

EFFECT OF UCHIKOMI AND RANDORI PRACTICE ON BLOOD CHOLESTEROL AMONG STATE LEVEL SCHOOL JUDO BOYS

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ABSTRACT

The objective of this study was to find out the effect of uchikomi and randori practices on blood cholesterol among state level judo boys. For this reason, arbitrarily chose 45 state level judo young men were chosen haphazardly from various schools in Chennai. They were chosen based on chain portrayal in numerous competitions. The chose subjects were in the age gathering of 13 to 16 years with standard deviation of ± 2.3 years. The chose subjects were arbitrarily isolated into three groups, experimental group I, experimental group II and control group. Group I went about as trial bunch which went through uchikomi rehearses (UMT), group II went through randori rehearses (RDT), and group III didn't partook in any unique preparing and were carefully leveled out (CG). Preceding trial treatment all the subjects were estimated of their blood cholesterol which framed pre test scores of the subjects. The subjects went through individual exploratory treatment for a time of 12 weeks. After the test time frame post test scores were gathered on the chose factors. The contrast between the underlying and last scores was considered as the impact of particular treatment. To test the measurable centrality of the information gathered were exposed to factual investigation utilizing ANCOVA to test the essentialness. In all cases 0.05 level was fixed to test the speculation of this examination. It was concluded that 12 weeks uchikomi training and randori training significantly altered blood cholesterol compared to control group. It was also found that there was significant difference between uchikomi training and randori training in altering blood cholesterol levels and uchikomi training was found to be significantly better than randori training in altering blood cholesterol levels of state level judo athletes.

KEYWORDS: Uchikomi, Randori, Blood Cholesterol, Judo Boys.

INTRODUCTION

With the presentation of development and the fruition of the toss being polished, the intricacy of the drill is expanded significantly. New factors in the moving drill are currently present which don't exist for the static Uchikomi situation when the toss isn't finished. The huge new factors incorporate rhythm (how quick the players are moving), the situation of Uke's feet at the purpose of kake, timing and stance. One of the most significant highlights of the drill is that no endorsed heading of development ought to be a necessity of the drill. The mentor might request a specific toss to be endeavored in the drill. At last, the Uke must permit Tori to finish the toss. Randori is a term utilized in Japanese combative techniques to depict free-form practice. The term truly signifies "chaostaking" or "getting a handle on opportunity," suggesting an opportunity from the organized act of individualized organization. Randori

might be stood out from individualized organization, as two conceivably integral sorts of preparing (Su et al. 2001).

METHODOLOGY

The objective of this study was to find out the effect of uchikomi and randori practices on blood cholesterol among state level judo boys. For this reason, arbitrarily chose 45 state level judo young men were chosen haphazardly from various schools in Chennai. They were chosen based on chain portrayal in numerous competitions. The chose subjects were in the age gathering of 13 to 16 years with standard deviation of ± 2.3 years. The chose subjects were arbitrarily isolated into three groups, experimental group I, experimental group II and control group. Group I went about as trial bunch which went through uchikomi rehearses (UMT), group II went through randori rehearses (RDT), and group III didn't partook in any unique preparing and were carefully leveled out (CG). Preceding trial treatment all the subjects were estimated of their blood cholesterol which framed pre test scores of the subjects. The subjects went through individual exploratory treatment for a time of 12 weeks. After the test time frame post test scores were gathered on the chose factors. The contrast between the underlying and last scores was considered as the impact of particular treatment. To test the measurable centrality of the information gathered were exposed to factual investigation utilizing ANCOVA to test the essentialness. In all cases 0.05 level was fixed to test the speculation of this examination.

RESULTS

TABLE I
ANCOVA RESULTS ON EFFECT OF UCHIKOMI TRAINING AND
RANDORI TRAINING COMPARED WITH CONTROLS
ON BLOOD CHOLESTEROL

	UCHIKOMI TRAINING GROUP	RANDORI TRAINING GROUP	CONTROL GROUP	SOURCE OF VARIANCE	SUM OF SQUARES	df	MEAN SQUARES	OBTAINED F
Pre Test Mean	193.79	198.13	197.79	Between	174.20	2	87.10	0.98
				Within	3717.66	42	88.52	
Post Test Mean	185.89	194.73	198.04	Between	1184.14	2	592.07	6.26*
				Within	3972.46	42	94.58	
Adjusted Post Test Mean	188.67	193.16	196.82	Between	482.61	2	241.30	44.084*
				Within	224.42	41	5.474	
Mean Diff	-7.91	-3.40	0.25					

Table F-ratio at 0.05 level of confidence for 2 and 42 (df) =3.22, 2 and 41 (df) =3.22.

*Significant

As shown in Table I, the obtained pre test means on Blood cholesterol on Uchikomi training group was 193.79, Randori training group was 198.13 was and control group was 197.79. The obtained pre test F value was 0.98 and the required table F value was 3.22, which proved that there was no significant difference among

initial scores of the subjects. The obtained post test means on Blood cholesterol on Uchikomi training group was 185.89, Randori training group was 194.73 and control group was 198.04. The obtained post test F value was 6.26 and the required table F value was 3.22, which proved that there was significant difference among post test scores of the subjects. Taking into consideration of the pre test means and post test means adjusted post test means were determined and analysis of covariance was done and the obtained F value 44.084 was greater than the required value of 3.22 and hence it was accepted that there was significant differences among the treated groups. Since significant differences were recorded, the results were subjected to post hoc analysis using Scheffe's Confidence Interval test. The results were presented in Table II.

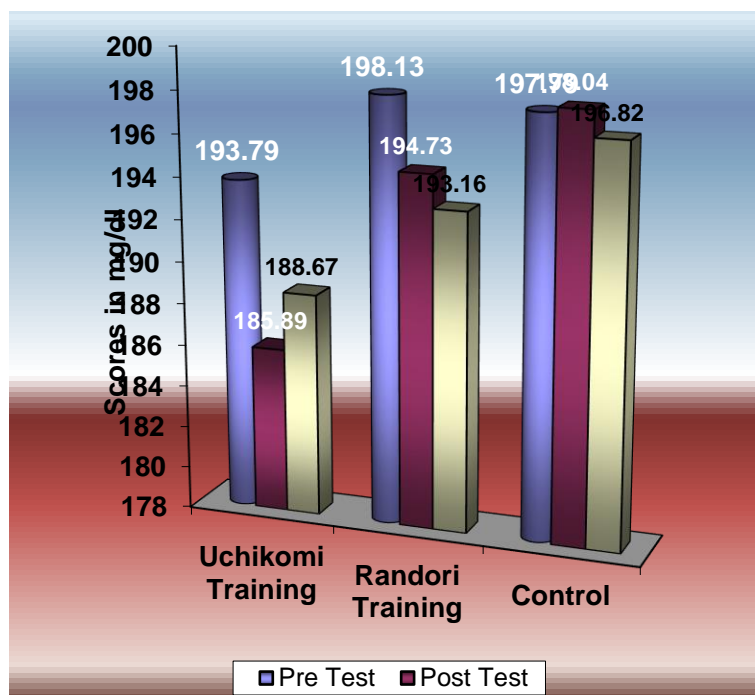
TABLE II
MULTIPLE COMPARISONS OF PAIRED ADJUSTED MEANS AND
SCHEFFE'S CONFIDENCE INTERVAL TEST RESULTS
ON BLOOD CHOLESTEROL

MEANS				Required C I
Uchikomi training Group	Randori training Group	Control Group	Mean Difference	
188.67	193.16		-4.489*	2.168
188.67		196.82	-8.144*	2.168
	193.16	196.82	-3.655*	2.168

* Significant

The post hoc analysis of obtained ordered adjusted means proved that there was significant differences existed between Uchikomi training group and control group (MD: -8.144). There was significant difference between Randori training group and control group (MD: -3.655). There was significant difference between treatment groups, namely, Uchikomi training group and Randori training group. (MD: -4.489). The ordered adjusted means were presented through bar diagram for better understanding of the results of this study in Figure I.

FIGURE I
BAR DIAGRAM SHOWING PRE TEST, POST TEST AND ORDERED
ADJUSTED MEANS ON BLOOD CHOLESTEROL



DISCUSSIONS ON FINDINGS ON BLOOD CHOLESTEROL

In order to find out the effect of Uchikomi training and Randori training on Blood cholesterol the obtained pre and post test means were subjected to ANCOVA and post hoc analysis through Scheffe's confidence interval test. The effect of Uchikomi training and Randori training on Blood cholesterol is presented in Table I. The analysis of covariance proved that there was significant difference between the experimental group and control group as the obtained F value 44.084 was greater than the required table F value to be significant at 0.05 level. Since significant F value was obtained, the results were further subjected to post hoc analysis and the results presented in Table II proved that there was significant difference between Uchikomi training group and control group (MD: -8.144) and Randori training group and control group (MD: -3.655). Comparing between the treatment groups, it was found that there was significant difference between Uchikomi training and Randori training group among state level judo players. Thus, it was found that Uchikomi training was significantly better than Randori training and control group in reducing Blood cholesterol of the state level judo players.

CONCLUSION

It was concluded that 12 weeks uchikomi training and randori training significantly altered blood cholesterol compared to control group. It was also found that there was significant difference between uchikomi training and randori training in altering blood cholesterol levels and uchikomi training was found to be significantly better than randori training in altering blood cholesterol levels of state level judo athletes.

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