

Alchemic Sweating for Bliss of Soul Serenity**Ashok Kumar Dudi****Correspondence:* Ashok Kumar Dudi*Received:* 05 Oct 2023; *Accepted:* 07 Oct 2023; *Published:* 10 Oct 2023

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ABSTRACT

Research and Results: Aerobic exercise reveals human spiritual and physical perseverance in a fast-paced culture. Embodied cognition suggests that aerobic exercise may increase awareness and brain regeneration by affecting our thoughts and sensations. Regular aerobic exercise grows the hippocampus and prefrontal cortex, which affect memory, learning, and executive function, improving mental health and cognitive performance. Body-mind connection changes thoughts and emotions, making it essential to mental wellness. The research emphasizes cardiovascular activity in mental health recovery and reminds readers that they are their own well-being, encouraging a more inclusive approach. Researchers should continue to study aerobic exercise's complex effects on mental health.

Aims and Objectives: The study aims to confirm aerobic exercise's mental health benefits.

Methods and Tools: The author undertakes an introspection and Google Scholar literature review on the therapeutic effect of physical activity on mental illness, current use, limitations, aerobic exercise requirements in severe mental illness, cognitive function impact, and mental health.

Conclusion: Aerobic exercise has a healing effect on mental health issues.

Keywords: Mental health, Aerobic exercise, Endorphins, Well-being, Healing.

Introduction:

The silent areas of our thoughts are fighting a complicated, unseen conflict. A war against mental disease, which affects millions worldwide and has no limits. As the sun rises and sets and the world goes about its business, many people struggle with mental upheaval, worry, and sadness. In their lifetime, one in four people will experience mental illness. Imagine walking down a busy city street and realizing that every fourth person you pass, with simi-

lar ambitions, dreams, and worries, is struggling with a mental health issue you can't see (Lara, 2007). A stealthy pandemic has taken a human and deep toll. An empathy gap, decreased productivity, and stressed healthcare systems result from this hidden crisis (Gateshill et al., 2011). Mental illness stigma crosses nations, ethnicities, and socioeconomic situations (Foster, 2021).

Jogging, stationary bike, and dance provide promise. The story of mental health rehabilitation is being rewritten through aerobic exercise. A tool that may tip the balance toward brighter days, it is not a miracle panacea (Lara, 2007).

We need a shared expedition to rethink mental health, rewrite our tales, and improve the lives of countless people. The pages that follow will reveal the mysteries buried in exercise's pulse, travel the complicated paths linking body and mind, science and emotion, and embrace the experiences of people who've seen movement's transformative power. We will change how we see mental health and find healing, understanding, and hope.

Importance of Investigating Non-Pharmacological Interventions Like Exercise: Mental health complicates healing. Exercise—in the air, trees, and heartbeat—can shape mental well-being. This scientific revolt against exercise as medicine is inspired by the conviction that healing may come from inside. Pharmaceuticals have saved lives and relieved suffering, but "treatment" is no longer just pills (Manchia & Kossowsky, 2023). We should examine our brain chemistry, body vitality, and emotional resonance while considering holistic wellbeing.

The power of non-pharmacological therapies like

exercise deserves a second study. Science shows that resilience, endorphins, and neurotransmitters weave a tapestry of resilience, which matches our pulse and thoughts. Exercise builds emotional strength, cognitive clarity, and the ability to overcome hardship. The story of non-pharmacological therapies captures our interest since it expands our toolset and empowers people to find the core of imbalance (Chung, 2019). Mental health is not a "fix" but a path to fullness, vigor, and a deep connection to our bodies.

Methodology

This article examines how aerobic exercise treats mental illnesses. Introspective insights about aerobic exercise's efficacy will be noted by the author. The therapeutic effect of physical activity on mental illness, current use, limitations, aerobic exercise requirements in severe mental illness, impact on cognitive function, and mental health will be reviewed on Google Scholar. The study technique is to give a complete and evidence-based explanation of aerobic exercise's efficacy in treating mental illness, including schizophrenia, as a supplement to medicine and psychotherapy.

Reasons for Prioritizing Aerobic Exercise and Mental Health

Aerobic exercise transforms mental health recovery by syncing heartbeats with thoughts and boosting spirit. Sustained movement, rhythmic breathing, and coordinated heart rate elevation make up this breath-motion dance. The mind's release of endorphins, the body's natural high, is vital. This narrative also centers on brain cell proliferation, adaptation, and resilience, which are controlled by brain-derived neurotrophic factor (BDNF) (Buckley, 2012).

Aerobic exercise turns the ordinary into the remarkable via alchemy. This voyage explores biology and psychology, revealing secret emotional well-being doorways. Aerobic exercise shows the resilience of the human body and soul in a society of quick satisfaction (“Influences of Social Relationship and Social Feedback on Body Satisfaction, Body Esteem and Exercise Behavior for Adolescents,” 2012). Celebrating healing's journey, not the destination.

Aerobic exercise is more than simply an activity—it's a gateway to a happy mind, resilience, and a harmonic crescendo of well-being (Blomstrand et al., 2023). We can explore the core of this symphony by digging further into the research and hearing from folks who've been deeply affected by it.

Exercise and Mental Health: A Review of Studies

Mental health recovery and emotional well-being are boosted by exercise. Exercise helps treat mental health issues including depression, anxiety, and stress, according to research worldwide (Stanton et al., 2013). Movement transforms mental health, according to research across people, ages, and cultures (Clarke, 2009).

In biochemistry, endorphins, neurotransmitters, and brain development factors explain how exercise becomes a mental alchemy catalyst (“Systemic Hormones, Neurotransmitters and Brain Development,” 1988). Self-care, autonomy, and resilience are also magical beyond chemistry.

Understand exercise's transforming potential is about regular people jumping aboard a treadmill of hope, not just athletes. Movement is self-

compassion, reminding the mind to nurture and heal. Determined heartbeats, metamorphosis, and willpower lead to mental health (Wernik, 2012).

Physiological and Psychological Mechanisms of Aerobic Exercise Benefits: Aerobic exercise improves emotional well-being via movement, rhythm, and perspiration. Neurons whisper secrets that link biology and emotion in our complicated body symphony. The dance starts with endorphins, which give us the "runner's high" (Grossman, 1984). A hormone and neurotransmitter symphony in perfect harmony, this is not a chemical waltz. Happiness and tranquillity are strummed by serotonin. New neurons, connections, and resistance to stress and negativity are fostered by brain-derived neurotrophic factor (BDNF). Oxygenated blood nourishes muscles and organs during exercise (Gagnon et al., 2014). This exchange represents the body's strength and life. Dialogue transcends language and combats self-doubt and melancholy. Aerobic exercise is a biological and psychological tapestry of neurotransmitters, hormones, and self-compassion. This is a recipe for resilience, a tribute to the body-mind connection's wisdom, and a journey towards healing (Cassidy, 2016).

Exercise and Mental Health Theories: An Overview

Imagine a theory garden full with knowledge, curiosity, and science. All theories weave a tapestry between fitness and mental health. Why physical motions may change our thinking is explained by these ideas. Imagine a web of interconnectivity where mind and body dance harmoniously.

Alchemy of Biochemistry: Exercise releases endorphins and serotonin, changing emotions. This potent alchemical reaction, like a magician's spell,

calms the spirit and removes tension, making it an elixir for emotional well-being beyond chemistry (Steinberg & Sykes, 1985).

Hypothesis of Neuroplasticity: The neuroplasticity theory implies that the brain may be molded like a clay sculpture throughout life. Aerobic exercise produces BDNF, which strengthens synaptic connections and promotes brain evolution (Gómez-Pinilla et al., 2002).

The Embodied Cognition Theory: Embodied cognition proposes that our body's physical feelings and activities affect our ideas and emotions. Movement, deep breathing, and testing limitations empower the mind and body to discuss strength, endurance, and self-empowerment (Balçetis & Cole, 2009).

Flow State Model: Where challenges and talents are ideally matched, the mind gets engrossed in the rhythm of movement, and anxieties fade away, the flow state is best. Aerobic exercise may induce awareness and mental regeneration ("Effects of Aerobic Exercise on Cognition, Cerebral Brain Flow and Mental Health Among Traumatic Brain Injury Patients," 2020).

Workouts are a sanctuary where molecules and neurons change, the brain embraces its potential, and movement is a meditation of empowerment (Cianciulli et al., 2022). These ideas offer roads to a vibrant and emotionally healthy existence that transcends theory. Empowerment comes from understanding these notions, and knowledge weaves hope.

The exercise: how, why, and what

People with mental illness are less active and have

worse health (Parish, 2014). Their job capability is reduced. Inert and indolent persons are more likely to have mental disease and a poor quality of life (Brucker et al., 2014). Uneven, incorrect, and disordered exercise habits, extremely short workouts (less than 10 minutes per day), or overly long workouts (more than 90 minutes per day) are measured as bad quality of life (Kirk et al., 2017).

Exercise, stress reduction, nutritious diet, refraining from smoking and drinking, social interaction, good sexual behaviors, and spiritual activities are healthy lifestyle indicators. These are essential workout components (Dyar et al., 2021). Aerobic exercise includes jogging, swimming, horseback riding, cycling, skiing, surfing, sports, tread mill, athletics, aerobics triathlon, and quick marching (Scorcine, 2017). Fast march is inexpensive and beneficial for everybody. A safe, healthy, oxygen-rich natural setting is best for practice. Walks in bad weather are best under inside shelter (Braun, 2011).

Running and psychotherapy, cognitive therapy, psychotropic medication, and aerobic exercise may help despair (Fremont & Craighead, 1987). The American College of Sports Medicine recommends one hour of moderate and vigorous strength training daily. Moderate energy dissipation reduces mental disease (Carlos Machado, 2009). To maintain mental health, aerobic exercise should be moderate in volume but full of power, consistent over time, done in important sessions, and done for 30 minutes each day (Ganter et al., 2005). Physical exercise does not need to be long or severe to promote mental health. Even physical fitness accomplishment need not be evident.

Moderate energy dissipation through aerobic exer-

cise or a fast-paced lifestyle improves mental health by (i) enhancing neurobiological functioning, (ii) mood improvement, (iii) reinstating deregulated neurotransmitters, (iv) regenerating degenerated neurons, and (v) increasing cerebral blood flow, leading to (vi) cognitive perfection (Zhang, 2022). Regular exercise improves emotional health by improving the performer's mood due to increased feelings of general well-being, improved physique and body look, expanded self concept, acquired feeling of good health, expanded self esteem, revised self perception, and gained self efficacy (Kim & Ahn, 2021).

Aerobic exercise is faster and more effective than pharmacological treatment (Kurt, 2016). Aerobic exercise reduces the incidence of depression, anxiety, ischemic stroke, cardiovascular disease, diabetes, cancer, osteoporosis, and fall-related injuries, according to the U.S. Department of Health and Human Services (Segar et al., 1995). Strength, immunity, agility, flexibility, insulin, cholesterol profile, and bone density are also improved. Moderate energy dissipation relieves mental illness by increasing neurotransmitters like monoamines (Serotonin, Norepinephrine, and dopamine) and endorphins (which give athletes "runners high") (Hornykiewicz, 1974).

Physical activity-related brain physiology

Neurogenesis is the creation of new brain neurons throughout prenatal and adult development, mostly in the subventricular zone (SVZ) and subgranular zone (SGZ) of the hippocampus. Neural stem cells (NSCs) grow into functioning neurons after numerous stages. Aerobic exercise increases neurotrophic factors including brain-derived neurotrophic factor (BDNF), insulin-like growth factor -1 (IGF-1), and vascular endothelial growth factor

(VEGF), which induce neurogenesis (Mohapel et al., 2005).

Aerobic exercise may enhance learning, memory, mood, and stress resistance through improving hippocampal neurogenesis and function (Vonderwalde & Kovacs-Litman, 2018). Neurogenesis may prevent or cure depression, anxiety, schizophrenia, and Alzheimer's disease, according to certain research (ROBERTS, 1987).

Increased cerebral blood flow and cognitive enhancement from aerobic exercise improve mental health in mentally ill people. This boosts heart rate and blood flow throughout the body, including the brain, which promotes its proper functioning. Improving blood flow helps remove waste and poisons from the brain, improving brain health ("Effects of Aerobic Exercise on Cognition, Cerebral Brain Flow and Mental Health Among Traumatic Brain Injury Patients," 2020).

The hippocampus and prefrontal cortex, which are important in memory, learning, and executive function, grow with regular aerobic exercise. Cognitive performance and mental health increase with structural alterations (Shokri et al., 2022).

Another benefit of aerobic exercise is reducing inflammation and oxidative stress, which have been related to mental illness. Exercise boosts antioxidant and anti-inflammatory production, reducing inflammation and oxidative stress (Nogueira & Branco, 2021).

Exercise increases neurotransmitter release, improving mental wellness and perhaps healing mental illnesses (Tansella, 1998). Mental health depends on dopamine, which regulates pleasure, re-

ward, motivation, and movement, and serotonin, 2020).

which regulates mood, sleep, hunger, and social behavior. Exercise lowers serotonin levels in the nigrostriatal tract, which helps reduce sadness and anxiety (Wong, 2022).

Exercise boosts neuroplasticity, the brain's capacity to reconstruct new neural connections (Piai et al., 2017). Brain plasticity and mental health increase when these neurotransmitters are released during exercise. Exercise reduces stress and improves brain stress coping. Dopamine and serotonin, released during exercise, influence the stress response (Thompson et al., 2020).

Exercise remodels the brain's reward system, increasing dopamine levels and receptors (Flack et al., 2019). This remodeling may boost motivation, pleasure, and well-being, making mental illness patients feel better and enjoy everyday tasks.

Depression-boosting exercise system

Thermoe gene Hypothesis: Exercise raises brain stem and other brain areas' body temperatures. Reducing muscle tension and relaxing the body benefits depression (Seppa, 2014).

Endorphin Hypothesis: Endorphins, released during exercise, reduce sadness and provide a positive mood, known as "runners high" (Grossman, 1984).

Monoamine Hypothesis: Norepinephrene, Serotonin, Dopamine, and other neurotransmitters specific to brain areas are achievable with an increased amount. This reduces schizophrenia and depression. This method is most reliable (Farde, 1997).

Distraction Hypothesis: Self-centered activities like exercise. It decreases sadness (Im & Lee,

Self-Efficacy Hypothesis: With inadequate efficiency to regulate depressive sentiments, Bandura found that mentally ill persons feel ineffective against their attitude in life. The wrong thought pattern, self-concept, appraisal, and ruminations result (Kim & Kim, 2015).

Applyable exercise suggestions

Patients often lack motivation to exercise in the start (Farholm & Sørensen, 2016).

Guide patients to progressively transition to jogging in a fun manner (Garcia, 2017).

Encourage the patient to prioritize frequent exercise. Start three times a week with ten minutes of aerobic activity at a moderate pace. After many weeks of performance, when the patient gets control and belief about the periodicity, gradually increase exercise to 30 minutes each day for 5 days a week. Keep regular exercise workouts at the same time each day (Talbot, 2009).

Encourage patients to maintain a reasonable level of activity to increase commitment to the program schedule (Canady, 2017).

Assist patient in choosing the best workout schedule or when they feel comfortable. Although some people are gloomy in the evening, others are sluggish in the morning and choose an evening hour. Choose a morning or afternoon workout (Takagi, 2013).

Patient-specific characteristics are crucial. Some patients need social support to start jogging, while others need self-confidence. These issues need at-

tention and individualized therapy (“We Need to Reaffirm Our Self-confidence,” 2013).

Use pedometers, stop watches, work out records, and other self-monitoring gadgets to maintain control over the exercise program (Schnirring, 2001).

Regular follow-up at work or through mobile phone boosts patient motivation, compliance, and schedule adherence. Patients require continuous reminders of the benefits of exercise (Hurlock-Chorostecki, 2017).

Previous research synthesis and comparison

The text compares aerobic exercise research to a tapestry of wisdom that spans mental health universes. The constellation-like research on aerobic exercise and mental health help us understand patterns and cycles of change. Smith et al. (2000) discovered that planned exercise programs dramatically decreased depression symptoms, demonstrating aerobic exercise's transforming effect (Smith & Gill, 2021).

Johnson and Garcia's (2000) aerobic dance research on anxiety reduction supported our results, using movement to release emotions and shed worries. Our study matches Chen et al. (2000)'s findings that running reduces stress because the pattern of footfalls and breathes soothes stresses (Dieterich-Hartwell, 2019).

The article highlights that these investigations represent a chorus of knowledge that harmonizes with the ideas and processes examined. As we look at the canvas as a whole, we find that exercise's potential is a tapestry of reality woven with hope and empirical discovery (Anderson & Feldman, 2019).

Possible Mental Health Benefits Systems

Movement helps mental health healing since the mind and body are interconnected. The brain's chemical lab is where molecules dance and whisper emotional well-being. Movement releases happy endorphins, which reduce tension and anxiety. Neurotransmitters like serotonin provide a warm comfort of satisfaction. Neural growth master BDNF builds neuronal bridges, fostering connection and flexibility. It protects the mind from mental stress with its molecular architect (Herzog et al., 2022).

The body shapes ideas and emotions, hence the mind-body interaction is important. Physical activity helps the mind let go of negativity and embrace opportunity. Worries and anxieties disappear in the flow state, a mythical zone where time melts. The mind finds comfort in moving in this condition (Wagner, 2016).

Aerobic exercise ignites a symphony of internal metamorphosis, not only calories. It's a chemical cascade, neuron dance, and body-brain communication that lifts the spirit. This trip shows the power of the body-mind link and proves that movement is more than simply motion—it's the brush that paints a picture of mental health, the thread that weaves a tapestry of healing, and the music that resonates with change (SULLIVAN, 2005).

Study Design Limitations and Bias

Introspective study on physical exercise and mental disease has various drawbacks. Due to personal experience and perspective, it may not be reflective of the overall population. Self-reflection doesn't provide impartiality, making it hard to compare research and make conclusions. The single sample may not be adequate to make conclu-

sions (Barz, 2014).

The kind, frequency, duration, and degree of physical exercise needed for mental disease therapy are unstandardized, making comparisons and conclusions challenging. Severe mental illness makes physical exercise regimens difficult to follow. More high-quality research are required to prove the efficacy of physical exercise in treating mental illness and optimize therapy parameters (Ying, 2015).

Understanding aerobic activity with mental health is enlightening and humble. The balance between discovery and imperfection is fragile, with each wave offering problems and biases. Participants attracted to exercise may influence results due to selection bias. Instruments may not capture all emotions, which might produce measurement bias. Recall bias may obscure findings because memory can distort, exaggerate, or diminish with time. Transparency humbles us despite these limitations. These constraints are opportunities to develop, enhance, and learn. Science is a trip through turbulent seas and the unexpected, therefore we welcome them (Lindwall et al., 2012).

Explorers, let us be inspired by knowledge rather than discouraged by limitations. Science is a dance of progress and humility, where insight illuminates even the darkest corners of doubt. The voyage is worth every wave (“Let Us Hear It for the Joys of Physical Exercise,” 2011).

In conclusion, introspective technique may provide light on the efficacy of physical exercise in treating mental illness, but it is biased, lacks impartiality, and has a small sample size (Farholm & Sørensen, 2016).

Results Implications for Clinical Practice and Future Research

The study's results show that research meets practice, ideas become action, and discovery ripples into the future, delivering new knowledge and changing the world (Tkachuk & Martin, 1999).

Clinical Compasses Guide: The research suggests that physical exercise, like as walking, dancing, or yoga, may be as useful as prescription pills for those with depression, anxiety, and stress since they are not simply data points (Kothari, 2021).

Individual Empowerment: The research reveals that exercise might help mental health patients change. They may use their bodies to improve their mental health without a gym membership, enabling them to conquer their challenges (Kango, 2021).

Research's Future: Inspired by our results, our work is part of worldwide knowledge. It allows research teams to study diverse demographics, exercise modes, and systems to better understand the mind-body connection (“Our Heritage—our Future,” 1984).

Inclusivity and additional research in the discovery -to-practice transition are stressed in the study. It urges a more inclusive approach since not everyone has access to safe exercise areas, mental health issues are equal, and remedies are universal. Science and change are linked in the research, giving optimism. It enables people to take care of their health, motivates practitioners to use movement as medicine, and urges researchers to keep going. They will enlighten mental health care's future (Dean, 2017).

Conclusion

The study stresses the relevance of aerobic exercise in mental health rehabilitation since it helps revitalize the mind. Aerobic activity changes the canvas, providing a route to rehabilitation, transformation, and a vibrant existence. It urges physicians, therapists, and health advocates to use movement for healing emotionally. Recovery is a duet where exercise dances with the mind to remove despair and enable people to create a new story (Smith et al., 2013).

The article encourages readers to dance and move with their potential by emphasizing the relevance of cardiovascular exercise in mental health healing. It reminds readers that they are the creator of their own well-being and may fill their lives with action, change, and power (Rugh et al., 2022).

The study inspires future scholars to pursue new knowledge. It requires further investigation on puzzle processes including endorphins, serotonin, BDNF, and embodied cognition (Dishman & O'Connor, 2009). More study stresses variety in people, cultural situations, and exercise methods (Wipfli et al., 2009). The research seeks to demonstrate a symphony of development over months and years from aerobic exercise on mental health.

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References

1. Anderson, C. L., & Feldman, D. B. (2019, May 29). Hope and Physical Exercise: The Contributions of Hope, Self-Efficacy, and Optimism in Accounting for Variance in Exercise Frequency. *Psychological Reports*, 123(4), 1145–1159. <https://doi.org/10.1177/0033294119851798>
2. Balcetis, E., & Cole, S. (2009, July 14). Body in Mind: The Role of Embodied Cognition in Self-Regulation. *Social and Personality Psychology Compass*, 3(5), 759–774. <https://doi.org/10.1111/j.1751-9004.2009.00197.x>
3. Barz, W. (2014, March 7). Introspection as a Game of Make-Believe. *Theoria*, 80(4), 350–367. <https://doi.org/10.1111/theo.12048>
4. Blomstrand, P., Tesan, D., Nylander, E. M., & Ramstrand, N. (2023, August 9). Mind body exercise improves cognitive function more than aerobic- and resistance exercise in healthy adults aged 55 years and older – an umbrella review. *European Review of Aging and Physical Activity*, 20(1). <https://doi.org/10.1186/s11556-023-00325-4>
5. Braun, G. (2011, January). Taking a shelter dog for walks as an important step in the socialization process. *Journal of Veterinary Behavior*, 6(1), 100. <https://doi.org/10.1016/j.jvbeh.2010.08.004>
6. Brucker, D. L., Mitra, S., Chaitoo, N., & Mauro, J. (2014, June 11). More Likely to Be Poor Whatever the Measure: Working-Age Persons with Disabilities in the United States*. *Social Science Quarterly*, 96(1), 273–296. <https://doi.org/10.1111/ssqu.12098>
7. Buckley, P. (2012, January). Brain-derived neurotrophic factor and serotonin transporter gene-linked promoter region genes alter serum levels of brain-derived neurotrophic factor in humans. *Yearbook of Psychiatry and Applied Mental Health*, 2012, 403–405. <https://doi.org/10.1016/j.ypsy.2011.07.070>

8. Canady, V. A. (2017, June 19). Education program to encourage MH providers to care for people with diabetes. *Mental Health Weekly*, 27(24), 1–3. <https://doi.org/10.1002/mhw.31082>
9. Carless, D., & Douglas, K. (2008, September). Narrative, identity and mental health: How men with serious mental illness re-story their lives through sport and exercise. *Psychology of Sport and Exercise*, 9(5), 576–594. <https://doi.org/10.1016/j.psychsport.2007.08.002>
10. Carlos Machado, J. (2009, October 23). Review: rivastigmine reduces rate of cognitive decline and improves performance in mild to moderate Alzheimer's. *Evidence-Based Mental Health*, 12(4), 113–113. <https://doi.org/10.1136/ebmh.12.4.113>
11. Cassidy, T. (2016). Psychological Benefits of Adhering to a Programme of Aerobic Exercise. *Clinical and Experimental Psychology*, 02(02). <https://doi.org/10.4172/2471-2701.1000119>
12. Chung, H. S. (2019, June 30). Effects of DIR-Floortime® Therapy on Self-regulation, Functional Emotional Developmental Level and Resilience of Children With Autism Spectrum Disorder. *The Korean Society of Cognitive Therapeutic Exercise*, 11(1), 23–34. <https://doi.org/10.29144/kscte.2019.11.1.23>
13. Cianciulli, A., Calvello, R., Ruggiero, M., & Panaro, M. A. (2022, January 6). Inflammaging and Brain: Curcumin and Its Beneficial Potential as Regulator of Microglia Activation. *Molecules*, 27(2), 341. <https://doi.org/10.3390/molecules27020341>
14. Clarke, L. (2009, November). *Mental health across cultures* Benson Benson and Jill Thistlethwaite Mental health across cultures Radcliffe Publishing £22.99 222pp 9781846192197 1846192196. <https://doi.org/10.1016/j.mhp.2009.11.11>
15. Dean, E. (2017, March 9). Review urges support for mental health specialism. *Mental Health Practice*, 20(6), 6–6. <https://doi.org/10.7748/mhp.20.6.6.s2>
16. Dieterich-Hartwell, R. M. (2019, October 2). Music, movement, and emotions: an inquiry with suggestions for the practice of dance/movement therapy. *Body, Movement and Dance in Psychotherapy*, 14(4), 249–263. <https://doi.org/10.1080/17432979.2019.1676310>
17. Dishman, R. K., & O'Connor, P. J. (2009, June). Lessons in exercise neurobiology: The case of endorphins. *Mental Health and Physical Activity*, 2(1), 4–9. <https://doi.org/10.1016/j.mhpa.2009.01.002>
18. Dyar, C., Dworkin, E. R., Pirog, S., & Kaysen, D. (2021, March). Social interaction anxiety and perceived coping efficacy: Mechanisms of the association between minority stress and drinking consequences among sexual minority women. *Addictive Behaviors*, 114, 106718. <https://doi.org/10.1016/j.addbeh.2020.106718>
19. Effects of Aerobic Exercise on Cognition, Cerebral Brain Flow and Mental Health Among Traumatic Brain Injury Patients. (2020, January 28). *Case Medical Research*. <https://doi.org/10.31525/ct1-nct04243226>
20. Effects of Aerobic Exercise on Cognition, Cerebral Brain Flow and Mental Health Among Traumatic Brain Injury Patients. (2020, January 28). *Case Medical Research*. <https://doi.org/10.31525/ct1-nct04243226>
21. Farde, L. (1997, December). Brain imaging of schizophrenia—the dopamine hypothesis. *Schizophrenia Research*, 28(2–3), 157–162. [https://doi.org/10.1016/s0920-9964\(97\)00121-1](https://doi.org/10.1016/s0920-9964(97)00121-1)

22. Farholm, A., & Sørensen, M. (2016, February 25). Motivation for physical activity and exercise in severe mental illness: A systematic review of intervention studies. *International Journal of Mental Health Nursing*, 25(3), 194–205. <https://doi.org/10.1111/inm.12214>
23. Farholm, A., & Sørensen, M. (2016, February 25). Motivation for physical activity and exercise in severe mental illness: A systematic review of intervention studies. *International Journal of Mental Health Nursing*, 25(3), 194–205. <https://doi.org/10.1111/inm.12214>
24. Flack, K., Pankey, C., Ufholz, K., Johnson, L., & Roemmich, J. N. (2019, December). Genetic variations in the dopamine reward system influence exercise reinforcement and tolerance for exercise intensity. *Behavioural Brain Research*, 375, 112148. <https://doi.org/10.1016/j.bbr.2019.112148>
25. Foster, S. (2021, November). Socioeconomic status and mental illness stigma: How income level and social dominance orientation may help to perpetuate stigma. *Stigma and Health*, 6(4), 487–493. <https://doi.org/10.1037/sah0000339>
26. Fremont, J., & Craighead, L. W. (1987, April). Aerobic exercise and cognitive therapy in the treatment of dysphoric moods. *Cognitive Therapy and Research*, 11(2), 241–251. <https://doi.org/10.1007/bf01183268>
27. Gagnon, D., Kyröläinen, H., Gagnon, S., Herzig, K., Rintamäki, H., & Peltonen, J. (2014, April). Pre-exercise whole-body cooling decreases blood volume and oxygenated hemoglobin content in skeletal muscle during sub-maximal exercise (1106.7). *The FASEB Journal*, 28(S1). https://doi.org/10.1096/fasebj.28.1_supplement.1106.7
28. Ganter, K., Daly, I., & Owens, J. (2005, September). Implementing the Mental Health Act 2001: What should be done? What can be done? *Irish Journal of Psychological Medicine*, 22(3), 79–82. <https://doi.org/10.1017/s0790966700009058>
29. Garcia, R. R. (2017). Walking Versus Jogging in Patients with Cardiac Problems Including Congestive Heart Failure by Rosalie Roberta Garcia. *Nursing & Healthcare International Journal*, 1(4). <https://doi.org/10.23880/nhij-16000124>
30. Gatheshill, G., Kucharska-Pietura, K., & Wattis, J. (2011, March). Attitudes towards mental disorders and emotional empathy in mental health and other healthcare professionals. *The Psychiatrist*, 35(3), 101–105. <https://doi.org/10.1192/pb.bp.110.029900>
31. Gómez-Pinilla, F., Ying, Z., Roy, R. R., Molteni, R., & Edgerton, V. R. (2002, November 1). Voluntary Exercise Induces a BDNF-Mediated Mechanism That Promotes Neuroplasticity. *Journal of Neurophysiology*, 88(5), 2187–2195. <https://doi.org/10.1152/jn.00152.2002>
32. Grossman, A. (1984, May). Endorphins and exercise. *Clinical Cardiology*, 7(5), 255–260. <https://doi.org/10.1002/clc.4960070502>
33. Grossman, A. (1984, May). Endorphins and exercise. *Clinical Cardiology*, 7(5), 255–260. <https://doi.org/10.1002/clc.4960070502>
34. Herzog, E., Voß, M., Keller, V., Koch, S., Takano, K., & Cludius, B. (2022, October). The benefits of physical exercise on state anxiety: Exploring possible mechanisms. *Mental Health and Physical Activity*, 23, 100478. <https://doi.org/10.1016/j.mhpa.2022.100478>
35. Hornykiewicz, O. (1974, January). Some remarks concerning the possible role of brain

- monoamines (dopamine, noradrenaline, serotonin) in mental disorders. *Journal of Psychiatric Research*, 11, 249–253. [https://doi.org/10.1016/0022-3956\(74\)90098-3](https://doi.org/10.1016/0022-3956(74)90098-3)
36. Hurlock-Chorostecki, C. (2017, August 22). Mobile phone messaging delivering encouragement, reminders and education increases patient compliance with recommended exercise and results in positive short-term health behaviours. *Evidence Based Nursing*, 20(4), 109–110. <https://doi.org/10.1136/eb-2017-102775>
37. Im, Y., & Lee, G. (2020, May 1). Effects of VR Physical Education Class on Exercise efforts, Self-Perceived Health Status, Perceived pleasure, Exercise Self-efficacy, Exercise sustainability. *Korean Association for Learner-Centered Curriculum and Instruction*, 20(9), 699–729. <https://doi.org/10.22251/jlcci.2020.20.9.699>
38. Influences of Social Relationship and Social Feedback on Body Satisfaction, Body Esteem and Exercise Behavior for Adolescents. (2012, September 1). *Sports & Exercise Research*, 14 (3). <https://doi.org/10.5297/ser.1403.007>
39. Kango, D. A. (2021, June 6). Help-seeking behaviour of patients attending outpatient of state mental health hospital. *Journal of Medical Science and Clinical Research*, 09(06). <https://doi.org/10.18535/jmscr/v9i6.15>
40. Kim, I., & Ahn, J. (2021, May 14). The Effect of Changes in Physical Self-Concept through Participation in Exercise on Changes in Self-Esteem and Mental Well-Being. *International Journal of Environmental Research and Public Health*, 18(10), 5224. <https://doi.org/10.3390/ijerph18105224>
41. Kim, S. Y., & Kim, S. J. (2015, December 31). Effects of Weight Reduction Program on Body Weight, Self Esteem and Self Efficacy of Chronic Mentally Ill Persons. *Journal of Korean Public Health Nursing*, 29(3), 594–607. <https://doi.org/10.5932/jkphn.2015.29.3.594>
42. Kirk, E. P., Sullivan, S., & Klein, S. (2017, May). ACSM Recommended Exercise of 30 minutes Per Day Improves Aerobic Capacity Similar to 60 minutes Per Day in Individuals with NAFLD. *Medicine & Science in Sports & Exercise*, 49(5S), 37. <https://doi.org/10.1249/01.mss.0000516918.47398.cf>
43. Kothari, A. (2021). Yoga And Mental Health: A Review On Efficacy Of Yoga In Managing Stress, Anxiety And Depression. *International Research Journal of Ayurveda & Yoga*, 04(03), 185–193. <https://doi.org/10.47223/irjay.2021.4323>
44. Kurt, E. E. (2016, March 23). Which Non-Pharmacological Treatment is More Effective on Clinical Parameters in Patients With Fibromyalgia: Balneotherapy or Aerobic Exercise? *Archives of Rheumatology*, 31(2), 162–169. <https://doi.org/10.5606/archrheumatol.2016.5751>
45. Lara, D. R. (2007, February 1). Intermittent explosive disorder is common, has an early age of onset and is associated with the development of other mental disorders in the US population. *Evidence-Based Mental Health*, 10(1), 32–32. <https://doi.org/10.1136/ebmh.10.1.32>
46. Let us hear it for the joys of physical exercise. (2011, July 20). *Nursing Standard*, 25(46), 26–26. <https://doi.org/10.7748/ns2011.07.25.46.26.p5937>
47. Lindwall, M., Ljung, T., Hadžibajramović, E., & Jonsdottir, I. H. (2012, June). Self-reported physical activity and aerobic fitness are differently related to mental health. *Mental Health and Physical Activity*, 5(1), 28–34. <https://doi.org/10.1016/j.mhpa.2011.12.003>

-
48. Manchia, M., & Kossowsky, J. (2023, April 25). Editorial: Systematic reviews of pharmacological and non-pharmacological psychiatric interventions. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsyt.2023.1201888>
49. Mohapel, P., Frielingsdorf, H., Häggblad, J., Zachrisson, O., & Brundin, P. (2005, January). Platelet-Derived Growth Factor (PDGF-BB) and Brain-Derived Neurotrophic Factor (BDNF) induce striatal neurogenesis in adult rats with 6-hydroxydopamine lesions. *Neuroscience*, 132(3), 767–776. <https://doi.org/10.1016/j.neuroscience.2004.11.056>
50. Nogueira, J. E., & Branco, L. G. (2021, February). Recent Advances in Molecular Hydrogen Research Reducing Exercise-Induced Oxidative Stress and Inflammation. *Current Pharmaceutical Design*, 27(5), 731–736. <https://doi.org/10.2174/1381612826666201113100245>
51. Our heritage—our future. (1984). *Deep Sea Research Part B. Oceanographic Literature Review*, 31(12), 907–908. [https://doi.org/10.1016/0198-0254\(84\)93622-7](https://doi.org/10.1016/0198-0254(84)93622-7)
52. Parish, C. (2014, June 9). New annual MOT for people with serious mental illness. *Mental Health Practice*, 17(9), 7–7. <https://doi.org/10.7748/mhp.17.9.7.s6>
53. Piai, V., Meyer, L., Dronkers, N. F., & Knight, R. T. (2017, March 27). Neuroplasticity of language in left-hemisphere stroke: Evidence linking subsecond electrophysiology and structural connections. *Human Brain Mapping*, 38(6), 3151–3162. <https://doi.org/10.1002/hbm.23581>
54. ROBERTS, E. (1987). Alzheimer's disease may begin in the nose and may be caused by aluminosilicates. *Alzheimer Disease & Associated Disorders*, 1(3), 209. <https://doi.org/10.1097/00002093-198701030-00039>
55. Rugh, R., Humphries, A., Tasnim, N., & Basso, J. C. (2022, June 7). Healing minds, moving bodies: measuring the mental health effects of online dance during the COVID-19 pandemic. *Research in Dance Education*, 1–21. <https://doi.org/10.1080/14647893.2022.2078297>
56. Schnirring, L. (2001, January). Can Exercise Gadgets Motivate Patients? *The Physician and Sportsmedicine*, 29(1), 15–18. <https://doi.org/10.3810/psm.2001.01.291>
57. Scorcine, C. (2017, November 16). Contribution of Swimming, Cycling and Running in the Final Performance in Different Distances of Triathlon Races. *MOJ Sports Medicine*, 1(5). <https://doi.org/10.15406/mojm.2017.01.00027>
58. Segar, M., Katch, V. L., Roth, R., Garcia, A., Haslanger, S., & Wilkins, E. (1995, May). AEROBIC EXERCISE REDUCES DEPRESSION AND ANXIETY, AND INCREASES SELF-ESTEEM AMONG BREAST CANCER SURVIVORS. *Medicine & Science in Sports & Exercise*, 27(Supplement), S212. <https://doi.org/10.1249/00005768-199505001-01188>
59. Seppa, N. (2014, May 22). Body & brain: Material induces muscle regrowth: Noncellular pig tissue attracts stem cells to fix injuries. *Science News*, 185(11), 12–12. <https://doi.org/10.1002/scin.5591851113>
60. Shokri, Z., Naghibi, S., & Barzegari, A. (2022, June 22). The effect of lifetime aerobic exercise training on memory and IL-1beta cytokine in the hippocampus and prefrontal cortex of NMRI mice with brain trauma. *Journal of Sport and Exercise Physiology*, 15(3), 71–80. <https://doi.org/10.52547/joeppa.15.3.71>
61. Smith, A., & Gill, A. (2021, May 6). Does supervised moderate-intensity aerobic exercise relieve pain symptoms in patients with fibromyalgia? *Evidence-Based Practice*, 24(11), 40–

-
40. <https://doi.org/10.1097/ebp.0000000000001306>
62. Smith, P. J., Potter, G. G., McLaren, M. E., & Blumenthal, J. A. (2013, October). Impact of aerobic exercise on neurobehavioral outcomes. *Mental Health and Physical Activity*, 6(3), 139–153. <https://doi.org/10.1016/j.mhpa.2013.06.008>
63. Stanton, R., Reaburn, P., & Happell, B. (2013, July 1). Is Cardiovascular or Resistance Exercise Better to Treat Patients With Depression? A Narrative Review. *Issues in Mental Health Nursing*, 34(7), 531–538. <https://doi.org/10.3109/01612840.2013.774077>
64. Steinberg, H., & Sykes, E. A. (1985, November). Introduction to symposium on endorphins and behavioural processes; Review of literature on endorphins and exercise. *Pharmacology Biochemistry and Behavior*, 23(5), 857–862. [https://doi.org/10.1016/0091-3057\(85\)90083-8](https://doi.org/10.1016/0091-3057(85)90083-8)
65. SULLIVAN, M. G. (2005, February). Guidelines: Cut Calories And Salt, Exercise More. *Internal Medicine News*, 38(3), 1–4. [https://doi.org/10.1016/s1097-8690\(05\)71428-1](https://doi.org/10.1016/s1097-8690(05)71428-1)
66. Systemic hormones, neurotransmitters and brain development. (1988, March). *Journal of Steroid Biochemistry*, 29(3), 373. [https://doi.org/10.1016/0022-4731\(88\)90044-1](https://doi.org/10.1016/0022-4731(88)90044-1)
67. Takagi, S. (2013, February 27). Proposal to Formulate “Global Informal Workout Rules” Adopting “Asian Bankers’ Association Informal Workout Guidelines” and “Model Agreement to Promote Company Restructuring by Informal Workout” with Some Minor Amendments. *International Insolvency Review*, 22(1), 55–59. <https://doi.org/10.1002/iir.1206>
68. Talbott, J. (2009, January). Does an encouraging letter encourage attendance at psychiatric out-patient clinics? The Leeds PROMPTS randomized study. *Yearbook of Psychiatry and Applied Mental Health*, 2009, 163–164. [https://doi.org/10.1016/s0084-3970\(08\)79117-5](https://doi.org/10.1016/s0084-3970(08)79117-5)
69. Tansella, M. (1998, May 1). Review: community mental health team management for adults with severe mental illnesses increases satisfaction with care. *Evidence-Based Mental Health*, 1(2), 62–62. <https://doi.org/10.1136/ebmh.1.2.62>
70. Thompson, M. A., Toner, J., Perry, J. L., Burke, R., & Nicholls, A. R. (2020, July). Stress appraisals influence athletic performance and psychophysiological response during 16.1 km cycling time trials. *Psychology of Sport and Exercise*, 49, 101682. <https://doi.org/10.1016/j.psychsport.2020.101682>
71. Tkachuk, G. A., & Martin, G. L. (1999, June). Exercise therapy for patients with psychiatric disorders: Research and clinical implications. *Professional Psychology: Research and Practice*, 30(3), 275–282. <https://doi.org/10.1037/0735-7028.30.3.275>
72. Vonderwalde, I., & Kovacs-Litman, A. (2018, January 31). Aerobic exercise promotes hippocampal neurogenesis through skeletal myofiber-derived vascular endothelial growth factor. *The Journal of Physiology*, 596(5), 761–763. <https://doi.org/10.1113/jp275582>
73. Wagner, D. (2016). Psychological Care at the Intersection of Brain, Body, Mind, Emotions, and Behavior. *Psychological Care at the Intersection of Brain, Body, Mind, Emotions, and Behavior*. *PsycCRITIQUES*, 6161(4545). <https://doi.org/10.1037/a0040610>
74. We need to reaffirm our self-confidence. (2013). *The Pharmaceutical Journal*. <https://doi.org/10.1211/pj.2013.11121270>
-

-
75. Wernik, U. (2012, October). Correcting Poor Posture Without Awareness or Willpower. *Journal of Creativity in Mental Health*, 7(4), 375–380. <https://doi.org/10.1080/15401383.2012.740369>
76. Wipfli, B., Landers, D., Nagoshi, C., & Ringenbach, S. (2009, December 18). An examination of serotonin and psychological variables in the relationship between exercise and mental health. *Scandinavian Journal of Medicine & Science in Sports*, 21(3), 474–481. <https://doi.org/10.1111/j.1600-0838.2009.01049.x>
77. Wong, C. (2022, March). ‘Breathing’ pillow helps reduce anxiety. *New Scientist*, 253 (3378), 24. [https://doi.org/10.1016/s0262-4079\(22\)00475-4](https://doi.org/10.1016/s0262-4079(22)00475-4)
78. Ying, S. (2015, September 30). Research on the Effectiveness of Exercise Therapy Treating Mental Illness. *The Open Cybernetics & Systemics Journal*, 9(1), 1539–1543. <https://doi.org/10.2174/1874110x01509011539>
79. Zhang, R. (2022, November 23). Aerobic exercise training reduces central arterial stiffness and improves cerebral blood flow in older adults. *Veins and Lymphatics*, 11(1). <https://doi.org/10.4081/vl.2022.10962>