

Effects of Curcumin on Inflammatory Response During Exercise-Induced Muscle Damage (Literature Review)

Novadri Ayubi ¹, Nining Widyah Kusnanik ², Lilik Herawati ³, Anton Komaini ^{4,*}, Toho Cholikh Mutohir ², Andri Gemaini ⁴, Ardi Setyo Nugroho ⁵, Nuridin Widya Pranoto ⁴

¹ Doctoral Program of Sport Science, Postgraduate, Universitas Negeri Surabaya, Indonesia; novadriayubii@yahoo.com (N.A);

² Lecturer, Faculty of Sport Science, Universitas Negeri Surabaya, Indonesia; niningwidyah@unesa.ac.id (N.W.K); tohocholik@unesa.ac.id (T.C.M);

³ Lecturer, Department of Physiology, Faculty of Medicine, Universitas Airlangga, Surabaya, Indonesia; lilik_heraw@fk.unair.ac.id (L.H);

⁴ Lecturer, Faculty of Sport Science, Universitas Negeri Padang, Indonesia; antonkomaini@fik.unp.ac.id (A.K); andrigemaini@fik.unp.ac.id (A.G); nuridin@fik.unp.ac.id (N.W.P);

⁵ Sport Health Science Program, Faculty of Medicine, Universitas Airlangga, Surabaya; ardisety69@gmail.com (A.S.N)

* Correspondence: antonkomaini@fik.unp.ac.id (A.K);

Scopus Author ID 57195430173 (N.W.K)

57204693989 (L.H)

Received: 2.01.2022; Accepted: 5.02.2021; Published: 27.03.2022

Abstract: This study aimed to evaluate the effect of curcumin on the inflammatory response during exercise-induced muscle damage (EIMD) is a literature review. The method applied to this article was a comprehensive strategy such as searching for articles in research journal databases. The databases were taken from Pubmed/MEDLINE, Scopus, Web of Science, and Embase. The keywords were curcumin, inflammation, Exercise-Induced Muscle Damage, Sport, Exercise, and Healthy Lifestyle. There were 30 articles obtained, and 10 articles were analyzed through the purpose, suitability of the topic, sample size, research protocol, and the results of each article. The results of this study explain that curcumin was able to provide anti-inflammatory effects by reducing pro-inflammatory cytokines such as IL-6, IL-8, TNF- α . Curcumin can also reduce muscle pain intensity, decrease CK activity, and increase ROM. The curcumin dose (>180 mg/day) showed to reduce various inflammatory responses due to EIMD. Therefore, it is recommended that curcumin be used in individuals who carry out physical activities, leading to muscle damage and inflammation.

Keywords: Curcumin; Exercise-Induced Muscle Damage; Sport; Exercise; Healthy Lifestyle.

© 2022 by the authors. This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Resistance exercise is an essential component of a well-rounded fitness regimen for athletes and recreationally active people [1–3]. Although resistance exercise is an excellent long-term method of increasing lean muscle mass, the resulting exercise-induced muscle damage (EIMD) and discomfort might restrict performance following training sessions or competitive events [4–7].

In most cases, delayed onset muscle soreness (DOMS) and inflammation peak 1 to 2 days after a resistance training session [8–10]. The current phenomenon of about 30 million

people worldwide who experience DOMS is usually treated with non-steroidal anti-inflammatory drugs (NSAID) [11,12]. While some inflammation reduction may be beneficial, the extreme blunting of inflammation produced by NSAID prevents or hampers the first stage of recovery [13–16]. Furthermore, despite the purported advantages of NSAIDs, clinical data show that NSAID treatment does not always help recovery after EIMD [17].

While many other compounds have been investigated as potential treatments for EIMD and DOMS, curcumin is of particular interest since it is thought to work similarly to NSAID, but with a less big decline in inflammation [18,19]. Curcumin's anti-inflammatory benefits have been well known [20–23]. Curcumin works by altering COX-2 pathway signaling, resulting in decreased pro-inflammatory cytokine and prostaglandin production [24–26]. This modulation might be noteworthy since prostaglandins contribute to the degree of pain after EIMD, and IL-1, IL-6, IL-8, IL-10, TNF- α , and CRP have emerged biomarkers of inflammation [27–30].

Even though curcumin has been studied extensively, there is no scientific consensus on its effects on physical activity. Consequently, we evaluated the available information from clinical studies on the effects of curcumin on EIMD

2. Materials and Methods

This study uses a literature review method using a comprehensive strategy such as searching for articles in research journal databases. The databases used are Pubmed/MEDLINE, Scopus, Web of Science, and Embase. The inclusion criteria in this study were journals that discussed curcumin, exercise, exercise, EIMD, DOMS, and inflammation. The exclusion criteria in this study were international journals published in the last five years in 2021.

3. Results and Discussion

The results of the research used in this literature review areas follows:

Table 1. Review of research results on the effects of curcumin on experimental animals.

| Author | Sample Characteristics | Study Design | Intervention | Results |
|--|--|--------------|--|--|
| (Mohammadi <i>et al.</i> , 2017) [31] | 75 adult female Wistar rats weighing 170±20gr were divided into 3 groups, namely the dick group (n=12), the polycystic ovary syndrome group (n=12), the polycystic ovary syndrome group with curcumin administration (n=48). Polycystic ovary syndrome induced by injection of estradiol valerate. | Experimental | Injection of curcumin at a dose of 100, 200, 300, 400 mg/kgBW. The treatment was given for 14 consecutive days. | The curcumin intervention decreased inflammatory markers such as IL-6 and CRP significantly. |
| (Rosignoli Da Conceição <i>et al.</i> , 2021) [32] | 40 male rats aged 12 weeks were divided into 6 groups, namely the standard diet group, the standard diet group submitted after exercise, the whey protein+curcumin group, the whey protein+curcumin group after exercise, the | Experimental | Curcumin supplementation dose of 0.8 curcumin and 1 g of whey protein. Intervention gave after swimming training | Administration of whey protein+curcumin reduces blood glucose, oxidative damage, and inflammation caused by swimming exercise. |

| | | | |
|--|--|--|--|
| curcumin group, and the curcumin group after exercise. | | | |
|--|--|--|--|

Table 2. Review the results of research on the effects of curcumin on humans.

| Author | Sample Characteristics | Study Design | Intervention | Results |
|--|---|--|---|---|
| (Delecroix <i>et al.</i> , 2017) [33] | The 16 rugby players have an average age of 20 years and an average height of 182 cm. Subjects were divided into 4 groups, namely 1) dominant foot and curcumin + piperine, 2) non-dominant foot and curcumin + piperine, 3) dominant foot and placebo, 4) non-dominant foot and placebo. | Cross over | Curcumin at a dose of 2 g and 20 mg piperine, 3 times a day starting 45 minutes before exercise, 45 after exercise, and 6 hours after the second administration. The exercise given is weight training. | The intervention of 6 g curcumin and 60 mg piperine daily between 48 hours before and 48 hours after EIMD had an effect on recovery 24 and 48 after exercise. |
| (Rodrigues <i>et al.</i> , 2021) [34] | 42 hemodialysis patients aged 20-75 years were randomly divided into 2 groups, namely the control group (n=21) and the curcumin group (n=21). | Experimental | Curcumin at a dose of 100 mg/day for 12 weeks | The effect of curcumin was significant on the antioxidant response, but it was not sufficient to reduce inflammation in hemodialysis patients. |
| (Tanabe, Chino, Ohnishi, <i>et al.</i> , 2019) [35] | 20 healthy men with an average age of 29 years were divided into 2 groups, namely the control group (n=10) and the curcumin supplementation group (n=10). | Cross over | Curcumin dose 180 mg/day, 7 days before exercise, and 7 days after exercise | The administration of curcumin increased ROM, decreased pain, decreased muscle damage, and there was no significant change in TNF- α levels. |
| (Basham <i>et al.</i> , 2019) [36] | 20 healthy men aged 18-39 years. All participants completed two trials separated by 25 days. | Randomized controlled trial double-blinded | Curcumin supplementation with a dose of 1.5g was given 2 times a day (breakfast and dinner). Blood was drawn before and 60 minutes, 24 hours, 48 after aerobic exercise | Curcumin supplementation significantly reduced muscle damage, muscle pain, and there was no significant change in TNF- α levels. |
| (Jäger, Purpura and Kerksick, 2019) [37] | 32 women and 31 men aged 19-29 years were divided into 3 groups: placebo group, 50 mg curcumin group, and 200 mg curcumin group for eight weeks. | Randomized controlled, double-blind, parallel design | Curcumin supplementation with doses of 50 mg and 200 mg. At the end of the supplementation period, the subjects performed a downhill run to induce muscle breakdown. | Curcumin supplementation significantly attenuated the decline in performance, and there was no significant change in low-dose curcumin and placebo on performance decline after EIMD. |
| (Tanabe, Chino, Sagayama, <i>et al.</i> , 2019) [38] | 24 healthy men with an average age of 26 years, height 173 cm, and an average weight of 65 kg were divided into 2 groups: the curcumin group and the placebo group. | Randomized, single-blind, parallel design | Curcumin supplementation at a dose of 180 mg/day when 7 days before exercise and 4 days after exercise | Curcumin supplementation can reduce muscle soreness after eccentric exercise. |
| (McFarlin <i>et al.</i> , 2016) [39] | 28 men aged 19-20 years were divided into 2 groups: the curcumin group (n=16) and the placebo group (n=12). | Experimental | Curcumin supplementation at a dose of 400 mg/day When 2 days before to 4 days after EIMD | The administration of curcumin was able to significantly reduce levels of pro-inflammatory cytokines |

| Author | Sample Characteristics | Study Design | Intervention | Results |
|-------------------------------------|---|--|--|---|
| (Mallard <i>et al.</i> , 2021) [40] | 28 men aged 18-35 years were divided into 2 groups, namely the curcumin group and the placebo group | Randomized controlled, double-blind, parallel design | Curcumin supplementation dose of 450 mg before and after lower extremity resistance training | such as IL-8 and TNF- α , as well as reduce markers of muscle damage, namely CK. The administration of curcumin is able to accelerate recovery by modulating inflammatory pathways, reducing lactate accumulation and reducing post-exercise muscle pain. |

The main aim of this literature review was to evaluate the effect of curcumin on the exercise-induced inflammatory response. Curcumin is well known for its anti-inflammatory properties [41–45]. Exercise performed at high intensity will cause EIMD [35,46,47]. EIMD will cause an inflammatory process associated with ROM and DOMS [48–50]. Inflammation is a protective response caused by injury or tissue damage caused by physical trauma, damaging chemical substances, or microbiological substances [27,51–53]. In response to tissue injury, the body initiates a chemical signaling cascade that stimulates a response to heal the injured tissue [54–60]. These signals activate the chemotaxis of leukocytes from the general circulation to the sites of damage [61–64]. These activated leukocytes produce cytokines that induce an inflammatory response [65–68].

Curcumin is well known for its anti-inflammatory properties [41–43]. The dose of curcumin given varies, research (Mohammadi *et al.*, 2017) [31] conducted experiments on experimental animals, in their study reported that administration of curcumin for 14 consecutive days at a dose of 100, 200, 300, 400 mg/kgBW can reduce inflammatory markers such as CRP and IL-6, In this study, there was no decrease in inflammatory markers in the dick group. The study (Rosignoli Da Conceição *et al.*, 2021) [32] also reported that the administration of curcumin (0.8g) + whey protein (100g) given to male rats that had been doing swimming exercises could reduce inflammation and blood glucose. In addition, a study conducted by (Rodrigues *et al.*, 2021) [34] reported that curcumin at a dose of 1 gram/day given for 12 days a week to subjects who did an aerobic exercise program significantly reduced the intensity of muscle pain, muscle damage. Still, this study did not report a decrease in pro-inflammatory cytokines such as TNF- α . However, a study conducted by (Tanabe, Chino, Ohnishi, *et al.*, 2019) [35] reported that administration of curcumin at a dose of 180 mg 7 days before and 7 days after EIMD experienced a significant reduction in pain intensity and pro-inflammatory cytokines such as TNF- α . Another study with a larger dose of 400 mg was also reported by (McFarlin *et al.*, 2016) [39], in his study concluded that curcumin with a fixed-dose given 2 days before and 4 days after EIMD can reduce levels of TNF- α , IL-8, and CK. What distinguishes it from the previously described studies is the dosing. Research (Mallard *et al.*, 2021) [40] also supports larger doses of 450 mg given before and after exercise to significantly accelerate recovery by modulating inflammatory pathways, reducing lactate accumulation, and reducing pain intensity. For more details, see the figure below:

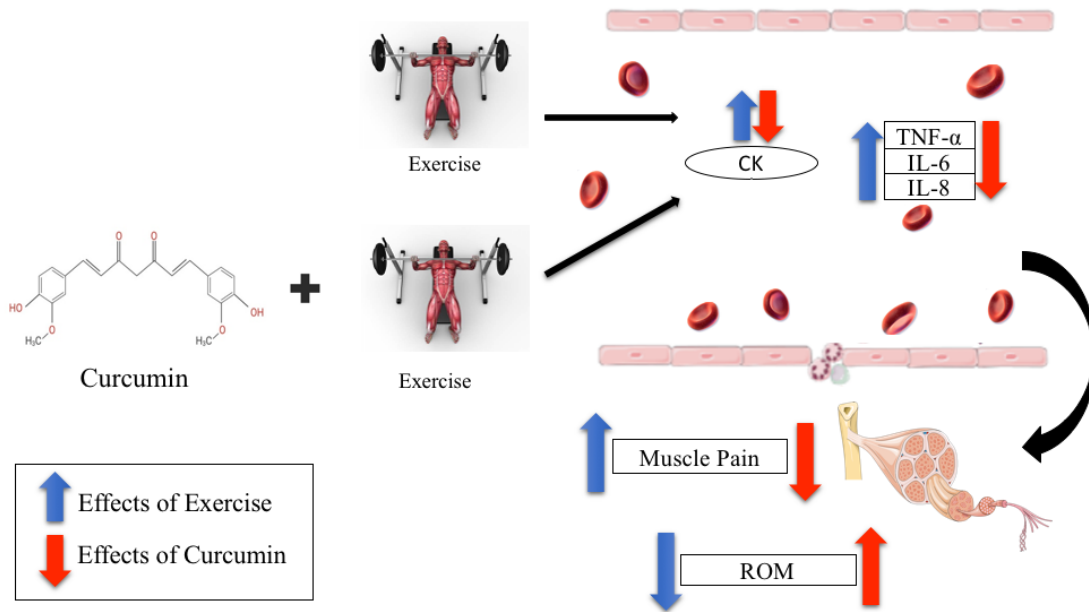


Figure 1. Effects of Curcumin on Inflammatory Response During Exercise-Induced Muscle Damage.

Thus, we report that curcumin is very rich in benefits, especially for recovery after EIMD; so far, we have not found reports that the use of curcumin has side effects post-exercise, which needs to be considered is the use of the right dose for maximum results.

4. Conclusions

Curcumin is able to provide anti-inflammatory effects by reducing pro-inflammatory cytokines such as IL-6, IL-8, TNF-a. Curcumin can also reduce muscle pain intensity, decrease CK activity, and increase ROM. The right dose used ranges from 180mg-450mg/day to get optimal results. We recommend that curcumin be used in individuals who engage in physical activity that results in muscle damage and inflammation.

Funding

This research received no external funding.

Acknowledgments

The authors would like to thank the support from Universitas Negeri Surabaya, Universitas Airlangga, and Universitas Negeri Padang.

Conflicts of Interest

The authors declare no conflict of interest.

References

1. Maciel, A.W.S.; Pinto, L.M.; Campos, R.C.A. Acute effects of resistance exercise with blood flow restriction in elderly women: A pilot study. *J Aging Phys Act* **2021**, *29*, 361-371, <https://doi.org/10.1123/JAPA.2020-0137>.
2. Brar, KK.; Bhardwaj, P.; Prabu, RG. The influence of lower limb plyometric and resistance training on the stiffness of Achilles and patellar tendons in recreational athletes. *Biomed Hum Kinet* **2021**, *13*, 56-62, <https://doi.org/10.2478/bhk-2021-0008>.

3. Akbulut, T.; Çinar, V.; Öner, S.; Erdoğan, R. Strength Development, Muscle and Tissue Damage in Different Training Models. *J Pharm Res Int* **2021**, *33*, 1-6, <https://doi.org/10.9734/jpri/2021/v33i19B31332>.
4. Owens, D.J.; Twist, C.; Cogley, J.N.; Howatson, G.; Close, G.L. Exercise-induced muscle damage: What is it, what causes it and what are the nutritional solutions? *Eur J Sport Sci* **2019**, *19*, 1-15, <https://doi.org/10.1080/17461391.2018.1505957>.
5. Viribay, A.; Arribalzaga, S.; Mielgo-Ayuso, J.; Castañeda-Babarro, A.; Seco-Calvo, J.; Urdampilleta, A. Effects of 120 g/h of carbohydrates intake during a mountain marathon on exercise-induced muscle damage in elite runners. *Nutrients* **2020**, *12*, 1-15, <https://doi.org/10.3390/nu12051367>.
6. Xin, G.; Eshaghi, H. Effect of omega-3 fatty acids supplementation on indirect blood markers of exercise-induced muscle damage: Systematic review and meta-analysis of randomized controlled trials. *Food Sci Nutr* **2021**, *9*, 6429-6442, <https://doi.org/10.1002/fsn3.2598>.
7. Romero-Parra, N.; Cupeiro, R.; Alfaro-Magallanes, VM, *et al.* Exercise-Induced Muscle Damage During the Menstrual Cycle: A Systematic Review and Meta-Analysis. *J strength Cond Res* **2021**, *55*, 549-561, <https://doi.org/10.1519/JSC.0000000000003878>.
8. Chang, W.D.; Lin, H.Y.; Chang, N.J.; Wu, J.H. Effects of 830 nm Light-Emitting Diode Therapy on Delayed-Onset Muscle Soreness. *Evidence-based Complement Altern Med* **2021**, <https://doi.org/10.1155/2021/6690572>.
9. Muljadi, J.A.; Kaewphongsri, P.; Chaijenkij, K.; Kongtharvonskul, J. Effect of caffeine on delayed-onset muscle soreness: a meta-analysis of RCT. *Bull Natl Res Cent* **2021**, *45*, 1-11, <https://doi.org/10.1186/s42269-021-00660-5>.
10. Hung, B.L.; Sun, C.Y.; Chang, N.J.; Chang, W.D. Effects of Different Kinesio-Taping Applications for Delayed Onset Muscle Soreness after High-Intensity Interval Training Exercise: A Randomized Controlled Trial. *Evidence-based Complement Altern Med* **2021**, *21*, 1-10, <https://doi.org/10.1155/2021/6676967>.
11. Ayubi, N.; Yuniarti, E.; Kusnanik, W.K., Indika, P.M.; Putra, R.Y.; Komaini, A. Acute effects of n-3 polyunsaturated fatty acids (PUFAs) reducing tumor necrosis factor-alpha (TNF-a) levels and not lowering malondialdehyde (MDA) levels after anaerobic exercise. *Journal of Biological Regulators and Homeostatic Agents* **2022**, *36*, 7-11, <https://doi.org/10.23812/21-468-A>.
12. Ayubi, N.; Sastika, Putri. Aerobic Exercise and Omega 3 Supplementation to Reduce Primary Dysmenorrhea (Literature Review). *Indian J Forensic Med &, Toxicol* **2021**, *15*, 1413-1417, <https://doi.org/10.37506/ijfmt.v15i3.15503>.
13. Gorenkov, R.V.; Dadasheva, M.N.; Lebedeva, D.I.; Choi, I.V. Pain reliever combinations in treatment of patients with acute musculoskeletal back pain. *Nevrol Neiropsikhiatriya, Psikhosomatika* **2021**, *13*, 73-78, <https://doi.org/10.14412/2074-2711-2021-2-73-78>.
14. Maksimov, Y.N.; Khaibullina, D.K. Acute musculoskeletal neck and back pain. *Meditinskiy Sov=Med Counc* **2021**, *19*, 1-10, <https://doi.org/10.21518/2079-701x-2021-19-81-88>.
15. Parfenov, V.A.; Lamkova, I.A. Effects of kinesitherapy on chronic non-specific low back pain: Discussion based on clinical observations. *Meditinskiy Sov* **2021**, *2*, 14-20, <https://doi.org/10.21518/2079-701X-2021-2-14-20>.
16. Golovacheva, V.A.; Golovacheva, A.A. Diagnostic and treatment algorithms for acute low back pain. *Meditinskiy Sov* **2021**, *12*, 63-60, <https://doi.org/10.21518/2079-701X-2021-12-63-70>.
17. Duman, E.; Ceylan, K.C.; Akpınar, D. The effects of steroidal and non-steroidal anti-inflammatory drugs on tracheal wound healing in an experimental rat model. *Interact Cardiovasc Thorac Surg* **2021**, *30*, 646-651, <https://doi.org/10.1093/icvts/ivz309>.
18. Saraf-Bank, S.; Ahmadi, A.; Paknahad, Z.; Maracy, M.; Nourian, M. Effects of curcumin supplementation on markers of inflammation and oxidative stress among healthy overweight and obese girl adolescents: A randomized placebo-controlled clinical trial. *Phyther Res* **2019**, *33*, 2015-2022, <https://doi.org/10.1002/ptr.6370>.
19. Yuan, J.; Liu, R.; Ma, Y.; Zhang, Z.; Xie, Z. Curcumin Attenuates Airway Inflammation and Airway Remolding by Inhibiting NF-κB Signaling and COX-2 in Cigarette Smoke-Induced COPD Mice, *Inflammation* **2018**, *41*, 1804-1814, <https://doi.org/10.1007/s10753-018-0823-6>.
20. Sneharani, AH. Curcumin–sunflower protein nanoparticles—A potential anti-inflammatory agent, *J Food Biochem* **2019**, *43*, 1-8, <https://doi.org/10.1111/jfbc.12909>.
21. Fadus, MC.; Lau, C.; Bikhchandani, J.; Lynch, H.T. Curcumin: An ,age-old anti-inflammatory and anti-neoplastic agent, *J Tradit Complement Med* **2017**, *9*, 339-346, <https://doi.org/10.1016/j.jtcme.2016.08.002>.
22. Bisht, A.; Dickens, M.; Rutherford-Markwick, K.; Thota, R.; Mutukumira, A.N.; Singh, H. Chlorogenic acid

- potentiates the anti-inflammatory activity of curcumin in LPS-stimulated THP-1 cells, *Nutrients* **2020**, *12*, 1-12, <https://doi.org/10.3390/nu12092706>.
23. Yan, S.; Zhou, M.; Zheng, X. Anti-inflammatory effect of curcumin on the mouse model of myocardial infarction through regulating macrophage polarization. *Mediators Inflamm* **2021**, *21*, 1-19, <https://doi.org/10.1155/2021/9976912>.
 24. Zhu, T.; Chen, Z.; Chen, G. Curcumin attenuates asthmatic airway inflammation and mucus hypersecretion involving a PPAR γ -dependent NF- κ B signaling pathway in vivo and in vitro, *Mediators Inflamm* **2019**, *19*, 1-15, <https://doi.org/10.1155/2019/4927430>.
 25. Han, G.; Zhang, Y.; Li, H. The Combination Treatment of Curcumin and Probuocol Protects Chondrocytes from TNF- α Induced Inflammation by Enhancing Autophagy and Reducing Apoptosis via the PI3K-Akt-mTOR Pathway. *Oxid Med Cell Longev* **2021**, *1*, 1-20, <https://doi.org/10.1155/2021/5558066>.
 26. Petrone-Garcia, V.M.; Lopez-Arellano, R.; Patiño, G.R. Curcumin reduces enteric isoprostane 8-iso-PGF 2α and prostaglandin GF 2α in specific pathogen-free Leghorn chickens challenged with *Eimeria maxima*. *Sci Rep* **2021**, *11*, 1-9, <https://doi.org/10.1038/s41598-021-90679-5>.
 27. Lordan, R.; Tsoupras, A.; Zabetakis, I. Inflammation. In: *The Impact of Nutrition and Statins on Cardiovascular Diseases* **2019**, *15*, 25-51, <https://doi.org/10.1016/B978-0-12-813792-5.00002-1>.
 28. Luti, S.; Modesti, A.; Modesti, P.A. Inflammation, peripheral signals and redox homeostasis in athletes who practice different sports, *Antioxidants* **2020**, *9*, 1-19, <https://doi.org/10.3390/antiox9111065>.
 29. Becker, L.; Dupke, A.; Rohleder, N. Associations Between C-Reactive Protein Levels, Exercise Addiction, and Athlete Burnout in Endurance Athletes. *Front Psychol* **2021**, *4*, 1-12, <https://doi.org/10.3389/fpsyg.2021.615715>.
 30. Sellami, M.; Al-Muraikhy, S.; Al-Jaber, H. Age and sport intensity-dependent changes in cytokines and telomere length in elite athletes, *Antioxidants* **2021**, *10*, 1-16, <https://doi.org/10.3390/antiox10071035>.
 31. Mohammadi, S.; Kayedpoor, P.; Karimzadeh-Bardei, L.; Nabiuni, M. The Effect of Curcumin on TNF- α , IL-6 and CRP Expression in a Model of Polycystic Ovary Syndrome as an Inflammation State, *J Reprod Infertil* **2017**, *18*, 352-360, <https://www.ncbi.nlm.nih.gov/pubmed/29201665>.
 32. Rosignoli, Da, Conceição A.; Dias, KA.; Michelin, Santana, Pereira, S, *et al.* Protective effects of whey protein concentrate admixture of curcumin on metabolic control, inflammation and oxidative stress in Wistar rats submitted to exhaustive exercise. *Br J Nutr* **2021**, *27*, 1-14, <https://doi.org/10.1017/S0007114521001355>.
 33. Delecroix, B.; Abaïdia, AE.; Leduc, C.; Dawson, B.; Dupont, G. Curcumin and piperine supplementation and recovery following exercise induced muscle damage: A randomized controlled trial. *J Sport Sci Med* **2017**, *15*, 147-153, <https://pubmed.ncbi.nlm.nih.gov/28344463/>.
 34. Rodrigues, H.C.N.; Martins, T.F.P.; Santana, N.C.F. Antioxidant and anti-inflammatory response to curcumin supplementation in hemodialysis patients: A randomized, double-blind, placebo-controlled clinical trial. *Clin Nutr ESPEN* **2021**, *8*, 136-142, <https://doi.org/10.1016/j.clnesp.2021.06.006>.
 35. Tanabe, Y.; Chino, K.; Ohnishi, T. Effects of oral curcumin ingested before or after eccentric exercise on markers of muscle damage and inflammation. *Scand J Med Sci Sport* **2019**, *29*, 524-534, **2019**, <https://doi.org/10.1111/sms.13373>.
 36. Basham, S.A.; Waldman, H.S.; Krings, B.M.; Lamberth, J.; Smith, J.W.; McAllister, M.J. Effect of Curcumin Supplementation on Exercise-Induced Oxidative Stress, Inflammation, Muscle Damage, and Muscle Soreness, *J Diet Suppl* **2020**, *17*, 401-414, <https://doi.org/10.1080/19390211.2019.1604604>.
 37. Jäger, R.; Purpura, M.; Kerksick, C.M. Eight weeks of a high dose of curcumin supplementation may attenuate performance decrements following muscle-damaging exercise, *Nutrients* **2019**, *11*, 7, 1-14, <https://doi.org/10.3390/nu11071692>.
 38. Tanabe, Y.; Chino, K.; Sagayama, H. Effective timing of curcumin ingestion to attenuate eccentric exercise-induced muscle soreness in men, *J Nutr Sci Vitaminol (Tokyo)* **2019**, *65*, 82-89, <https://doi.org/10.3177/jnsv.65.82>.
 39. McFarlin, B.K.; Venable, A.S.; Henning, A.L. Reduced inflammatory and muscle damage biomarkers following oral supplementation with bioavailable curcumin, *BBA Clin* **2016**, *5*, 72-78, <https://doi.org/10.1016/j.bbacli.2016.02.003>.
 40. Mallard, A.R.; Briskey, D.; Richards.; BExSSc, A.; Rao, A. Curcumin Improves Delayed Onset Muscle Soreness and Postexercise Lactate Accumulation, *J Diet Suppl* **2021**, *18*, 531-542, <https://doi.org/10.1080/19390211.2020.1796885>.
 41. González-Ortega, L.A.; Acosta-Osorio, A.A.; Grube-Pagola, P. Anti-inflammatory activity of curcumin in

- gel carriers on mice with atrial edema, *J Oleo Sci* **2020**, *69*, 123-131, <https://doi.org/10.5650/jos.ess19212>.
42. Edwards, R.L.; Luis, P.B.; Varuzza, P.V. The anti-inflammatory activity of curcumin is mediated by its oxidative metabolites, *J Biol Chem* **2017**, *292*, 21243-21252, <https://doi.org/10.1074/jbc.RA117.000123>.
 43. Rocha, B.A.; Francisco, C.R.L.; Almeida, M. Anti-inflammatory activity of carnauba wax microparticles containing curcumin, *J Drug Deliv Sci Technol* **2020**, *59*, 1-7, <https://doi.org/10.1016/j.jddst.2020.101918>.
 44. Gorabi, A.M.; Razi, B.; Aslani, S. Effect of curcumin on pro-inflammatory cytokines: A meta-analysis of randomized controlled trials. *Cytokine* **2021**, *143*, 1-13, <https://doi.org/10.1016/j.cyto.2021.155541>.
 45. Cui, X.; Lin, L.; Sun, X.; Wang, L.; Shen, R. Curcumin Protects against Renal Ischemia/Reperfusion Injury by Regulating Oxidative Stress and Inflammatory Response. *Evidence-based Complement Altern Med* **2021**, *21*, 1-8, <https://doi.org/10.1155/2021/8490772>.
 46. Weber, M.G.; Dias, S.S.; de Angelis, T.R. The use of BCAA to decrease delayed-onset muscle soreness after a single bout of exercise: a systematic review and meta-analysis. *Amino Acids* **2021**, *11*, 1663-1678, <https://doi.org/10.1007/s00726-021-03089-2>.
 47. Bernat-Adell, M.D.; Collado-Boira, E.J.; Moles-Julio, P. Recovery of Inflammation, Cardiac, and Muscle Damage Biomarkers After Running a Marathon. *J strength Cond Res* **2021**, <https://doi.org/doi/10.1519/JSC.0000000000003167>.
 48. Fernández-Lázaro, D.; Mielgo-Ayuso, J.; Calvo, J.S.; Martínez, A.C.; García, A.C.; Fernandez-Lazaro, C.I. Modulation of exercise-induced muscle damage, inflammation, and oxidative markers by curcumin supplementation in a physically active population: A systematic review, *Nutrients* **2020**, *12*, 1-20, <https://doi.org/10.3390/nu12020501>.
 49. Srinayanti, Y.; Widiati, W.; Andriani, D.; Firdaus, F.A.; Setiawan, H. Range of Motion Exercise to Improve Muscle Strength among Stroke Patients: A Literature Review. *Int J Nurs Heal Serv* **2021**, *4*, 332-342, <https://doi.org/10.35654/ijnhs.v4i3.464>.
 50. Takeuchi, K.; Takemura, M.; Nakamura, M.; Tsukuda, F.; Miyakawa, S. Effects of Active and Passive Warm-ups on Range of Motion, Strength, and Muscle Passive Properties in Ankle Plantarflexor Muscles. *J strength Cond Res* **2021**, *35*, 141-146, <https://doi.org/10.1519/JSC.0000000000002642>.
 51. Metsios, G.S.; Moe, R.H.; Kitas, G.D. Exercise and inflammation, *Best Pract Res Clin Rheumatol* **2020**, *34*, 1-12, <https://doi.org/10.16/j.berh.2020.101504>.
 52. Boarder, E.; Rumberger, B.; Howell, M.D. Modeling Skin Inflammation Using Human In Vitro Models. *Curr Protoc* **2021**, *1*, 1-15, <https://doi.org/10.1002/cpz1.72>.
 53. Bianchi, A.; Marchetti, L.; Hall, Z. Moderate Exercise Inhibits Age-Related Inflammation, Liver Steatosis, Senescence, and Tumorigenesis. *J Immunol* **2021**, *206*, 904-916, <https://doi.org/10.4049/jimmunol.2001022>.
 54. Khalafi, M.; Malandish, A.; Rosenkranz, S.K. The impact of exercise training on inflammatory markers in postmenopausal women: A systemic review and meta-analysis. *Exp Gerontol* **2021**, *150*, 1-11, <https://doi.org/10.1016/j.exger.2021.111398>.
 55. Wang, F.; Wang, X.; Liu, Y.; Zhang, Z. Effects of Exercise-Induced ROS on the Pathophysiological Functions of Skeletal Muscle. *Oxid Med Cell Longev* **2021**, *1*, 1-5, <https://doi.org/10.1155/2021/3846122>.
 56. Bay-Jensen, A.-C.; Loeser, R.; Frederiksen, P. Effects of dietary weight loss with and without exercise on fibrosis biomarkers in adults with knee osteoarthritis. *Osteoarthr Cartil* **2021**, *29*, 157-158, <https://doi.org/10.1016/j.joca.2021.02.220>.
 57. Merrigan, J.J.; Jones, M.T. Acute Inflammatory, Cortisol, and Soreness Responses to Supramaximal Accentuated Eccentric Loading. *J strength Cond Res* **2021**, *35*, 107-113, <https://doi.org/10.1519/JSC.0000000000003764>.
 58. McKay, A.K.A.; McCormick, R.; Tee, N.; Peeling, P. Exercise and heat stress: Inflammation and the iron regulatory response. *Int J Sport Nutr Exerc Metab* **2021**, *29*, 1-6, <https://doi.org/10.1123/ijsnem.2021-0080>.
 59. Moya-Amaya, H.; Molina-López A, Berralaguilar, A.J.; Rojano-Ortega, D.; La, Rosa, C.J.B., De La Rosa F.J.B. Bioelectrical Phase Angle, Muscle Damage Markers and Inflammatory Response after a Competitive Match in Professional Soccer Players. *Polish J Sport Tour* **2021**, *28*, 8-13, <https://doi.org/10.2478/pjst-2021-0014>.
 60. Raun, S.H.; Buch-Larsen, K.; Schwarz, P.; Sylow, L.; Hoffman, N. Molecular Sciences Exercise-A Panacea of Metabolic Dysregulation in Cancer: Physiological and Molecular Insights 1. Cancer Survival Depends on Better Metabolism Management Strategies. *J Mol Sci* **2021**, *22*, 1-23, <https://doi.org/10.3390/ijms22073469>.
 61. Nordeng, J.; Schandiz, H.; Solheim, S. The Inflammasome Signaling Pathway Is Actively Regulated and Related to Myocardial Damage in Coronary Thrombi from Patients with STEMI. *Mediators Inflamm* **2021**, *21*, 1-12, <https://doi.org/10.1155/2021/5525917>.

62. Zou, M.; Feng, Y.; Xiu, Y, *et al.* Pertussis toxin-induced inflammatory response exacerbates intracerebral haemorrhage and ischaemic stroke in mice. *Stroke Vasc Neurol* **2021**, *1*, 1-9, <http://dx.doi.org/10.1136/svn-2021-000987>.
63. Heggli, I.; Schüpbach, R.; Herger N. OP0083 INFECTIOUS AND AUTOINFLAMMATORY MODIC TYPE 1 CHANGES HAVE DIFFERENT PATHOMECHANISMS. *Ann Rheum Dis* **2021**, *80*, 45, <http://dx.doi.org/10.1136/annrheumdis-2021-eular.825>.
64. Daminov, B.T.; Muminov, D.K.; Daminova, L.T. Immunological risk factors for acute kidney damage in patients with pneumonia. *Nephrol Dial* **2020**, *1*, 98-104, <https://doi.org/10.28996/2618-9801-2021-1-98-104>.
65. McMahon, G.; Morse, C.I.; Winwood, K.; Burden, A.; Onambélé, G.L. Circulating tumor necrosis factor alpha may modulate the short-term detraining induced muscle mass loss following prolonged resistance training, *Front Physiol* **2019**, *10*, 1-11, <https://doi.org/10.3389/fphys.2019.00527>.
66. Megawati, A.; Aliviameita, A. Relation Between Leukocyte Count and CRP (C-Reactive Protein) Levels in Typhoid Fever Patients. *Acad Open* **2021**, *4*, 6-10, <https://doi.org/10.21070/acopen.4.2021.1993>.
67. Benvenuti, L.; Nunes, R.; Venturi, I, *et al.* Anti-Inflammatory and Healing Activity of the Hydroalcoholic Fruit Extract of *Solanum diploconos* (Mart.) Bohs. *J Immunol Res* **2021**, *21*, 1-13, <https://doi.org/10.1155/2021/9957451>.
68. Petinati, N.A; Davydova, J.O.; Nikiforova, K.A. Dynamics of Cytokines Concentration in the Blood Plasma of Patients after Multipotent Mesenchymal Stromal Cells Administration for Graft Versus Host Disease Prevention. *Blood* **2021**, *138*, 1101, <https://doi.org/10.1182/blood-2021-144552>.