Reply by Authors

We would like to thank Gupta and colleagues for their attention and viewpoints. Hereby, brief clarification is presented. Unfortunately, we did not have facilities to measure rennin, aldosterone, and plasma rennin activity tests. These measurements

in our country are not very accurate and reliable, and they would need prior co-ordinations which was not feasible in the competitions venue.

These competitions were held in winter and we were not worried about pre-renal azotemia, because of the short duration of competitions, judicious fluid intake, appropriate weight of karatekas which obviated fluid restriction for maintaining ideal body weight for competitions, and lesser probability of traumatic rhabdomyolysis compared with long-lasting exercises; however, it was reasonable to request these parameters. It is an imperfection in our study that should be considered in future studies. Also, urine color, specific electrical conductance, and osmolality are poor indicators of hydration status measured from the balance between fluid intake and urine output up to 6 hours postexercise.[1] Indeed, postexercise proteinuria limits the value of these measurements.

Although in the recent years, women sports have been greatly progressed in our country, there are many obstacles and limitations in this way to recruit women as well in the study. We preferred to conduct our study in men and did not declare that our findings are generalizable to the other sex, particularly regarding the females' total body water, hormonal changes, and menstrual cycle, which influence fluid and electrolytes balance in women.

The additional Table shows further elaborations.

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