Commentary

Anabolic Steroid a Bane for Body System: A Commentary

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COMMENTARY

The phrase "anabolic steroids" refers to testosterone derivatives that are utilised for their anabolic qualities in either clinical settings or by athletes. For decades, scientists have questioned testosterone and its derivatives' anabolic effects on normal men. The majority of scientists believe that anabolic steroids do not boost muscle size or strength in adults with normal gonadal function, and that positive results are skewed by athletes' high expectations, bad study design, or inadequate data processing. Any state in which nitrogen is differentially held in lean body mass, either by stimulation of protein synthesis and/or decreased protein breakdown anyplace in the body, is referred to as anabolism. The principal gonadal steroid in males, testosterone, has significant anabolic effects in addition to its effects on reproduction, which may be seen in young boys and when hypo gonadal men undergo testosterone replacement therapy [1]. Athletes' use of anabolic steroids is a contentious topic. The first point of contention is whether or not drugs boost sports performance. Many sportsmen who have used these steroids claim that they have improved their performance, while the medical and scientific communities are sceptical of the effects of steroids, noting inconsistency in research on the impact of steroids on sports performance, with many showing no benefit [2]. The question of whether anabolic steroids are harmful to athletes is the second major point of contention. Many sportsmen who have used or are currently using steroids believe that the adverse effects are minor and temporary. The question of whether anabolic steroids are harmful to athletes is the second major point of contention. Many sportsmen who have used or are currently using steroids believe that the adverse effects are minor and temporary [3-5]. Because of the credibility and information gap between athletes and the medical community, athletic organizations have banned the use of anabolic steroids to safeguard athletes from possibly dangerous side effects. Because athletes continue to use the drugs despite the restrictions and medical cautions, detection measures have had to be created to enforce these prohibitions [2]. There are many negative effects and disadvantages of steroid have been reported. In one of the case study it was reported that after taking injectable anabolic steroids the concerned person was not able to walk and in hospital he was diagnosed with AVN and was subjected to use wheel chair [6]. It is a well-known fact that clinical-therapeutic studies of the

most commonly used AAS are not without side effects. Elevated liver enzymes, cholestatic jaundice, peliosis hepatis, and different neoplastic lesions are among the side effects that are dose and steroid type dependent. Although there are many great studies on the negative effects of anabolic steroids, clinical trials are not possible, thus much of the information on adverse reactions is anecdotal or based on known difficulties connected with their therapeutic usage [7]. Steroid use in men lowers luteinizing hormone and follicle-stimulating hormone levels, resulting in lower endogenous testosterone production, spermatogenesis, and testicular atrophy. The testicular atrophy and oligospermia or azoospermia normally go away once the medicines are stopped, although the sperm count and morphology can be abnormal for up to 6 months [8-10]. Still there are many gap presents in the clinical study of anabolic steroid's effects that are being caused by injection into the body system. There has to be broad study conducted by researchers that how endocrine system of our body reacts upon the injection of anabolic steroid.

REFERENCES

- 1. Kuhn CM. Anabolic steroids. Recent progress in hormone research. 2002;57(1):411-434.
- 2. Haupt HA, Rovere GD. Anabolic steroids: A review of the literature. Am. J. Sports Med. 1984; 12(6):469-484.
- 3. Lamb DR. Anabolic steroids in athletics how well do they work and how dangerous are they. Am J Sports Med. 1984;12(1): 31-38.
- 4. Ryan AJ. Anabolic steroids are fool's gold. Fed Proc.1981;40(12): 2682-2688.
- 5. Wade N. Anabolic steroids doctors denounce them, but athletes aren't listening. Science. 1972;176: 1399-1403.
- 6. Sharma P, Kumar AA. Disadvantages of anabolic steroid: a case study. Int J Ayurveda Pharma Res, 2019; 7(4):64-66.
- 7. Maravelias C, Dona A, Stefanidou M, Spiliopoulou C. Adverse effects of anabolic steroids in athletes. Toxicol. Lett. 2005;158(3):167-175.
- 8. Boyadjiev NP, Georgieva KN, Massaldjieva RI, Gueorguiev SI. reversible hypogonadism and azoospermia as a result

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- of anabolic-androgenic steroid use in a bodybuilder with personality disorder a case report. J. Sports Med. Phys. Fitness. 2000;40(3):271-274.
- 9. Dohle GR, Smit M, Weber RF. Androgens and male fertility. World J. Urol. 2003;21(5):341–345.
- 10. Eklof AC, Thurelius AM, Garle M, Rane A, Sjoqvist F. The anti-doping hot-line, a means to capture the abuse of doping agents in the Swedish society and a new service function in clinical pharmacology. Eur. J. Clin. Pharmacol. 2003;59:571-577.