts and what type of exercise you employ.

Let's take these one at a time.

FREQUENCY: Most experts recommend exercising three to five days per week. Additional cardiorespiratory benefits of daily workouts appear to be minimal, whereas the incidence of leg and foot problems increases markedly, especially with activities that require running and jumping.

INTENSITY: This relates to how vigorously one exerts himself when exercising and is measured by how fast the heart beats during activity. For most persons, the exercise should be intense enough to raise the heart rate to between 70 and 85 percent of the individual's maximal heart rate.



fitness

**Barry
Franklin**

The maximal heart rate for persons without heart disease may be estimated by subtracting your age in years from 220. Example: A 40-year-old man has an estimated maximal heart rate of 180. His training heart rate range would then be 127 (70 percent) to 153 (85 percent) beats per minute.

DURATION: Exercise sessions should generally include 15 to 45 minutes of continuous activity at the 70 to 85 percent intensity level. Longer sessions apparently result in little additional improvement, while the number of musculoskeletal and orthopedic complications increases disproportionately.

Intensity and duration of training are interrelated.

ed. Consequently, programs of low intensity and long duration may yield comparable benefits to programs of high intensity but shorter duration, provided that the total caloric costs are similar.

For sedentary, middle-aged adults or cardiac patients starting an exercise program, a program of lower intensity and longer duration program is preferable.

MODE: Cardiorespiratory fitness is best enhanced through activities which employ large muscle groups, which can be maintained continuously, and which are rhythmic. Such "aerobic" activities include walking, jogging, bicycling, swimming, rowing, skating, cross country skiing and re-skiing.

Sudden stop-and-go sprint activities (anaerobics) as well as heavy lifting and isometric exercises (straining without movement) are less beneficial and are more likely to place undue stress on the heart.

Important in choosing an activity program is to realize that exercise training is specific to the muscle groups involved. Several recent research studies have shown there is little or no transfer of training

adaptation from one muscle group to another (e.g., legs to arms).

Thus, various muscle groups need to be exercised in order to meet all around fitness needs (total fitness concept). Jogging or running is not enough.

WHATEVER EXERCISE program you choose, you must continue it on a regular basis. Unfortunately, you rapidly lose the benefits of physical conditioning once you cease training.

You must realize that an exercise program is a lifetime pursuit, not simply an activity of 10 or 12 weeks with residual effects that last forever.

Finally, perhaps the most important point to consider in choosing a fitness activity is the "pleasure principle." A person generally will not stick with an exercise program, regardless of the health benefits, unless he enjoys it.

The writer, a Ph.D., is co-director of cardiac rehabilitation and physical fitness at Sinai Hospital and assistant professor of physiology at Wayne State University. Questions may be sent to him in care of this newspaper.

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