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# THE EFFECT OF COOL AIR INHALATION ON CORE TEMPERATURE ELEVATION IN EXERCISING

SUBJECTS UNDER HEAT STRESS

by

Nikolaos Geladas

Bachelor of Ph.Ed., University of Athens, 1981

THESIS SUBMITTED IN PARTIAL FULFILLMENT-OF

MASTER OF SCIENCE (KINESIOLOGY)

in the School

of

Kinesiology

• Nikolaos Geladas 1986

SIMON FRASER UNIVERSITY

March 1986

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Author:



This study examined whether an increased Respiratory Heat Exchange (RHE). prevents excessive elevation of rectal temperature during exercise under heatstress. Eight male subjects cycled twice at 45%-50% of their maximum workrate until exhaustion in an ambient temperature and relative humidity of 38 °C and 90-95% respectively. In random order, they inspired either cool air (3.6 °C) or ambient air during several experiments on succeeding occasions.

By breathing cool air during 23 minutes of a standard work task an eight fold increase in total RHE was observed compared with similar exercise during hot air inhalation (1.37 kcal vs 11.44 kcal). Increasing total RHE decreased the core temperature significantly,  $(p \le 0.002)$ , by  $0.4 \circ C$  during 23 mln of exercise. Although the heart rate during the initial stages of exercise in the hot ambient atmosphere was higher while breathing cool air than breathing hot air, during the latter stages of exercise the reverse was true when cool air inhalation produced a significant ( $p \le 0.05$ ) decrease in heart rate compared with hot air inhalation. Cool air inspiration decreased the respiratory fequency significantly ( $p \le 0.004$ ) during exercise under heat stress compared with breathing hot ambient gas. Insignificant changes in oxygen consumption and fluid loss were found between the two experimental conditions.

The decreased core temperature observed while breathing cool air during exercise is not entirely attributable to an increase in RHE rate, and further research is needed to elaborate the underlying mechanisms. These data show that cool air inhalation during exercise in hot-humid ambient conditions diminishes the elevation of core temperature and suggest that performance could be enhanced.

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1. INTRODUCTION

During exercise, heat generated through metabolic activity would quickly injure the athlete, if it were not dissipated. Dissipation of human heat is accomplished through conduction, convection, radiation and evaporation from the skin, (Holman 1976), and by conduction and evaporation in the respiratory, tract, (Baltrop, 1954).

However during exercise, heat production exceeds heat loss and core temperature rises indicating heat storage. (Nielsen 1969).

Pugh (1967) recorded body temperatures as high as  $41.1^{\circ}$ C in a marathon runner. Elevation of normal body temperature has been associated with decreased physical performance (Adams <u>et al.</u>, 1975), and can lead to sickness and death (Soha<u>l et al.</u>, 1968).

Therefore, maximization of the heat dissipating mechanisms by any means could improve physical performance and protect subjects from heat exhaustion and ultimately stroke.

Indeed there is abundant research available on the effective manipulation of body temperature by modifying ambient temperature or wind velocity, inducing precooling, and rehydration, (Bruck et al., 1980; Falls, 1969; Bruck et al., 1978; Schmict and Bruck, 1981; Costill, 1977). Producing optimal heat loss from respiratory tract has not been fully explored.

The purpose of this study was to investigate a method of preventing excessive elevation of body temperature during exercise in the heat by promoting increased respiratory heat loss thereby enhancing performance.

# 1.1 Mechanisms of respiratory heat loss

Inspired air is fully warmed by means of turbulent convection in the nasopharynx and reaches the lungs at a temperature of  $37^{\circ}C$  (Cole, 1953; Moritz and Weisiger, 1945; Ingelstedt, 1956). Recently, McFadden <u>et al</u>. (1985) thermally mapped\_the human airways and found that during quiet inhalation of room air ( $26^{\circ}C$ ) temperature ranged from  $32.0^{\circ}C$  in the upper trachea to  $35.5^{\circ}C$  in the subsegmental bronchi. These data demonstrate that even the periphery of the lungs is involved in thermal exchange. Other than warming, the upper respiratory tract is able to humidify inspired air by evaporation from the mucosa (Walker <u>et al.</u>, 1961). Even though this evaporation cools the mucosa, it does not serve to warm the incoming air, merely to saturate it fully.

During expiration, heat is returned from the warm expired air to the cooled mucosa. Turbulent convection promotes a temperature equilibrium between the mucosa and the expired air. As expired air is cooled, its capacity for holding water vapor decreases. This ensures condensation of water vapor on the mucosa. Condensation performs a dual function of rehydrating and rewarming epithelial tissue in the upper respiratory tract. Latent heat is released to the respiratory tract during the process of condensation, (Seely, 1940).

The degree of humidity of the expired air is debatable. McCutchan and Taylor (1951), Mitchell (1977), and Ferrus <u>et al</u>. (1980) claim that the humidity of expired air is closely related to the humidity of the inspired air but only moderately affected by inspired air temperature. Recently, Ferrus <u>et al</u>. (1984) have ascertained that respiratory water loss depends to a large degree on respiratory and environmental conditions.

However, Webb (1955) pointed out that expired air is always saturated or

supersaturated with water vapor in cold conditions. Current work, (Deal <u>et al.</u>, 1979, Hoke <u>et al.</u>, 1976) support the latter opinion. The controversy stems from the difficulty of physically measuring the water content of expired <u>air</u>, since hygrometers absorb heat which in turn affects the air temperature.

Expired air temperature is considered to be a function of inspired air temperature. According to current findings the existing relationship between inspired air temperature and expired air temperature may be summarized in the following predictive equation: (Braithwaite, 1972)

 $T_{ex} = 24 + 0.32T_{in}$ Where  $T_{in}$  = temperature of inspired air

T<sub>ex</sub> = temperature of expired air

Thus, an important feature of upper respiratory tract heat exchange is that the colder the inspired air, the larger is conductive heat loss to it and the smaller is evaporative heat loss from it.

For example, where a man works at steady state, inspiring 100 l/min. of air at 0 °C and 50% Relative Humidity, the temperature of expired is 24°C. This means that the subject loses 0.730 kcal·min<sup>-1</sup> via respiratory conductive dissipation and 1.118 kcal·min<sup>-1</sup> through evaporation occurring in the respiratory system. The same individual working at the same workrate where inspired air is -10°C and 50% RH, would have pulmonary ventilation losses from conduction and evaporation occuring in his respiratory tract of 0.936 kcal·min.<sup>-1</sup> and 0.991 kcal·min.<sup>-1</sup> respectively. In both cases the expired air is considered to be fully saturated. The above illustration indicates that the colder inspired air, the greater is heat energy conservation in respiratory tract heat exchange and the greater is overall heat energy loss.

# 2, PREVIOUS RESEARCH ON COLD. AIR INHALATION

The ability of the upper respiratory tract to regulate the heat and water content of inspired air without tissue dysfunction or damage is very impressive and has been demonstrated in a cold environment:

## 2.1 Effects on tissue damage

Despite inspiration of air at an ambient temperature as low as  $-100^{\circ}$ C, inspired air reactions the lungs at 37°C (Cole, 1954; Ingelstedt, 1956). Moritz and Weisiger (1945) for example, reported that a combat flier flying with his face exposed to a 250 mile per hour windstream at minus 30°C for two hours received no laryngo-traches injuries.

## 2.2 Pulmonary function at rest

No changes were observed in timed vital capacity or expiratory flow rates after inhalation of cold air in sitting subjects (Hsieh <u>et al.</u>, 1968; Millar <u>et al.</u>, 1965; Wells <u>et al.</u>, 1960; Ramson, 1977; O'Cain <u>et al.</u>, 1980). Additionally, inhalation of cold air at rest, at  $-30^{\circ}$ C for 15 minutes did not produce any significant change in FEV, (Forced Expiratory Volume-1sec) and MMEFR (Maximum Mid-Expiratory Flow Rate; Guleria <u>et al.</u>, 1969), in contrast to changes observed in asthmatic persons.

# 2.3 Pulmonary function during exercise

Identical conclusions could be drawn for exercise. Jaeger <u>et al.</u> (1980) showed that temperature in the lower, third of the esophagus is identical to rectal temperature and, unaffected by the level of respiratory heat exchange during exercise; their subjects were performing at 80% of their predicted maximal oxygen uptake and inspiring cold dry air, ( $-40^{\circ}$ C). Furthermore, Deal <u>et al.</u> (1979) alleged that there is no obstructive response to exercise with cold air inspiration ( $-12^{\circ}$ C) in normal subjects, and Hartung <u>et al.</u> (1980) could demonstrate no changes in respiration rate due to breathing cold air ( $-35^{\circ}$ C) during moderately strenous exercise (65%-75%). Another investigaton showing no cold injury to the respiratory tract, was carried out by Faulkner <u>et al.</u> (1979) who examined cross country skiers performing vigorous (V<sub>E</sub>=120 1 min.<sup>-1</sup>) endurance exercise (80km) in temperatures as low as  $-28^{\circ}$ C ( $-55^{\circ}$ C with Wind Chill factor).

2.4 Effects on body temperature

McFadden <u>et al</u>. (1985) found that the temperature in the retrotracheal esophagus drops remarkably during exercise and hyperventilation. This challenges the utility of indirect techniques such as those of Jaeger <u>et al</u>. (1980) who found no changes in thermal stress in the intrathoracic airways. Spitler <u>et al</u>. (1980) found no exercise induced change in rectal temperature using a cryogenic gas. This was predictable since:

a) the work protocol was a short Vo<sub>2</sub>max test. Thus rectal monitoring, a poor indicator of temperature kinetics did not allow demonstration of

heat storage, (Hanson, 1974),

 b) there was no demonstrable environmental stress
c) the inspired air was not cold enough to induce reaction as a Helium-Oxygen mixture was inspired which differs in heat capacity, from a Nitrogen Oxygen mixture by only 0.00015 kcalt1-1-°C-1 and

d) maximum Oxygen uptake during respiration of a less dense gas such as Helium is lower implying a decreased heat load, (Saltin and Hermansen, 1966; Davies, 1979).

Similarly, Hartung <u>et al</u>. (1980), noted that rectal temperature was not affected by cold air breathing at ( $-30^{\circ}$ C). Hartung's experiments were performed in a thermally neutral environment and were 10 minutes long.

However, a careful consideration of their results by the writer reveals a statistically significant ( $p \le 0.05$ ), lower rectal temperature achieved while inspiring cold air. These investigators asserted that their calculations of body heat exchange show that a fall in rectal temperature is unlikely in 10 minutes of breathing extremely cold air even during high ventilatory effort. Thus, the authors conclude that these results probably represent chance error with respect to the small number of subjects. This conclusion may be erroneous. Using the values which are provided by Hartung et al, respiratory heat loss is equal to 21.4 kcal and 8.23 kcal under cold and ambient air inspiration respectively, after 10 min of cycling. Taking into consideration that the specific heat of the human body is equal to 0.83 kcal-kg-1-°C-1. 21.4 kcal of heat loss implies a 0.4°C potential

reduction in body core temperature. In comparison, 8.2 kcal of heat loss is equivalent to a 0.1 °C potential reduction.

55

With respect to overall thermoregulatory mechanisms and body heat production, the former losses are interpreted by the present writer as a definite  $0.3^{\circ}$ C (0.4-0.1) difference in core temperature between cold and ambient air inspiration in agreement with the findings of Hartung <u>et al.</u> (1980).

In addition Lind (1955) compared two different self contained breathing apparatus in mine rescue oparation and found that when the temperature of inspired air was higher than the rectal temperature his subjects were thermally stressed.

## 3. AIM OF THE STUDY

In this study, an attempt has been made to clarify the effects of cold air inhalation on exercise induced increases in body core temperature. The contribution of water losses through respiration to overall body dehydration was also examined. Experiments were conducted under heat stress in order to emphasize any beneficial effect of cold air breathing during exercise. In short, it was assumed that cold air inhalation may cause:

1. diminished rectal temperature elevation, and heart rate for standard endurance exercise, and

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2. increased dehydration during long term physical 'effort.

# 4. MATERIALS AND METHODS

## 4.1 Protocol

The experiments were conducted on eight healthy males who were selected at random from volunteers in the age range of 24-29 yrs. Their anthropometric characteristics are presented in Table 1.

Each subject executed a ramp test on a Uniwork Quinton-845 electrically braked ergometer to determine maximal oxygen capacity (VO<sub>2</sub>max.; Table 1). On two other occasions all subjects cycled at 45%-50% of their maximum work rate while:

a) inhaling cool air  $(3.6^{\circ}C)$ 

b) inspiring room air, in a random sequence.

In all three experimental protocols, (VO<sub>2</sub>max, cool air inhalation, ambient room air inhalation), the ambient temperature was maintained at 38°C and 90%-95% relative humidity ensuring minimization of the contribution of sweat evaporation in the thermoregulatory process (Mitchell,1970). Submaximal tests were considered to be completed upon manifestation of exhaustion of the subjects. For comparative purposes subjects were asked to perform on each second occasion for as long as they had lasted in the first.

After cessation of exercise subjects were allowed to recover in a thermo-neutral environment while skin the rectal temperarure were monitored for 30 minutes.

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Table 1: Physical characteristics and aerobic power of eight male subjects participating in the experiments.

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Subjècts	Age	Height	Weight	Body Surface	Somatotype	Adiposity	Specific heat	VO, mai
(initials )	V (years)	(cm)	(6A)	Area (m²)	•	(j.)	of tissue (kcal+kg-r C-1)	("-uim "
ڼ				R 				
٩N	24.6	181	68.5	1.85	144	20	0.80	59.8
D'N	26.6	, 180	74.2	2.04	353	28	0.79	45.8
۲.	29.1	183	77.5	1.80	253	23	08 <sup>.</sup> 0	42.6
TL	28.7	<sup>و</sup> 186	75.0	1.89	144	20	0.80	61.3
GD	25.5	190	83.2	1.94	253	20	0.81	54.1
LB	27.1	181	63.7	, 1.85	234	21	0.80	75.3
ΤV	28.1	184	91.3	2.17	361	· 31 Å	0.78	47.0
D.V	29.4	178	67.5	1.80	243	23	0.80	, 53.3
	·							
Mean	. 27.4	183	75.1	1.92	243	23	0.80	54.9
₽SD	1.74	3.8	8.99	0.13		4.1	. 0.01	10.6

.

## 4.2 Instrumentation

• All experiments took place in a hot/cold chamber (Tenney Engineering New Jersey) capable of simulating environmental conditions over a wide range of temperature and humidity. Under cool air inhalation condition subjects inspired from a heat exchanger, a modification of the design reported by Guleria <u>et al.</u> (1969), shown in figures 1 and <u>2</u>. Compressed atmospheric air was driven through two homocentric tubes which were encircled by copper coil filled with liquid nitrogen. Heart rates were recorded with an electrocardiograph (model Fukuda Danish FD-13).

The volume of respired gas was measured on expiration by an HP 2107EB pneumotach attached to an HP 47304A flow transducer, previously calibrated using a 2667 Collins chain-compensated gasometer. Expired gas was directed to a 9,5 litre mixing box, from which oxygen and carbon dioxide concentrations were determined by S-3A Applied Electrochemistry Oxygen and CD-3A Carbon Dioxide analyzers, respectively. The oxygen uptake instruments were located outside the Environmental chamber and were connected to the mouthpiece with 3.5 m of tubing producing a system response time of 40 seconds. The oxygen uptake system was calibrated twice before each test using prime gas.

A rectal thermistor probe (Yellow Springs instruments co.) was inserted 10cm past the external sphincter in the rectum. The thermistor was connected to a temperature coupler.

Skin temperatures measurement were obtained from four separate sites, (quadriceps, gastrocnemious, triceps, m. pectoralis), using T-type<sup>1</sup> thermocouples. The end of each thermocouple was held on the skin with an adhesive Scholl

Figure 1: A longitudinal section of the heat exchanger allowing cold air inhalation to an exercising subject.



Figure 2: A sectional view of the heat exchanger allowing cold air respiration to an exercising subject.



scorn plaster in such a manner that the thermosensitive tip was positioned in the center hole in close contact with the skin.

Inspired and expired air temperatures were monitored by a teflon insulated miniature (.005inch) T-type thermocouple with a time constant of 0.1 second measured in air. A PM-8100 Philips recorder was used to record respired air temperatures. The respired air temperature record was also used to record the respiratory frequency. Air humidity of the expired air was measured in the mixing box using a TRH-CX Shinyei digital thermo-hygrometer.

Each variable was recorded by an HP3497A Data acquisition system linked to an HP85 microcomputer, (HP3054 DL). Fluid losses were measured by weighing the subjects, nude, on an accurate weight scale (Accu-Weigh, Metro Equipment Co., CA) prior to and immediately on termination of each experiment.

# 4.3 Analysis

## Body Surface Area.

The equation originated by Jones <u>et al</u>. (1985) was used to estimate body surface area.

#### Skin temperature.

Mean skin temperature was calculated from Ramanathan's formula, (Ramanathan, 1964). In some cases calf skin temperature was lost, due to technical difficulties. In those cases a modified value equivalent to  $0.35(T_{ar} + T_{ch}) + 0.30$   $T_{th}$  was used, where  $T_{ar}$ ,  $T_{ch}$  and  $T_{th}$  represent arm, chest and thigh teperatures respectively. The latter formula was derived using regression analysis of skin temperature values measured at four sites in the present study. Moreover, Olesen

(1984), Olesen and Fanger (1973) pointed out that during exposure to heat mean skin temperature derived from the temperature of 2-3 skin sites is relieble.

### Respiratory heat exchange (RHE)

RHE was computed from the temperature and humidity of the inspired and the expired air respectively (Appendix 3), according to the following formula, (American Thoracic Society, 1962; Gagge <u>et al.</u>, 1969):

RHE = 
$$V_{E} \{H_{c}(T_{in} - T_{ex}) + \lambda (P_{wi} - P_{we})\} \times 69.8^{4}$$
 (1)

where,

RHE = Respiratory heat exchange in Watts  $V_E$  = Minute ventilation in  $1 \cdot \text{min}^{-1}$   $H_c$  = Heat capacity of air in kcal·1<sup>-1, °</sup>C<sup>-1</sup>  $T_{in}$  = Inspired air temperature in °C  $T_{ex}$  = Expired air temperature in °C  $\lambda$  = Latent heat of vaporization of water, 0.58 kcal·g<sup>-1</sup>  $P_{wi}$  = Water content of inspired air, g H<sub>2</sub>O·1<sup>-1</sup>  $P_{we}$  = Water content of expired air, g H<sub>2</sub>O·1<sup>-1</sup> 69.8 = conversion factor of kcal·min<sup>-1</sup> to Watts

Heat capacity is defined as the product of specific heat (c) and density ( $\rho$ ). Specific heat was considered to be equal to 0.24.10<sup>-3</sup> kcal-g<sup>-1, o</sup>C<sup>-1</sup> and insignificantly affected by temperature. In contrast V<sub>E</sub> and  $\rho$  must be expressed at the same temperature. Relative Humidity of expired air at the mouth was calculated according to the RH of expired air in the mixing box and the corresponding temperature of the air in the mixing box and at the mouth respectively. The water content of inspired (P<sub>wi</sub>), expired air (P<sub>we</sub>) and  $\rho$  of

expired air in g-11 were calculated from tables reported by Weast 1976).

#### Body heat storage, (S)

S was, computed from: (Flyn at al . 1974)

 $S = M \pm RHE \pm C \pm R - E$ 

where,

S = Body heat storage in Watts
M = Metabolic heat production in Watts
RHE = Respiratory heat loss/gain in Watts
C = Convective heat loss/gain in Watts
R = Heat loss/gain via radiation in Watts
E = Evaporative heat loss in Watts

(2)

Metabolic heat production, (M)

M was calculated from the relationship between oxygen consumption and calories yielded. One liter of oxygen was equivalant to 5 kcal of a Respiratory Quotient (R) equal to 1, Mechanical efficiency of cycling was considered to be 25% (Fanger, 1972).

Convection..

Convective heat loss was calculated from Kerslake, (1972):

$$C = h_c \times BSA \times (T_s - T_a)$$
(3)

C = Convective heat loss, Watts

 $h_{e}$  = convective heat transfer coefficient, W·m<sup>-1,0</sup>C<sup>-1</sup>

 $BSA = body surface area, m^2$ 

 $T_a = ambient temperature, °C$ 

T Temean skin temperature, °C

The heat transfer coefficient was estimated to be 7.2 W·m·<sup>1.0</sup>C<sup>-1</sup> by extrapolating Nishi and Gagge's (1970) experimentally defined heat transfer coefficient under slightly different experimental conditions. Only 0.8 of the total surface area was accounted for in the convective exchange as Flyn <u>et al</u> (1974) have reported that only 80% of the total body surface area contributes to convective heat exchange, (termed effective BSA for convective heat loss).

Radiation, (R).

Radiative heat loss was calculated from Kerslake, (1972), Fanger, (1972) :

$$R = \epsilon \times \sigma \times (T^{*}_{s} - MRT^{*}) \times f_{c} \times BSA$$

R = Radiative heat loss, Watts

 $\epsilon$  = Emissivity of the skin, dimensionless

 $\sigma$  = Stephan-Boltzmann constant, W·m-<sup>2·o</sup>C-<sup>4</sup>

 $T_{\rm c}$  = Skin body temperature, °C.

MRT = Mean radiant temperature, °C.

f = configuration factor, dimensionless

🖁 BSA = Body serface area, m²

Hardy (1939), Mitchell (1970), and Fanger (1972) proposed that skin emissivity and configuration factor approximate a value of 1 and 0.7 respectively. Hodgman (1965) found the constant,  $\sigma$ , has the value 5.67x10<sup>-1</sup>. The

mean radiant temperature was assumed essentially equal to the ambient temperature (Flyn et al., 1974).

#### Evaporation, (E).

Heat loss from sweat evaporation was calculated from: \*

$$E = h_{D} \{\phi s(C_{s} - C_{a})\}\lambda \times BSA \times 69.8$$
 (5)

where

E = Evaporative heat loss, Watts

 $h_D = mass transfer coefficient, m·min.^1$   $\phi s = relative humidity of skin, (dimensionless).$   $C_s = water vapour concentration, g·m ^3$   $C_a = ambient water vapour concentration, g·m^3$   $\lambda = latent heat of vapourization, 0.58 kcal·g^1$ BSA = body surface area, m<sup>2</sup>

69.8 = conversion factor of kcal-min-1 to Watts.

The mass transfer coefficient analogous to the convective heat transfer coefficient (h<sub>c</sub>) was equal to 0.377 according to the equation proposed by <u>Kerslake (1972)</u>:

 $h_{D} = h_{c} \cdot (\rho c)^{-1}$  (by approximation) (6)

where  $\rho$  and c represent the density and specific heat of air respectively and are equal to 1.13 kg<sup>4</sup>m<sup>-3</sup> and 0.242 kcal·kg<sup>-1.0</sup>C<sup>-1</sup> The convective heat transfer coefficient was assumed to be 0.1032 kcal·min<sup>-1</sup>·m<sup>-2.0</sup>C<sup>-1</sup>, (Rapp 1970). The relative humidity of the skin was computed after taking into account that skin wettedness, even at 100% RH, is only 75%, (Mitchell J, 1977). The relationship between relative skin humidity ( $\phi$ s) and wettedness (W) is given by:

# ♦s = W + (1-w)pa/ps \* (7)

where ps indicates the saturated water vapor pressure at skin temperature and pa

the ambient wats vapour pressure.

# Body heat storage (S)

S was calculated from Kakitsuba and Mekjavic (1986): S = 0.84 x BW x (X x  $\Delta T_r$  + Y x  $\Delta T_s$ ) x 69.8 (8) where S = body heat storage, Watts X = 0.38 + 0.25 x  $a^{.5}$  + 0.38 x aY = 0.38 - 0.25 x  $a^{.5}$  + 0.13 x a. a = 1 - fraction of adiposity0.84 = revised specific heat of tissue, kcal·kg<sup>-1.°</sup>C<sup>-1</sup> BW = body mass, kg BSA = Body Surface Area, m<sup>2</sup>  $T_r = rectal temperature, ^{\circ}C.$   $T_s = skin temperature, ^{\circ}C.$ 69.8 = conversion factor of kcal·min<sup>-1</sup> to Watts

## Average body temperature (Tb).

Two methods were used to calculate the average body temperature.

a) Calorific:

Heat calculated from oxygen uptake measurements, was divided by the heat capacity (C) of tissue, (the product of specific heat, c, of the tissue and the body mass, Table 1). The mean specific heat of tissue was computed by fractioning the total body mass into different tissues and then summing the product of the individual composition mass and the appropriate specific heat thermal characteristic, (Mitchell <u>et al.</u>, 1945; Kakitsuba and Mekjavic, 1986).The fractionation of body mass was based on a model developed by Drinkwater, (1984).

# b) *Thermic*:

This method relies on measurements made of the skin and core temperature, (Burton, 1935). The coefficients were determined to be 0.5 each since 50%-54% of total body mass and volume is distributed at the periphery of the body and that average body temperature is logically related more to skin temperature when skin temperature is higher than to core temperature, (Hardy and DuBois 1937).

# Statistics.

Data were analysed using Analysis of Variance with Repeated measures; variation in body weight under different experimental conditions was tested by a matched t-test, (BMDP, 1981).

The null hypothesis (H<sub>0</sub>) that there was no difference in any physiological parameter due to cool or warm inhalant gas breathing during exercise was set at  $\alpha \leq 0.05$  confidence level. Missing values of variables were estimated by regressing those variables on up to two variables selected by stepwise iterative regression, serially measured close to the missing value, (BMDP, 1981).

Raw and derived data are presented in Appendix 1. Table 2 shows the mean values and standard deviation of rectal temperature, skin temperature, heart rate, and ambient temperature during a time period of 19 minutes which represents the minimum common endurance of all the subjects during exercise. Figure 2 illustrates data which are presented in table 2. Figures 3, 4, 5, and 6 depict individual data for rectal, skin and ambient temperature and heart rate of all the subjects.

Heart rate (HR)

Heart rate data for two subjects (P.J, G.D) were not recorded due to technical difficulties. Group mean heart rate was not significantly different,  $(p \le 0.34)$ , between experimental conditions. However, as it may be seen, (table 2, Fig. 2), the final heart rate for hot inhalation is higher compared to the cool one. Indeed, statistical analysis of the last two minutes of exercise revealed a significant difference of  $p \le 0.05$  (onesided).

Ambient temperature.

There was no statistically significant difference between the group mean temperature of the surrounding ambient conditions under the different experimental conditions of breathing hot, (mean 38.3  $\pm$  0.19), and cool\_air, (mean 37.9  $\pm$  0.24). However, there is a large variance in ambient temperature between hot and cool inhalation in two of the subjects, (L.B., T.L.).

Skin temperature.

Skin temperature is statistically insignificant different and almost identical under both experimental conditions except in subjects L.B. and D.V.,  $(37.97 \pm 1.47)$ vs  $37.82 \pm 1.30$ ). The time course of mean change in skin temperature is characterized by an initial dramatic increase during the first five minutes followed by a slow rise which leads finally to a skin temperatures higher than the hot ambient temperature.

## Rectal temperature.

All subjects' rectal temperature constantly increased during exercise under both experimental conditions. The rate of increase during the first six minutes of exercise was small becoming gradually greater as exercise duration increased. Rectal temperature increased during hot air inhalation in a exponential fashion after the fifteenth minute of exercise. On the contrary, the onset of rectal temperature increase during cool air respiration was delayed and the rate of its increment was reduced below that occuring during hot air inhalation. Rectal temperature while breathing cool air is significantly lower ( $p \le 0.002$ ) than under hot air inhalation during the entire exercise period.

Respiratory frequency.

Table 3 and figure 8 show changes in respiratory frequency caused by hot and cool air inhalation. Cool air inhalation induced reduction of the respiratory frequency in all the subjects except G.D. Subject A.L. attained a maximum difference of 10 cycles min<sup>-1</sup> between hot and cool air inhalation treatment. Table 3 shows that breathing cool air progressively decreases mean respiratory frequency during exercise in hot-humid ambient conditions below that occurring while breathing hot air. The range of differences in respiratory frequency

between hot and cool inhalation varies from 2 cycles min<sup>-1</sup> during the first minute to almost 5 cycles min<sup>-1</sup> during the last minute of the exercise period,  $(39.5 \pm 5.2 \text{ vs } 34.7 \pm 4.3)$ . Analysis of variance during the time course showed significant differences between the two experimental conditions at p  $\leq 0.004$ .

# Respiratory Heat Exchange.

Changes in the Respiratory Heat Exchange, pulmonary ventilation, and temperature of inspired and expired air under hot and cool inhalation treatments are shown in table 4 for eight subjects. During cool air breathing there was an eight fold greater heat loss through the respiratory system than under similar exercise breathing hot air. It seems that the respiratory system sometimes possesses an exceptional ability to dissipate heat even in a hot humid environment as may be observed in the special cases of subjects N.A, T.L, A.L., and D.V.

## Body Weight.

Loss of body weight due to exercising in a hot humid environment was not significantly greater ( $p \le 0.08$ ) while breathing cool air, (1.33kg), compared with weight loss breathing hot ambient air (1kg, table 6). However this difference should be carefully interpreted because the distribution of weight changes throughout the various conditions was not normal. Subject D.V.'s weight loss was exceptionally great during cool air inhalation. Thus a non-parametric test (sign test) was used to test the difference. This resulted in an similar non significant difference ( $p \le 0.08$ ) between the two conditions.

Mean body temperature and body heat storage.

Mean body temperature and body heat storage were calculated both directly and indirectly in an attempt to reconcile existing prediction equations with present data. Appendix 2 shows such calculations for subject N.A. As table 5 shows there is close agreement in predicted values between the calorific method used here and the Hardy DuBois equation,  $(2.67^{\circ}C \text{ vs } 2.61^{\circ}C \text{ during hot air}$ inhalation and  $2.28^{\circ}C \text{ vs } 2.20^{\circ}C$  under cool air inhalant condition). The Kakitsuba and Mekjavic equation shows a large overestimation of body heat storage during hot inspiration (+15.25kcal) and an insignificant underestimation of body heat storage under cool inspiration (-6.16kcal) compared with the present calorific method. The contribution of each dissipating mechanism in body heat storage calculations is shown in table 6 for six exercising subjects working under heat stress and breathing cool and ambient air.

Oxygen uptake.

The values of oxygen uptake which are showed in table 5 for six subjects are representative of the twelfth minute of exercise. Individual measures of VO<sub>2</sub> at specific time points were compared rather than serial measurements because in some experiments there was free flow of respired air towards the end of exercise due to freezing of the breathing valve flaps. Oxygen uptake was insignificantly ( $p \le 0.10$ ) lower (1.9  $\pm 0.33$  l·min<sup>-1</sup>) while breathing cool air than during breathing hot air (2.08  $\pm 0.25$  l·min<sup>-1</sup>).
Rectal temperature during recovery.

Rectal temperature changes during recovery are shown in Appendix 1. Figures 9 and 10 depict these results pooled in two arbitrary groups for all subjects, depending on the severeness of the change. Rectal temperature during recovery continued to increase even when the heat stress and exercise stimulus were removed. The rise ranged from 0.1° to 5.2° C with a mean group value of 1.8 °C. In seven cases the final rectal temperature reached 40° C. These results remain unexplained.

Nalues . Table 2: Changes in skin, an bient, rectal temperature and heart rate during hot and cool air inhalation under hot-humid environment are means, ±SD, n=8 except in the case of heart rate where n=6; T, rectal temperature in °C, T, mean skin temperature ambient temperature in °C, HR, heart rate in beats-min<sup>1,</sup> \*p≤0002, \*\*p≤05 (for only last 2 min. of exercise).

Condition	-	7	13'	19
•T_/Hat	0.0 ± 0.0	0.2 ±0.2	0.6 ±0.3	1.1 ±0.5
•T /Cool	0.0 ± 0.0	0.1 ±0.1	0.4 ±0.2	· 0.7 ±0.4
T_/Hot	<b>36.1 ±0.5</b> -	<b>37.6</b> ± 0.6	<b>38.7 ±0.6</b>	<b>39.5</b> ±0.7
T_/Cool	36.1 ±0.5	37.6 ±0.6	38.7 ±0.6	39.1 ±0.6
T/Hot	<b>38.1</b> ± 1.8	<b>38.2 ±1.5</b>	38.3 ±1.4	<b>38.6</b> ± <b>1.6</b>
	37.6 ±1.5	37.7 ±1.5	38.0 ±1.6	38.4 ±1.8
H.R/Hot	124 ± 24	147 ± 9	165 ± 7	179 ± 15**
H.R./Cool	142 ± 23	149 ± 13	162 ± 12	170. ± 10

Fig. 3: Changes' (mean  $\pm$  S.D.), in rectal

temperature, skin temperature, and heart rate during cycle ergometry (45%-50% VO<sub>2</sub>max) induced by cool inhalant gas or ambient gas breathing under hot ambient condition (38 °C - 95 %RH).

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Fig 4: Time course of individual changes in rectal temperature, skin temperature, and heart rate during submaximal (45%-50%/O<sub>2</sub>) exercise during inhalation of hot and cool air in the subjects N.A. (top) and N.G (bottom). Ambient temperature and Relative Humidity for N.A were 37.6 °C. under hot inhalation and 37.2 °C.- 95% under cool inhalation respectively. For N.G., they were 38.9 ° C. - 95% and 38.1 ° - 95% respectively.



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Fig 5: Time course of individual changes in rectal temperature, skin temperature, and heart rate during submaximal (45%-50%VO<sub>2</sub>max) exercise during inhalation of hot and cool air in the subjects G.D. (top) and L.B. (bottom). Ambient temperature and Relative Humidity for G.D were 39.8 ° - 95% under hot inhalation and 39.6° C. - 95% under cool inhalation respectively. For L.B., they were 40.9° C. - 95% and 37.7° C.- 95% respectively. Subject's G.D. heart rate was lost.



Fig 6: Time course of individual changes in rectal temperature, skin temperature, and heart rate during submaximal (45%-50%VO<sub>2</sub>max) exercise during inhalation of hot and cool air in the subjects P.J (top) and T.L., (bottom).
Ambient temperature and Relative Humidity for P.J. were 38.4° C. - 95% under hot inhalation and 38.3 °C - 95% under cool respectively. For T.L., they were 37.3 °C - 95% and 40.5° C. - 95% respectively. Subject's P.J heart rate was not recorded.



Fig 7: Time course of individual changes in rectal temperature, skin temperature, and heart rate during submaximal (45%-50%VO,max) exercise during inhalation of hot and cool air in the subjects AL (top) and D.V., (bottom).
Ambient temperature and Relative Humidity for A.L were 37.4° - 95% under hot inhalation and 36.9° C. - 95% under hot inhalation respectively. For D.V., they were 36.0° C. - 95% and 35.2°C. - 95% respectively.







Table 3.Changes in respiratory frequency in 6 healthy exercising subjects induced by breathing hot and cool air under heat stress.\*p≤0.004

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Subject/					TIME (	nin)							
•	-	ε	ب ب	7	6	-	13	1	17	19	21	23	
Condition					FREQUE	NCY (cycli	es.min <sup>. 1</sup> )				-		
					, <b>e</b>							-	
N.A./Hot	30	33	39	37-	39	36	39	41	42	43	47	46	
N.A./Cool	28	30	32	33	34	33	38	37	37	40	38	38	
N.G./Hot	28	26	28	28	28	28	30	33	33	33	38	39	•
N.G./Cool	. 28	26	27	28	27	25	26	26	28	27	26	28	
L.B./Hot	29	29	29	29	29	32	34	36	37	42			
L.B./Cool	27	27	26	26	27	28	29	34	33	35			
G.D./Hot	20	24	25	27	29	28	29 &	31	34	33			
GD./Cool	18	24	28	25	28	30	29:	28	31	35			
T.L./Hot	29	<b>0E</b>	31	33	34	39	39	38 <sup>°</sup>	43	45		,	
TL./Cool	29	29	31	31	35	37	37	36	35	37		•	
A.L./Hot	32	32	36	40	42	42	41	42	43	41	44		
A.L./Cool	29	30	34	38	37	38	37	34	34	34	34		
			-										
Mean/Hot	28	29	31.3	32.3	33.5	34.7	35.3	36.8	38.7	39.5*			
S.D±	4.1	3.5	5.2	5.3	5.9	6.1	5.1	4.3	5.2	5,2			
Mean/Cool	26.5	28.2	29.7	30.2	31.3	31.8	32.7	32.5	33	34.7•			
\$D±	4.2	1.7	3.1	4.9	4.5	5.1	5.2	4.5	3.2	4,3			

Fig 8: The time course of individual differences in Respiratory frequency during submaximal exercise (45%-50% VO<sub>2</sub>max) induced by inhalation of hot and cool respired air in six subjects, N.A., N.G., T.L., G.D., L.B., A.L., (from the top to the bottom). The insert shows changes in group mean values

during the same period.



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Table 4: Changes in total accumulated Respiratory Heat Exchange, pulmonary ventilation, inspired and expired temperature during exercise under heat stress in eight subjects treatiling hot and cool ain.

NO	· • · .	•	COOL IN	HALATION		TIME
T ex C	R H F kcal	kmin-1	⊢ <u>د</u> ں	T S C	R H E kcał	ain,
					-	
38.3	-2.68	47.7	-11.3	6.6	-10.95	24
38.3	+1.18	43.3	4.0	16.11	-4.79	23
37.4	: 6:0+	40.0	2.2	22.5	-4.79	21
37.7	-1.80	48.8	6.2 5	20.5	-7.86	6
38.2	+1.74	44.7	5.3	20.5	-6.62	20
39.1	+1.52	46.8	. 5.7	21.6	-7.13	21
38.5	-5.95	57.8	, 7.8	27.9	-17.97	24
37.5 ,	-5.90	79.3	0.6	28.7	-31.36	30
38.1	-1.37	51.0	3.6	20.2	-11.44	22.7
0.57	3.23	12.5	6.4	6.5	9.12	4.77

Table 5: Body heat storage and mean body temperature using the caloric equivalant of Oxygen , Hardy and DuBois' (1937) and Kakitsuba Mekjavic's (1988)(ΔS), equations which are based on core - skin temperature and adiposity respectively. ΔT and ΔT represent the differences between initial and final rectal and skin temperatures respectively.

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Subjects/ Couldition	vo2 1/min	Calorific kcal/'C	ATrectal .C	ATskin .C	Hardy's C	Adiposity %	AS kcal
N.A/Hot	2.14	166.9/2.94	1.8	0.4	2.90	20.4	195.80
N.A/Cool	2.00	134.9/2.46	.1.4	3.5	2.45	20.4	147.40
N.G/Hot	1.78	158.0/2.67	1.1	3.5	2.30	28.0	154.05
N.G/Cool	1.58	129.0/2.18	0.6	3.5	2.05	28.0	093, 93
T.L/Hot	2.39	150.8/2.51	1.0	3.9	2.45	19.8	132.96
T.L/Cool	2.00	140.0/2.33	0,0	3.5	2.20	19,8	119.60
Q.D/Hot	1.94	152.2/2.27	6.0	4.4	2.50	20.1	139.58
G.D/Cool	1.70	125.5/1.86	、 0.5 、	3.1	1.80	20.1	083.34
L.B/Hot	1.80	181.2/3.16	2.3	3.8	3.05	21.8	224,90
L.B/Cool	. 1.70	120.0/2.35	1.8	2.7	2.25	21.6	175.08
A.L/Hot	2.33	178.1/2.48	1.1	3.8	2.45	31.7	208.82
A.L/Cool	2.50	182.1/2.50	o O	4.0	2.45	31.7	171.30
			•				
Mean/Hot	2.08	161.2/2.68 010 2/0 22	- C	3.8	2.81		38, 73 38, 73
Nean/Cool	16.1	138.0/2.28	0	3.38	2 . 20	23.6	131.84
+S.D/Cool	0.33	022 4/0 23	0.5	0.44	0.25	5.0	39,09

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Table 6: Changes in accumulated Respiratory Heat Exchange. Convection, Radiation, Evaporation and Weight loss during exercise under heat stress in six subjects breathing hot and cool air. Number of subjects in body weight changes is equal to eight.

								e		
Subjects		HOT IN	HALATION			:	COOL IN	HALATION		-
Initials.	R H E Kcal	c kcal	R kcal	E kcal°	WEIGHT kg	R H E kcail	c kcal	R kcal	E kcal	WE I GHT kg
		r	×	3						
N.A.	-2.68	96.6-	2.33	-22.6	-1.03	- 10.95	-3.78	-2, 18	-28.22	-1.11
D Z	+1.18	+2.49	<b>9</b> +1:40	-1.44	-0.95	-4.79	-0.69	-0.45	-1.31	-1.20
Т. Г.	-1,80	-2,45	-1.67	- 13.6	-1.53	-7.86	+5.03	+3.15	00.00	-1.53
G. D.	+1.74	+3.67	+2.17	-0.90	-0.80	-6.62	41.6+	+1、59	00.00	-0.92
8.1	+1.52	+6,06	+4.06	00.00	- 1, 00	-7.13	-0.90	-0.81	-5.95	-1.05
. <b>.</b>	-5.95	- 1.72	-1.12	-22.7	-0.89	- 17 . 97	-2.36	-1.58	-21.00	-1.06
р. Ч.	1			·	0.84			•		-0.97
D.V.					1.00		,		-	-2.80
Mean	-1.37	0.78	0.42	- 10.20	-1.00	-11,44	0.07	0.0	-9.4	-1.33
S.D.±	3.23	9.8 8	2.5	10.8	0.23	9.12	3.35	2.01	12.2	0,62
			•			a		7		

Fig. 9: Enhanced changes of rectal temperature during thirty minutes of recovery on six occasions in thermally stressed subjects at rest after ceasing exercise while surrounded by neutral environment. The inset figure at the right shows an enlargement of the lowest line of the main figure.

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# Fig. 10: Diminished changes of rectal temperature

during thirty minutes of recovery on six occasions in thermally stressed subjects at rest after ceasing exercise surrounded by a thermally neutral environment



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## 6. DISCUSSION

## 6.1 <u>Rectal</u> <u>t'emperature</u>

The present study supports the hypothesis that cool air inhalation under heat stress reduces the rectal temperature and this is in agreement with Lind's findings (1955). The mean group value of rectal temperature was significantly diminished by cool air respiration under hot humid ambient conditions. The rectal temperature difference between hot and cool gas inhalation was significant ( $p \leq 0.002$ ), from the fourth minute of exercise onwards and was greatest (+0.4 <sup>o</sup>C) during the last minute of the work task (Fig.1). Subject T.L., Fig. 7, attained a final rectal temperature difference of 0.1 °C, breathing cool gas even though the ambient temperature under hot inhalation was 3.2 °C, higher than under cool inhalation. Curiously during cool inhalation this subject's rectal temperature showed and initial decrease of -0.1 °C. This decrease is supported by previous research, (Aikas et al, 1962; Baker and Chapman, 1977) and has been attributed to an acute heat redistribution from the core to the periphery. Probably for similar reasons the rectal temperature remained at a plateau for the first 2-7 minutes of exercise in all the subjects. Exercise induced diversion of blood flow from the viscera coupled with the facts that the structures of the pelvis have a great heat. capacity, are efficiently insulated and have relatively poor circulation could explain such delays. Murray-Smith, et al. (1984) criticized the use of rectal temperature during steady-state exercise as an indicator of change in core temperature since conductance is not homogenous throughout human tissue.

### 6.2 Respiratory Heat Exchange (RHE)

The respiratory system does not play a prominant role in overall heat exchange in humans. Its minor role is indicated by the fact that a RHE mediated heat gain is almost impossible even in hot environments. This is shown in table 4, for subjects N.A, T.L., A.L., D.V., where core temperature rose above ambient temperature during steady state work elevating expired air temperature and initiating a heat loss. In the present study, during cool air inhalation the expired air was only around 50% saturated thus conserving thermal energy. This finding is in agreement with the work of Ferrus <u>et al</u>. (1984) and suggests that a number of studies which assume that the expired air is fully saturated even during cold air inspiration, (Deal <u>et al</u>, 1979; Hoke <u>et al</u>, 1976) should be reinterpreted more carefully. The ability of the respiratory system to protect itself from excessive heat gain or loss complies with the principle of regulated morphogenesis whereby the formation of structural elements of the body is regulated to satisfy, but not to exceed, the requirements of the functional system (symmorphosis), Taylor and Weibel (1981).

Although RHE during cool air inhalation evoked an 8 fold increase in heat loss, the decrease of rectal temperature under these conditions is not totally attributable to these losses. The average 10.1 kcal difference in RHE between hot and cool inhalation is only equivalant to a 0.165 °C rectal reduction breathing cool air compared with the actual temperature of 0.36 °C during the period of exposure as shown in table 5.

## 6.3 Oxygen consumption and Respiratory frequency

Table 5 shows that oxygen uptake was slightly, but insignificantly ( $p \le 0.10$ ), decreased, (-0.170 l·min<sup>-1</sup>) during cool air inhalation. Some speculation on this may be appropriate since only a 100 mil min<sup>-1</sup> decrease in oxygen uptake is needed to explain the discrepancy observed between respiratory heat loss and rectal temperature difference between cool and hot air respiration. Such a small decrease in oxygen uptake however might imply a remarkable, thermogenic reduction. Specifically, the equivalent core temperature decrease of this oxygen uptake decrement is 0.22 °C for the period of exposure.

It is known that ambient temperatures above the thermoneutral zone exert a definite thermogenic effect in mammals at rest, (Fellows <u>et al</u>, 1984; Johnson and Elizondo, 1974). An upward oxygen uptake "drift" during prolonged exercise at a constant workrate has also been noted at normal temperatures by Saltin and Stenberg (1964) and under heat stress by MacDougall <u>et al</u>. (1975) and Rowell <u>et al</u>. (1969). Furthermore, Happ <u>et al</u>. (1949) showed that oxygen requirements for a given amount of work may be reduced by applying abdominal cold packs during exercise. It is possible that the decreased stress and metabolic heat production observed in the present study under cool inhalant gas breathing could have been caused by reduced respiratory muscle work as evidenced by the significantly lower respiratory frequency, during cool gas breathing ( $p \le 0.004$ ) shown in Table 3 and figure 9, as. Kruk <u>et al</u>. (1985) also found.

See (1983) and See (1976) also demonstrated the ability of a non-specific hypothalamic site responsible for temperature regulation to deliver sufficient input to the respiratory rhythm generator in the absence of all chemical afferent stimuli. Moreover, Philips and Jennings (1973) induced panting in conscious dogs

by increasing ambient temperature or directly by increasing the temperature of the anterior hypothalamus. Almost identical results were also recently reported by Kaminski <u>et al.</u> (1985) in ponies which thermally are a similar species to the human. These authors found that respiratory frequency was about 300% above normal in response to elevation in ambient temperature.

Jennings <u>et al.</u> (1973) pointed out that oxygen uptake is diminished at a lower tidal volume in resting awake dogs. Moreover Hales and Dampney (1975) showed that in exercising dogs only 0.8% of the cardiac output perfused the leg skin whereas that going to the nasobuccal area and to respiratory muscles was 3% and 17% of the total respectively. Additionally in hypeventilating dogs, Baile <u>et al.</u>, 1985 found that airway blood flow could approach the value of 7% of the whole circulatory volume.

In humans, an increase in core temperature is accompanied by an increase in minute ventilation, Hanson (1974), Walker <u>et al.</u> (1961), and Cotes (1955). In resting man passive elevation of body core temperature leads to rapid, shallow breathing, (Peterson and Vejby-Christensen, 1977; Hey <u>et al</u>, 1966) During prolonged exercise, at a constant pulmonary ventilation, respiratory frequency increased as core temperature increased (Martin <u>et al</u>, 1979). Moreover, Totel (1974) during examination of the physiological response to heat of a sweating-impaired resting man, found that body temperature and panting were linearly correlated. Oxygen uptake was also remarkably increased.

At rest about 2% of the oxygen uptake is required for respiratory work. During hard exercise, however, 20% of the oxygen uptake is directed for respiratory work, Shepard (1966), and Schmidt and Thews (1983). Some researchers have reported that oxygen consumption of the respiratory muscles is so high during exercise that it reduces the efficency of the work by some 7%-10%, (Whittow

and Findlay, 1968; Campbell <u>et al.</u>, 1959; Fritts <u>et all.</u>, 1959; McKerrow and Otis 1956). Consequently, panting may, under some circumstances, contribute to the enhancment of heat stress in man, (Totel 1974). In summary, therefore, cool air inhalation may indirectly affect oxygen uptake by reducing hypothalamic, temperature which, in turn, inhibits input to respiratory centers and produces a decreased respiratory rate.

It should be emphasized that this proposed schema is relatively simplistic. Body cooling is associated with a lower lactacidemia (Kruk et al., 1985), and an attenuated tachypnoea and hyperpnoea which all affect chemical control of respiration. Interaction between chemical and thermal drives to respiration during stress has been thoroughly reviewed by See (1984). Leigh (1984), heat Strange-Petersen Vejby-Christensen (1977), and, Jackson and (1971). The thermoregulatory and chemical drive to ventilation thus may be said to compete for the use of the respiratory system according to the urgency of their specific requirments. Experimental findings show:

- Hypercapnia and hypoxia inhibit thermal panting while hypocapnia enhances panting.
- 2. Chemosensory afferents do not completely override a hypothalamic drive on respiration under, heat stress.

A recent report complicating the mechanism of respiratory control proposed above, has demonstrated a bradypnea induced by cooling the blood in the pulmonary arteries causing speculation on the existence of localized tone receptors being susceptible to temperature changes, (Ledsome <u>et al.</u>, 1985).

## 6.4 Individual differences in respiratory frequency

The similarity of variations in respiratory frequency in all subjects during work in hot, humid ambient conditions breathing either hot or cool air shows that the stimulus causing the respiratory response is identical but of different intensity, (see for example subjects L.B., T.L., Fig. 9).

In subjects N.G., T.L., and A.L. respiratory frequency remained unchanged during the first 5-10 minutes. Such a lag in the onset of any divergence in the time course of respiratory frequency between the hot and cool inhalant gas breathing conditions may be due to hypothalamic delay in appreciating temperature changes occuring in the rectum, Baker (1982). Moreover, Nakayama et al. (1963) pointed out that hypothalamic heating produces an increased neural excitatory frequency in the preoptic region which is not followed by an immediate change in respiratory rate. Subject G.D. presented a puzzling feature because his breathing rate was almost identical under both experimental treatments although his core temperature underwent a sharp reduction during cool air inhalation. Finch and Robertshaw (1979) and Baker, (1984) reported that excess dehydration may reduce water loss from sweating but increase the rate of panting, in order to keep the brain cool despite a concominant core temperature rise. In the present study, cool air inhalation resulted in greater fluid losses in all the subjects. However, G.D. was not exceptionally dehydrated. Thus, the latter results either due to are experimental error or temperature is not the single factor determining respiratory behaviour under heat stress. In fact, Iscoe et al. (1983) and Jennings et al. (1973) found that not all the dogs acutely exposed to heat stress will change from a non-panting to a panting respiratory pattern.

In no instance did any subject reach a steady-state in heart rate under either method of working despite the submaximal nature of the work task, (Fig. 4-8). Pooling of a large portion of the blood flow in the skin tissue necessary for heat dissipation combined with a large hyperaemia of the exercising muscles probably induced a decreased stroke volume. Thus, heart rate continued rising in order to compensate for this stroke volume decrement and maintain cardiac output constant (MacDougall et al.) 1974; Rowell et al., 1966). The final group mean heart rate attained under  $^{\circ}$  cool air inhalation was significantly lower,  $(p \leq 0.05)$ , than under hot air inhalation. It reached a maximum slope of 22.5 beat min-1.º C-1. An increased body temperature decreases the duration of heart action potentials pontentially introducing a rise in heart rate, Schmidt and Thews (1983). However, changes in body temperature seem to have an even more drastic effect on the heart rate after complete autonomic blockade, (intrinsic heart rate). Jose et al. (1970) found a direct linear relationship between the intrinsic heart rate and the mixed venous blood temperature over the range from 35 °C to 40 °C during exercise (gradient 7.1 beat min<sup>-1, o</sup>C<sup>-1</sup>). It has also been reported that a rise in temperature elevates atrial pacemakers activity and weakens the contraction of . the heart muscle (Blinks and Koch-Weser, 1963). The reduced rise in final heart rate during cool air inspiration could also be attributed to diminished pulmonary ventilation. When an increase in pulmonary ventilation is pronounced, heart rate usually accelerates (Berne and Levy, 1981).

During whole body cooling the heart rate response is exactly the opposite. It has been well established that hypothermia suppresses the positive chronotropia of catecholamines on the heart and enhances contractility (Chiba et

<u>gl.</u>, 1976; Nayler and Wright, 1963). On the contrary, in the present study, heart rate was higher during the first 4-10 minutes of cool air inhalation than during the same period under hot air inspiration. It is likely however, that breathing cool air contributed to concomitant enhancement of heart rate and contractility of the myocardium. Aikas <u>et al.</u> (1962) found an initial decrease of esophageal temperature below 37 °C at the onset of exercise in hot environment, breathing ambient air. In the current investigation, esophageal temperature may have been drastically decreased at the onset of exercise by the additive effect of cool air inhalation. Thus, it may be suspected that coronary arteriole constriction and/or changes in-collateral blood flow distribution occur. This may lead to a transient myocardium hypoxia which according to Jose and Stitt (1967) results in increases of both the intrinsic heart rate and myocardial contractility.

#### 6.6 Losses of Body Fluids

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As shown in table 4, subjects lost a remarkable amount of fluid during 23 minutes of exercise. These losses occurred through sweat gland activity and respiratory evaporation. Evaporation via sweating was almost impossible due to high, (95%), surrounding ambient humidity. Thus sweat glands were not effective in temperature regulation.

The maximum amount of water which may be lost via respiration in a favorable dry environment fluctuates about the value of 5 g-min<sup>-1</sup>, (Fanger 1972). Thus, weight reduction mainly occurred through direct water loss from sweat. In the present study, only a total of 6.4 g of water was lost through respiration during cool air inhalation. The former value is not in agreement with the prediction equation given by Mitchell <u>et al.</u> (1972). However, their work did not

encompass any cool air breathing, during which conservation of heat becomes profound and they also did not take into account the respiratory frequency which varies inversely with water loss, (Ferrus <u>et al.</u> 1984).

During cool air inhalation 300 grams more water were lost which is not easy to explain, especially since only 1.15 grams could be directly attributed to enhanced respiratory loss, and the core temperature was reduced. Sato (1973) and Terada (1966) pointed out that adrenergic input increases total sweat output. It is possible that the excess water loss during cool air inhalation is caused by an elevated amount of norepinephrine, (unpresented data). The proposed etiology would parallel Ladell's (1964) conclusion that temperate-climate man readapts in tropical conditions by induction of a highly reactive endocrine system initially producing uneconomical sweat rates. Shephard (1982), stated that if the radiant heating was avoided, the hot dry climate of a desert would be tolerated much better than the hot wet climate of a jungle. The accuracy of the latter, statement may be judged by comparing the 1 kg of water losses of another study executed under quite similar but dry condition which lasted 60 minutes (Fortney and Vorman, 1985).

### 6.7 Body Heat Storage

Since 1780, when Lavoiser introduced direct calorimetry (Lavoiser and Laplace 1892), many thermometric methods for determining body heat content have been established. In the present thesis an indirect calorific method to determine body heat content (BHC) during various phases of heat exposure has been compared with Hardy and DuBois (1937), and Kakitsuba and Mekjavic (1986). However, all of the above methods are subject to criticism due to many underlying assumptions.

For instance, the caloric equivalent of oxygen ignores the participation of inevitable anaerobic mechanism during heat generation attended bv an 1977). DuBois (1937)circulation, (Mitchell Hardy and redistribution of oversimplified the heat storage concept when they considered that the human body consisted of two cylinders. Their model fails to incorporate the dynamic physiology by determining various coefficients of the equation only at rest. Nor does it account for individual differences. It is known that small subjects carry 58% of their body mass close to the periphery while obese ones carry less than 50% of their bulk within 2.5 cm of the epidermis. Kakitsuba-Mekjavic's (1986) concept of body heat content seems to be the most comprehensive because it allows for individual differences by incorporating measures of body adiposity into the predictive BHC equation. However, this model overlooks individual differences in terms of cardiovascular fitness. There are also problems attendant upon the accurate estimation of body surface area. Though more than ten equations for estimating surface area have been developed since DuBois and DuBois first worked out the problem in 1915 they are all flawed. The most commonly used. DuBois and DuBois (1916), is inadequate due to the extremely small number of subjects from whom the equation was derived. In the present study two recent methods were used to calculate body surface area, (Haycock et al. 1978, and Jones et al. 1985). The first one, based on height and weight, has been criticized for over-estimating the surface area of obese people and it does not take into account the thigh trunk distortion, (Jones et al. 1985). Thus only values derived by the Jones' equation have been reported in the current thesis. Although they used exclusively female subjects their average values of body surface area are similar to those of Haycock et al. (1978) . Nevertheless there are significant individual differences. For example subject's N.G. body surface area, was variously estimated to be 1.92 m<sup>2</sup> (Haycock et al.) and 2.04 m<sup>2</sup> (Jones et

<u>al.</u>). Using the first value in the Kakitsuba- Mekjavic equation, results in 143.27 kcal of heat storage while the second value results in 154.45 kcal. This difference is equivalant to a difference in the core temperature of 0.25  $^{\circ}$ C.

## 6.8 Effect of cool air inhalation treatment on performance

Increase in body temperature is one important limiting factor of physical performance, (Adams <u>et al.</u>, 1975; MacDougall <u>et al.</u>, 1974; Saltin <u>et al.</u>, 1970). Other investigators managed to prolong exercise by maintaining diminshed elevation of body temperature, (Schmict and Bruck, 1981; Bruck <u>et al.</u>, 1980; Bruck <u>et al.</u>, 1978). Extrapolation of the above investigations implies that cool air inhalation could increase both total work output and endurance time. Indeed, most of the subjects stated that they felt that cool air respiration was beneficial and they would have been able to cycle longer. Their subjective impression was verified when two subjects cycled 15% longer during cool air inhalation at the investigator's request.

## 6.9 Rectal temperature during recovery

During the initial stages of body cooling from hyperthermia there was a continued accumulation of core heat shown as an after-rise in temperature, (Fig. 10 and 11). To the author's knowledge this phenomenon has not been reported previously. Although Baker (1982) and Aikas <u>et al.</u> (1962) show in various figures of their individual papers a tendency for rectal temperature to rise after withdrawing heat and exercise stimuli neither comment on the phenomenon. In the present study a rise in temperature ( $41^{\circ}C - 44^{\circ}C$ ) subsequent to the end of the experiments was recorded in various subjects. Such 'a rise is a paradox.

Accompanying an increased body temperature a large proportion of cardiac output is directed to the skin (Rowell 1974). However, the rate of increase in heat loss from the hand is reduced by increasing the intensity of exercise (Hirata et al., 1983) due to supressed vasodilation (Hirata et al. 1984). Nielsen et al. (1984) found attenuation in forearm blood flow above 38°C in core temperature. Therefore, at the end of exercise most, probably there was a shift of blood flow to the body core insulating the center from the periphery thus trapping metabolic heat. Skin cooling of previously heated subjects causes further veno-constriction at a time when tissue temperatures are still very high (Rowell 1974), resulting in excessive return of hot blood to the core. This explanation is challenged by a recent controversial study which shows that during passive heating a further pronounced increase in flow occurred in both hands (Henriksen et al. 1984). An atternative theory analogous to Savard's et al. (1985) explanation of after-drop in hypothermia is that the core gains heat via conduction from the intermediate hottest muscular tissue. Regardless for the exact mechanism however highelevation of rectal temperature may be a life threatening factor impairing liver function and inducing chemical changes in the blood. The degree of possible danger and the actiology of this needs further research in order to develop, if possible, alternative cooling method after ceasing exercise in hot an environments.

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## 8.1 Raw Data

Raw data for eight healthy subjects exercising in hot-humid environment breathing cool and hot air. Treat, Tski, Tamb, Tcor, VO2, H.R., W represent type of treatment, skin temperature, ambient temperature, rectal temperature, oxygen consumption, heart rate, and weight respectively. Treatment 1 corresponds to hot air inhalation and treatment 2 corresponds to cool air inhalation. Subjects are listed in the following order: 100 - N.G, 101 - N.A. 102 - D.V., 103 - P.J., 104 - A.L., 105 - L.B., 106 - G.D., 107 - T.L.

-		· /						· .
Subj	Treat	Time }	Tsk	Tamb	Tcor	VO2	H.R	W
100	1	01 *	36.2	38.9	36.9		114	73.15
100	1 -	03	36.0	39.0	36.9	1.9	134	
100	1	05	37.3	38.4	37.0	1.8	145	
100	<sup>1</sup> 1	° 07 °	37.7	38.8	37.1	1.8	148	
100	· 1	09	38.0	38.6	37.1	1.9	153	
100	· <b>1</b>	11	38.2	38.8	37.2	1.8	158	
100	Ĩ	13	38.5	39.1	37.3	1,9	168	
100	1	15	38.9	39.0	37.4	1.9	167	• • •
100	1 .	17	39.0	39.1	37.5	1.9	167	1
100	1	19	39.3	, 39.2	37.7	1,9	176	ı
100	1	21	39.5	39.3	37.8	2.0	172	
100 🗠	.1 ்	23	39.7	39.4	38.0	1 <b>.8</b>	182	72.20
100	2	01	36.0	37.5	37.2	1.6	164	73.55
100	2	03.	36.7	37.7	37,2	1.7	147	,
100	2	05	37.1	<b>37.9</b>	37.2	1,6	150	
100 🕴	2	07	37.5	37.9	37.2	1.6	153	¢
100	2	09	38.0	37.8	37.3	1,6	<b>16</b> 1	
100	2	11	38.3	37.7	37.3	1,6	162	
100	2	13	38.5	37.9	37.4	1.6	167	4 4
100	. 2	15	38.7	°38.4	37.5	1.6		
100	2	17	38.9	38: <del>5</del>	37.5	1.6	170	
100	2	. 19	39.0	38.9	37.6	1.6	173	
100	2	21	39.3	38.9	37.7	1.6		۰. ۲۰۰۲
100	2	23	39.5	38.4	37.8	1.6		72.35
101	1	01	36.2	37.4	37.2	2.2	141	70.15
101	1	03	36.9	37.5	37.3	2.2	148	
101	1	05	37.5	37.4	37.4	2.6	158	
101	1	07	37.9	37.7	37.5	2.4	161	:
101	1	09	38.3	37.5	37.7	2.1	167	
101	1	11	38.6	37.6	37.8	2.1	173	
101	1	13	38.6	37.6	38.0	2.0	173	
101	1	15	39.1	37.7	38.2		173	
10.5	1	17	39 3	37.8	38.4	23	176	

• •	101	1	19	39.6	37.8	38.6	2.3	178		·
	101	1	21	39.8	37.9	38.7	2.4	180	·	
	101	1	23	40.0	37.9	38.9	2.1	180		
	101	1	24	40.0	-38.0	39.0	2.0	180	69.12	
	101	· · · · · · · · · · · · · · · · · · ·	01	36.1	37.2	37 1	2.0		69 60	- · · ·
	101	2	02	50.1	27 1	37.1	2.0	145	00.00	
5	101	2	05	97 E	27.1	27 1	20	149		
•	101	2	05	37.5	3/.2	37.1	2.0	140		
	101	2	07		30.9	37.2	20	161		• • • • • • • • • • • • • • • • • • •
	101	2	09	38.0	30.9	37.3	2.0	101	- ·	•
	101	2	71		30./	37.4	~ ~	101		
	101	2	13		37.1	37.5	2.0	10/		
	101	2	15	38.6	37.4	37.7	~ ~	1/0		
	101	2	. 17	•	37.4	37.8	2.0	167		
	101	2	19	39.1	37.7	38.0		170.		
	101	2	21		37.8	38.2	2.0	17,3		÷ .
	101	2	23		38,1	38.4				
	101	2	24	39.7	38.2	38.5	2.0	176	68.49	• ·
	102	· 1	01	35.2	36.0	. 37.1	1.9	108	65.80	
	102	1	03	35.5	35.7	37.1	1,9	125		and the second s
	102	1.	05	35.9	35.9	37.1	2.1	137		
	102	1	07	36.4	35.8	37.2	• <b>1.6</b> -	135	•	
	102	1 1	09	36.8	35.9	37.2	2.0	145	~	
. ^	102	1	11	37.2	35.8	37.3	2.0	150		
	102	1	13	37.5	36.1	37.4	2.1	152		
	102	· •	15	37.8	36.1	375	2 1	157	к.	-
	102	• •	-17	° 29 1	26.1	37.6	2 1	158		• •
	102	1	10	20.1	26 /	-27.0	2.1	155		
	102	1	13	30.3	26 5	27 0	1.0	158		ι.
	102		21	30.5	30.5	37.0	1.3	150		•
	102		23	30.0	30.5	30.0	2.2	160		
	102	1	25	39.1	30.0	30.1	2.2	100		
	102	1	27	39.3	30.0	38.3	2.2	171		-
	102	1,	29	39.4	36.5	38.5	2.2	1/0		•
	102	1	30	39.6	36.7	38.6	2.1	167	64.80	
	102	2	01	35.0	्35.2	37.3			66.80	· ·
	102	2	03	35.2	35.0	37.3		_		
	102	2	05	35.9	35.3	37,3		138		:
	102	2	07	2	35.4	37.3		140		· · ·
	102	2	09	36.7	- 35.1	37.4		141		
	102	2	11	36.9	35.2	37.5	3.6	141		
	102	2 🗂	13		35.5	37.6	3.8	145		- · · · · ·
	102	2	15	37.8	35.0	37,6	3.6	151		*
	102	2	17		35.3	37.7	3.6	151		
	102	2	19	38.1	35.2	37.8	3.6	153		
	102	2	21	38.4	35.6	37.9	3.7	153		
	102	2	23		34.9	38.0	3.6	155		
	102	· 2	25	387	35.2	38.1	3.8	158		
	102	<u> </u>	20	50.7	25.2	38.2	3 6			*
	102	4	2/	20 1	30.3	20.3 20 A	J.U 2 E	161		
	102	. 2	29	39.1	35.2	30.4	3.0	101	64.00	2
	102	2	30	39.3	35.1	38.5	- 3./	101	04.00	• *
-	103	1	01	36.3	38.3	37.2	1.2		/7:40	
	103	1 `	03	36.8	38.4	37.2	1.5	148	i.	
	103	1	05	37.4	38.5	37.3	1.6	158		·
	103	1	07	38.0	38.8	37.4	1.6	167		

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ş.

103	1	09	38.5	38.4	37.5	1.7	176	-
103	·· 1	11	38.8	38.4	37.7	1.8	176	
103	1	13		38.2	37.9	1.7	176	
103	1	15	39.3	38.3	38.0	1.8	187	7
103	<b>1</b> · ,	17	39.5	38.1	38.2	1.8	e t	
103	1	19		38.2	38.4	1.9	192	
103	. 1	21	39.9	38.3	38.6	2.0	195	76.56
103	2	01	37.3	38.1	37.2			76.67
103	2	03	37.4	37.8	37.2			
103	· 2	05	37.6	37. <b>6</b>	37.3			
103	2	07	37.9	37.5	37.4			
103	2	09	38.0	37.6	37.5			۰.
103	2	11 -	38.2	38.3	37.6			
103	2	13		. 38.7	37.7		-	
103	2	15	39.0	38.9	37.8			
103	2	17		38.9	37.9			
103	- 2	19	39.1	39.2	38.1			
103	2	21	38.3	39.0	38.2			75.70
104	1	01	35.7	36.9	37.3	2.Ģ		88.45
104	1	03	36.0	37.6	37.3	2.2		
104 🕜	1	05	36.4	37.5	37.3	, 2.2		
-104	<u></u> 1	07	36.9	37.6	37.4	2.2		<b>e</b> 1.1
104	1	09	37.5	37.4	37.5	2.6	.**	
104	1	11	37.9	37.5	37.5	2.6		· .
104	1	13	· 38.2	37.3	37,6	2.6		
104	1	15	38.4	37.2	37.8	2.5		
104	1	17	_38.7	37.4	37,9	2.5		
104	1	19	39.0	37.6	38:0	2.5		
104	1	21	39.2	37.6	38.2	2.6	187	
104	. 1	23	39.4	37./	38.3	2.4	191	
104	1	24	39.5	3/./	38.4	2.6	191	87.55
104	2	01	35.1	36.6	36.9	2.1		89.05
104	2	03	35.0	30.8	30.9	2.5		
104	2	05	30.0	30.5	36.9	2.4	155	
104	2	1 00	30.0	30./	37.0	2.7	150	-
104	2	09	37.3	37.0	37.1	2.0	100	
104	2	11	3/./	37.1	37.2	∠.D	107	
104	2	13	30.1	30.9	37.3	2.3	/ وا	
104	2	17	30.Z	37.4	37.3	2.0	176	
104	2	10	30.4	37.2	37.4	2.0	176	1997 <b>- 1</b> 997
104	2	19	30.0	37.1	, 37.0	2.0	170	
104	2	21	30.0	37.1	37.0	2.7	192.	
104	2	. 23	39.0	37.0	37.7	2.7	104	97.00
104	2	24	39.1	37.0	37.0	2./	104	62.80
105	1	01	30.0	41./	30.4 26 E	1.4	12/	03.00
105	1	03	37.3	40.7	30,5	1.0	134	
105	1	05	3/.0 20-2	40.0	30.0	1.3	140	
105	1	. 07	30,2 20 E	40,2 40 E	30.0	1.7	150	
105		11	30.0	40.5	37.0	2.U 1 D	100	•
105	 ■	11	39.1	40./	3/.4 27 ⊑	1.0	101 .	¥
105	1	13	39.3	40.4	37.5 27 0	1.3 2 0	10/	
105	1		39./	41.5	3/.0	∠.∪ 1 ď	176	
CUI	1	17	40.1	41.3	30.1	1.9	1/0	

405		10	40.4	A 1 4	20 A	20	176		
105		19	40.4	41.4	- <del>30.4</del> - 20 7	2.0	176	62.80	
105	1		40.0	.40,0 27 E	30./	1.7	1/0	62.00	
105	2	01	30.0	3/.5	30.5	1.4	140	03.75	
105	2	- 03	<b>77</b> 0	37.0	30.0	1.0	140		
105	2 ·	05	37.3	37.4	30./	1./	100		
105	2	0/		37.8	30.9	1.0	155		
105	.2	09		37.5	37.0	1.6	155		
105	2	11	<b>38.</b> 1 .	37.6	37.2	1.6	. 101	Ŷ	
105	2	13		37.9	37.4	1./	16/		•
105	2	15	38.6	38.0	37.6	1.6	1/0		
105	2	17		37.8	37.8	1.6	1/0 *		
105	2	19	39.0	38.0	38.0	1.6	178	~~ ~~	
105	2	21	39.3	38.2	38.3	1.7	176	62.70	1
<b>106</b>	1	01	36.3	39.4	36.9	1.2		83.92	, k
106	1	03	37.0	39.4	36.9	1.9			
106	1 .	05	37.7	39.6	36.9	1.8			
106	<b>1</b>	07	38.2	39.8	36.9	1.9			
106	1	09	38.6	39.8 <sub>.</sub>	37.0	2.0		1	
106	1	1 1	39.0	40.2	37.1	2.0	194		8 <b>28</b> 5
106	1	13	39.3	39.8	37.3	2.0	195		,
106	1	15	39.6	39.7	37.4	2.0	204	•	· .
106	1	17	39.9	40.0	37.6	2.1	204		, ~
106	1	19	40.2	40.0	37.7	2.1	208	· ·	
106	1	20	40.4	39.9	37.8	2.2	206 ′	83.12	
106	2	01	36.7	39.1	37.4	1.3		83.45	5
106	2	03	37.3	39.5	37.4	1.7		v	
106	2	05	37.8	39.5	37.4	1.8		~	
106	r 2	07	38.1	39.3	37.4	1.9			
106	2	09	38.2	39.2	37.5	1.9			
106	2	11	38.5	39.6	37.Š	2.0			٩.
106	- 2	13	38.8	39.7	37.6	2.0			
106	2	1.5	39.1	39.8	37.7	1.9			
106	2	17	39.2	39.8	37.7	1.4		 L	
106	2	19	39.6	40.3	37.8	1.3			
100	2	20	39.8	40.3	37.9	1.3		82.53	
107	- 1	01	35.8	36.6	37.1	21	94	76.05	
107	1	03	36.5	36.4	37.1	24	•••		
107	. 1	05	37 3	36.3	37.2	24	147		
107	1	07	37.5	36.7	37.2	23	140		
107	. 1	07	38.2	37 4	37.2	23	150		
107		11	38.5	37.9	37.5	2.5	158 ,		
107	1	13	30.5	38.2	37.5	2.5	163		
107	1	15	30.3 20.3	28.0	37.0	~2. <del>4</del>	192		
107	1	10 -	33.Z 20 E	20.0	37.0	2.0	102		
107		10	33.0	30.1	37.3	2.5	100	74 52	
107	1	19	39.7	37.9	30.1	2.4	199	74.52	1
107	2		30.7	39.9	3/.3	1./	100	/4./0	•
107	2	03	3/.2	40.0	3/.2	1.9	122		
107	2	05	3/./	40.1	37.2	1.9	400		
107	2	07	37.2	40.4	37.3	1.9	130		
107	2	09	38.6	40.3	37.4	2.0	136		. +
107	2	11	39.0	40.6	37,5	2.0	145		•
107	2	13	39.3	40.5	37.7	2.1	150		
107	2	15°	39.6	40.8	37.8	2.1	158		

107 107 2

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#### 39.9 41.0 38.0 2.1 164 40.2 41.0 38.2 2.2 164

73.22

8.2 <u>Rectal Temperature during recovery</u>

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19

Raw data of rectal temperature in 7 subjects on 12 different occasions resting in thermally neutral environment either after hot air inhalation (H) or after cool air (C) inhalation. "A.L.-H" 0.38.4 1.38.5 2.38.6 3.38.8 4.38.9 5.39.0 6.39.0 07.39.1 8.39.2 09.39.3 16.39.6 21.39.6 27.39.4 30,39.3 31,39.2 32,39.1 "P.J-H" 0,38.6 4,38.9 5,38.9 6,38.9 7,38.9 8,38.8 9,38.8 10.38.8 11,38.7 12,38.7 14,38.7 15,38.6 16,38.5 17,38.5 18,38.4 19,38.3 20,38.3 21,38.2 22,38.2 23,38.2 24,38.2 25,38.2 26,38.1 27,38.1 28,38.1 29,38.0 30,38.0 "N.G-C" 0,37.9 4,38.3 5,38.2 6,38.2 7,38.3 8,38.3 9,38.3 10,38,3 11,38,3 12,38,3 13,38,3 14,38,3 15,38,2 16,38,2 17,38.2 18,38.2 19,38.1 20,38.1 21,38.0 22,37.9 23,37.9 24,37.8 25,37.8 26,37.8 27,37.8 28,37.8 29,37.7 30,37.7 "N.G-H" 0,38 3,38.2 4,38.2 5,38.2 6,38.3 7,38.3 8,38.3 9,38.3 10,38.4 11,38.4 12,38.4 13,38.4 14,38.4 15,38.4 16,38.4 17.38.4 18.38.3 19.38.3 20.38.3 21.38.3 22.38.3 23.38.3 24,38,2 25,38,2 26,38,2 27,38,1 28,38,1 29,38,1 30,38.0 "G.D-C" 0,37.9 3,38.5 4,38.6 5,38.6 6,38.7 7,38.8 8,38.8 9,38.8 10,38.9 11,38.9 12,38.9 13,38.9 14,38.9 15,38.9 16,38.9 17.38.9 18.38.9 19.38.8 20.38.8 21.38.8 22.38.7 23.38.7 24,38.6-25,38.6-26,38.5 27,38.5 28,38.4 29,38.4 30,38.4 "T.L-H" 0.39 1.39.1 2.39.2 3.39.2 4.39.3 5.39.4 16.39.3 18,39.1 21,39.0 22,38.9 26,38.6 28,38.4 "L.B-H" 0.38.7 5.42.4 6.42.5 7.42.5 8.42.0 9.41.3 10.40.4 11.39/8 12,39.4 13,39.2 14,39.1 15,38.9 16,38.7 17,38.6 18,38.6 19,38.5 20,38.3 21,38.2 22,38.2 23,38.2 24,38,1 25,38,1 26,38,0 27,37.9 28,37.9 29,37.9 30,37.8 "P.J-C" 0,38.2 2,40.7 3,40.7 4,40.7 5,40.8 6,41 7,41 8,41 09,40.9 10,40.7 11,40.5 12,40.3 13,40.1 14,39.9 15,39.7 16,39.6 17,39.4 18,39.3 19,39.2 20,39.0 21,38.9 22,38.8 23,38,8 24,38,7 25,38,7 26,38,6 27,38,6 28,38,6 29,38,5 30,38.5 "T.L-C" 0,38.4 2,40.3 3,40.5 4,40.8 5,40.9 6,41.0 7,40.9 8,40.8 9,40.7 10,40.5 11,40.5 12,40.4 13,40.2 14,40.1 15,39.9 16,39.8 17,39.7 18,39.6 19,39.4 20,39.3 21,39.2 22,39.1 23,39.0 24,38.9 25,38.8 26,38,7 27,38.6 28,38.5 29,38.4 30,38.3

Å

"T.L-H"

0,38.2 3,41.6 4,41.6 5,41.5 6,41.5 7,41.5 8,41.3 9,41.1 10,41.0 11,41.0 12,41.0 13,40.9 14,40.8 15,40.6 16,40.4 17,40.2 18,40.0 19,39.8 20,39.6 21,39.5 22,39.3 23,39.2 24,39.0 25,38.8 26,38.7 27,38.6 28,38.5 29,38.5 30,38.4 "L.B-C" 0,38.4 5,38.5 6,38.5 7,38.4 8,38.3 9,38.3 10,38.2 11,38.2 12,38.1 13,38.1 14,38.1 15,38.1 16,38.0 17,37.9 18,37.8 19,37.8 20,37.8 21,37.7 22,37.7 23,37.7 24,37.6 25,37.6 26,37.5 27,37.5 29,37.5 30,37.5 "G.D-H" 0,37.8 3,40.8 4,40.5 5,40.4 6,40.3 7,40.5 8,40.6 9,40.5 10,40.4 11,40.2 12,40.1 13,39.9 14,39.7 15,39.6 16,39.2 17,39.2 18,39.1 19,38.9 20,38.8 21,38.7 22,38.6 23,38.5 24,38.4 25,38.3 26,38.2 27,38.1 28,38.0 29,38.0 30,37.9

#### 9. APPENDIX 2

#### 9.1 Body heat content calculations

#### 9.1.1 Calorific method

An example of calculation of body heat content for subject N.A. during exercise under heat stress while breathing hot air.

#### HEAT GENERATED VIA METABOLISM (M)

heat during 24 minutes of exercise

#### HEAT DISSIPATED

Convective heat loss (C)

 $\hat{C} = h_c \times BSA \times (T_s - T_a)$ 

Based on equation (3) in the text (p. 18) and assuming that hc = 7.2 W/m<sup>2°</sup>C (Nishi and Gagge 1970) and effective BSA=0.8BSA (Flyn 1974) convective heat loss for the first minute of exercise is equal to -12.79 Watts. (Ts=36.2 °C, Ta=37.4 °C, BSA=1.85m<sup>2</sup>; 1 Watt=0.01433 kcal/min)

TOTAL CONVECTIVE HEAT LOSS = 3.36 kcal during 24 minutes of exercise

Radiative heat loss (R)

# $R = \epsilon \times \sigma \times (T_{s}^{*}-MRT^{*}) \times f_{c} \times BSA$

According to equation (4) in the text (p. 19) and assuming that e=1 (Hardy 1939), fc=0.7 (Fanger 1972); Ts=36.2 °C, MRT=37.4 °C, BSA=1.85 m<sup>2</sup>, 1 Watt=0.01433 kcal/min .

TOTAL RADIATIVE HEAT LOSS = 2.33 kcal during 24 minutes of exercise (for σ values see Kerslake 1972 pp53 appendix 5)

#### Evaporative heat loss (E)

$$E = h_{D} \{ \phi s(C_{s} - C_{a}) \} \lambda \times BSA$$

According to eq. (6) in the text (p. 20)  $h_D = 0.3734$  m/min; ( $\rho = 1.13$  kg/m<sup>3</sup>, c=0.242 kcal/kg°C=1013 J/kg°C)

> According to eq. (7) in the text (p. 20)  $\phi s = 1.0 (\Delta T = 1 \ ^{\circ}C, Ts \leq Ta)$

 $C_s$ ,  $C_a$  derived according to Weast, 1976 and Ta, Ts measured Thus, based on eq. (5) of the text (p. 20)

> TOTAL EVAPORATIVE HEAT LOSS = 22.6 kcal during 24 minutes of exercise

## Respiratory Heat Exchange (RHE)

 $RHE = V_{E} \{H_{c}(T_{in} - T_{ex}) + \lambda (P_{wi} - P_{we})\}$ 

According to eq (1) in the text (p. 17) and Appendix 3 (p.84)

TOTAL RHE = -2.68 kcal during 24 minutes of exercise

Body heat Storage (S)

 $S = M \pm RHE \pm C \pm R - E$ 

According to eq. (2) in the text p. (18) S=161.3 kcal during 24 min. of exercise

Mean body temperature (MBT)

 $MBT = S/(c) \times (W);$ Where c=specific heat of tissue, BW=bodýweight,

 $c = 0.8 \text{ kcal/kg}^{\circ}C$ , BW = 68.5 kg. (Weast 1976) Thus:

 $MBT = (161.3/0.8 \times 68.5) = 2.94 \ ^{\circ}C$ 

### 9.1.2 Thermic method

The following equation was used: (Burton 1935, Hardy and DuBois, 1937)

 $MBT = (0.5 \times \Delta Tr) + (0.05 \times \Delta Ts)$ MBT = (0.5 x 1.8) + (0.5 x 4.0) = <u>2.9</u> <u>°C</u>

9.1.3 Body Heat Storage

$$S = 0.84 \times BW \times (X \times \Delta T_r + Y \times \Delta T_s)$$

BHS was calculated according to equation (8) p. 21 in the text. The fraction of adipocity for N.A was equal to 0.204, X = 0.905, Y = 0.0535; see above calculations for subjects' weight, body surface area and  $\Delta$  in skin and rectal temperature.

S = 186.8 kcal during 24 minutes of exercise.

#### 10.1 Calculations of Respiratory Heat Exchange

An interactive microcumputer program written in BASIC which calculated Respiratory Heat Exchange is attached below. The program starts with insertion of values in mv which was the analog output of inspired and expired temperature.

> 5 DIM V(40),1(40),D(8),E(40) 9.DIM.P(30)/F(30)/K(30)/W(30) 13 D1M C(30)/G(30)/N(30)/S(30) 17 DIM 0(30),R(30),Y(30),T(30) 21 DIM X(30) 25 FOR K=1 TO 8 29 READ B(K) 🖄 33 NEXT K 37 DATA .10086091,25727.94369/-767345.8295,78025595.81 41 DATA -9247486589,69768800000 0,-2.66192E13,3:94078E14 45 PRINT 49 DISP: "TEMP IN MV" 53 PRINT 57 PRINE "\*\*\* INSP-VOLT \*\*\*" 61 PRINT 65 FOR J=1 TO 25 69 INPUT V(J) 73 PRINT "V(";J;")=";V(J). V(J)≚V(J)/1000 77 81 NEXT PRINT 85 PRINT "\*\*\* 89 INSP-TEMP IN DEG REES \*\*\* 93 PRINT 97 FOR H=1 TO 25 I(H)=D(1) 101 105 FOR J=1 TO 7 109 K=J+1 113 I(H)=I(H)+B(K)\*V(H)^J I(H)=.001#IP(1000#I(H)) 117 NEXT J PRINT "POINT";H;"Ti :";I(H) 121 125NEXT H 129 DISP "EXP-TEMP IN' MV" 133 137 PRINT PRINT "\*\*\* EXP-VOLT \*\*\*" 141 145 PRINT 149 FOR H=1 TO 25 INPUT V(H) 153 157 PRINT "V(";H;")=";V(H). V(H)=V(H)/1000 161 NEXT H 165 169 PRINT 173 PRINT "\*\*\* EXP-TEMP IN DEGRE ES: \*\*\*" 177 PRINE 181 FOR H=1 TO 25

185 E(H)=0(1) 189 FOR J=1 TO 7 193 K=J+1 E(H)=E(H)+D(K)\*V(H)^J 197 201 NEXT J E(H)=.001\*IP(1000\*E(H)) (\* 205 PRINT "POINT";H;"Te \";E(H) 209213 NEXT H 217 PRINT 221 PRINT PRINT "\*\*\* DIFF-TEMP \*\*\*" 225 229 PRINT 233 FOR H=1 TO 25 ' 237 F(H) = I(H) - E(H)241 F(H)=.001\*IP(1000\*F(H)) 245 PRINT "POINT";H;"Ti-le";F(H) 249 NEXT.H 253 PRINT DISP "AIR DENSITY" 257 PRINT "\*PAEKNOTES OF AIR\*" 261 265 PRINT FOR H=1 TO 25 269 273INPUT (H) 277PRINT "P(";H;")";P(H) 281 NEXT H 285 S=:00024 289 PRINT "SPECIFIC AIR HEAT";S 293 PRINT PRINT "\*\*\*HEAT CAPACITY\*\*\*" 297301 PRINT 305 FOR H=1 TÒ 25 309 G(H)≐S\*P(H) PRINT "MINUTE";H;G(H) 313-NEXT H 317 318 PRINT PRINT "\*CONDUCTION'S FACT\*" 321 -325 PRINT 329 FOR H=1 TO 25 333 C(H) = F(H) \* G(H)PRINT "MINUTE";H;C(H) 337 341 NEXT H 345 PRINT 349 DISP "INSPIRED WATER VAPOR-CONTENT" 353 PRINT "\*\*INSPIRED WATER VAPO R CONTENT\*\*\* 357 PRINT 361 FOR H=1 TO 25 365 INPUT W(H) 369 PRINT "W(";H)")";W(H) 373 NEXT H . 10 377 PRINT 381 DISP "EXPIRED WATER VAPOR" CONTENT" 385 PRINT "\*EXPIRED WATER VAPOR CONTENT\*\*" 389 PRINT 393 FOR H=1 TO 25 397 INPUT N(H) 401 PRINT "N(";H;")";N(H) 405 NEXT H

409 PRINT 413 PRINT "#WATER VAPUR DIFFEREN CES\*\*" . . 417 PRINT 421 FOR H=1 TO 25 425 K(H)=W(H)-N(H) 429 PRINT "K(";H;")";K(H) 433 NEXT H 437 PRINT 441 L=.58 445 PRINT "LATENT HEAT OF AIR";L 449 PRINT 453 PRINT "\*\*EVAPORATION'S FACTO R\*\*" 457 PRINT 461 FOR H=1 TO 25 465 S(H)=L\*K(H) 469 PRINT "POINT";H;S(H) 473 NEXT H 477 PRINT 481 DISP "MINUTE VENTILATION" 482 PRINT 485 PRINT "MINUTE VENTILATION" 486 PRINT 489 FOR H=1 TO 25 493 INPUT O(H) 497 PRINT "POINT")H; U(H) 498 NEXT H 0 502 PRINT 503 PRINT "0000 C.R.H.E.0000" 504 PRINT 505 FOR H=1 TO 25 509 R(H)=0(H)\*C(H) 517 PRINT "MINUTE";H;R(H) 521 NEXT H 522 PRINT 523 PRINT "\*\*\*\* E.R.H.E.\*\*\*\*" 524 PRINT 525 FOR H≠1 TO 25 529 Y(H)=0(H)\*S(H) 541 PRINT "MINUTE";H;Y(H) 545 NEXT H 546 PRINT 547 PRINT "0000 R. H. E. 0000" 548 PRINT 549 FOR H=1 TO 25 553 T(H)=R(H)+Y(H) 554 PRINT "MINUTE";H;T(H) 555 NEXT H 569 PRINT 570 PRINT "### TOTAL R.H.E.# " 573 X=0 577 FOR H=1 TO 25 581 X=X+T(H) 586 NEXT H 587 PRINT X 589 END