

Curcumin: A compound in turmeric that has the potential to reduce Nuclear Factor-Kappa Beta (NFkB), Tumor Necrosis Factor-Alpha (TNF-a) levels, and pain intensity after high-intensity physical exercise

Novadri Ayubi Universitas Negeri Surabaya Nining Widyah Kusnanik Universitas Negeri Surabaya Lilik Herawati Universitas Airlangga Heryanto Nur Muhammad Universitas Negeri Surabaya Toho Cholik Mutohir Universitas Negeri Surabaya Anton Komaini (Santonkomaini@fik.unp.ac.id) Universitas Negeri Padang

Research Article

Keywords: Curcumin, Inflammation, Pain Intensity, Exercise

Posted Date: December 5th, 2022

DOI: https://doi.org/10.21203/rs.3.rs-2321727/v1

License: (c) This work is licensed under a Creative Commons Attribution 4.0 International License. Read Full License

Abstract

Purpose The purpose of this study was to analyze and prove the effect of curcumin on NF-kB, TNF-a levels, and pain intensity after high-intensity physical exercise.

Method This experimental study used a pre and post-control group design. Research subjects were selected using a purposive sampling technique and then the subjects were divided into 2 groups, namely group (K1) with placebo administration and group (K2) with 400 mg dose of curcumin. A total of 20 healthy men aged between 20-30 years participated in this study. On the first day, all subjects took data on the characteristics of research subjects, then warmed up, and then the subjects did a high-intensity physical exercise in the form of squad and leg press exercises with an intensity of 80-90% of maximum abilities. The exercise was carried out in 4 sets for each form of exercise and rest between sets for about 1 minute. On the second day, after 24 hours, all subjects measured pain intensity and took pre-test blood samples, then were given interventions based on their respective groups. On the third day, after 24 hours, all subjects took pain intensity measurements and took post-test blood samples. Measurement of pain intensity using the Visual Analytical Scale (VAS) and blood samples were analyzed in the laboratory using the ELISA method to examine levels of NF-kB and TNF-a. After the data was obtained, the data were analyzed using the IBM SPSS version 26 application.

Results The results of this study reported that the group that was given curcumin after high-intensity physical exercise was able to significantly reduce levels of NF-kB, TNF-a, and pain intensity (*p<0.05) compared to the placebo group.

Conclusions We believe that the main cause of muscle soreness is the uncontrolled increase of proinflammatory cytokines after high-intensity physical exercise. Since the reduction in pain intensity after high-intensity exercise is necessary to support bodily functions, we highly recommend the use of curcumin which has many positive benefits for exercisers.

Introduction

High-intensity physical exercise such as resistance training is an important component of an overall fitness regimen for athletes and recreationally active people [1]–[3]. High-intensity physical exercise is good for increasing lean muscle mass, but Exercise Induced Muscle Damage (EIMD), Delayed Onset Muscle Soreness (DOMS), can limit performance after a training session [4]–[7].

Several studies have reported that muscle pain reaches its peak 24 hours after exercise [8]–[11]. In connection with this phenomenon, currently, around 30 million people worldwide who experience DOMS are usually treated with non-steroidal anti-inflammatory drugs (NSAIDs) [12], [13]. Giving NSAIDs after exercise has the effect of inhibiting hypertrophy and muscle strength. resulting in giving NSAIDs will actually negate the results of the exercise performed [14].

High-intensity physical exercise will increase Nuclear Factor-kappa Betta (NF- κ B) signaling so that it will trigger inflammation [15]. Meanwhile, muscle pain is caused by increased levels of pro-inflammatory cytokines, namely Tumor Necrosis Factor Alpha (TNF-a) in the blood in response to muscle damage [16]. TNF- α at the correct levels will provide protection and healing, but at excessive levels, it will cause tissue damage [17].

Other alternative solutions need to be sought to reduce complaints of muscle pain, but still not interfere with the response of muscle growth after exercise. One of the natural ingredients contained in turmeric is curcumin. Curcumin is known for its active compounds that have anti-inflammatory activity [18]. Curcumin is able to inhibit inflammation by modulating NF- κ B signals and blocking TNF- α signals by activating protein responses in muscles [19], [20]. The anti-inflammatory activity of curcumin also inhibits the production of pro-inflammatory eicosanoids which include prostaglandins and leukotrienes [21]–[23].. Curcumin has been widely used to increase endurance and VO2 max [24]. In addition, curcumin has been widely used to accelerate wound healing [25]. Until now, curcumin has never been reported to cause post-exercise side effects, but the effect of curcumin on reducing muscle pain is unknown by reducing NF- κ B and TNF- α signals due to inflammation after high-intensity physical exercise in untrained people.

The purpose of this study was to analyze and prove the effect of curcumin on NF-κB levels, TNF-α levels, and pain intensity after high-intensity physical exercise.

Methods

Study Design

This experimental study used a pre and post-control group design. The research subjects were selected using a purposive sampling technique and then the subjects were divided into 2 groups, namely group (K1) with placebo administration and group (K2) with curcumin administration.

Subjects

A total of 20 healthy men participated in this study (subject characteristics are shown in table 1). The inclusion criteria in this study were men aged 20 to 30 years, with normal BMI, and not trained in sports. Exclusion criteria in this study were subjects under 20 years of age and abnormal blood pressure before physical exercise. The criteria for dropping out in this study were consuming coffee, consuming foods containing turmeric, consuming non-steroidal anti-inflammatory drugs (NSAIDs), and doing massage. research subjects received instructions about research procedures and signed a written consent willing to become research subjects.

Procedure

1. In the beginning, we prepared administration such as ethical eligibility permits and permits for borrowing facilities and infrastructure

- 2. We screened respondents who were used as research subjects based on inclusion and exclusion criteria and filled out the form willing to become research subjects (Informed Consent) by research subjects.
- Subjects were divided into two groups, namely the group receiving a placebo and the group receiving curcumin. Placebo was given in the form of empty capsules and curcumin was given at a dose of 400 mg.
- 4. On the first day, all subjects collected data on the characteristics of the research subjects, then did a warm-up, and then the subjects did physical exercises in the form of squad exercises and leg presses with an intensity of 80-90% of their maximum ability. Exercise is done 4 sets of each form of exercise and rest between sets of about 1 minute.
- 5. The second day, after 24 hours, all subjects measured pain intensity and took pre-test blood samples to measure NF-kB levels, TNF-a levels, then administer interventions based on each group.
- 6. On the third day, after 24 hours, all subjects measured pain intensity and took post-test blood samples to measure NF-kB levels, and TNF-a levels.
- 7. Blood samples were analyzed in the laboratory using the ELISA method with catalog numbers Human NF-kB ELISA kit E0690Hu and Human TNF-a ELISA kit E0082Hu.

Statistical analysis

Statistical analysis in this study used the IBM SPSS version 26 application, a descriptive test was performed to obtain the mean, standard deviation and standard error. Furthermore, the normality test was carried out using the Shapiro-Wilk method, if the data were normally distributed the different test was carried out using the paired t-test and independent t-test, but if the data was not normally distributed, the difference was carried out using the Wilcoxon signed rank test..

Ethics

This research protocol has been declared ethical in accordance with 7 (seven) WHO 2011 standards, namely 1) social value, 2) scientific value, 3) distribution of burdens and benefits, 4) risk, 5) seduction / exploitation, 6) confidentiality and privacy 7) Approval after explanation, which refers to the 2016 CIOMS guidelines. This is shown by the fulfillment of indicators for each standard. Declaration of ethics was approved by the Health Research Ethics Committee of the Faculty of Medicine, Universitas Airlangga with registration number (No.118/EC/KEPK/FKUA/2022).

Results

Data on the characteristics of the research subjects are shown in Table 1.

Data	Group	Ν	x ±SD	Shapiro-Wilk	p-value
Age	K1	10	22.60±1.83	0.149	0.389
	K2	10	23.30±1.70	0.850	
Height	K1	10	166.95±4.46	0.891	0.179
	K2	10	169.80±4.64	0.243	
Weight	K1	10	63.55±9.11	0.823	0.938
	K2	10	63.20±10.68	0.386	
BMI	K1	10	23.13±4.20	0.046	0.173
	K2	10	21.70±3.17	0.477	
Body temperature	K1	10	36.56±0.26	0.184	0.619
	K2	10	36.47±0.49	0.523	
systolic	K1	10	123.00±6.27	0.475	0.355
	K2	10	119.80±8.62	0.987	
Diastolic	K1	10	75.30±6.66	0.100	0.385
	K2	10	71.60±11.31	0.385	
Pulse	K1	10	84.70±5.45	0.053	0.165
	K2	10	88.70±6.83	0.779	_

Table 1 Characteristics of research subjects

In the table above, only BMI K1 data is not normally distributed, so the Wilcoxon Signed Ranks Test is used for different tests. All data from the table above did not differ significantly in each group.

Curcumin lowers NF-kB Levels

Table 2 Results of the Normality Test for NF-kB Levels			
Data	Group		
		n	p-value
NF-kB Levels (Pre-test)	K1	10	0.461
	K2	10	0.988
NF-kB levels (Post-test)	K1	10	0.272
	K2	10	0.990
delta_ NF-kB	K2	10	0.988
	K2	10	0.990
Information:			
P > 0.05 = Data is normally distributed			

The results of the analysis of NF-kB levels between the pre-test and post-test in each group are presented in Fig. 1.

Metode Uji Beda	Group	Р
Paired t-test	K1 (pre-test and post-test)	0.593
	K2 (pre-test and post-test)	0,030*
Independent t-test	Delta K1 and K2	0,387
Information		
*There is a significa	nt difference in the Paired test	(p < 0.05)

Table 1 5

Curcumin lowers TNF-a levels

Table 4.2 Normality Test Results for TNF-a Levels			
Data	Group	Shapiro-Wilk	
		n	p-value
TNF-a levels (Pre-test)	K1	10	0.159
	K2	10	0.737
TNF-a levels (Post-test)	K1	10	0.060
	K2	10	0.477
delta_TNF-a	K2	10	0.737
	K2	10	0.477
Information:			
P > 0.05 = Data is normally distributed			

The results of the analysis of TNF-a levels between the pre-test and post-test in each group are presented in Fig. 2.

Table 4.3 TNF-a Levels Different Test Results

Difference Test Method	Group	Р
Paired t-test	K1 (pre-test and post-test)	0.089
	K2 (pre-test and post-test)	0,016*
Independent t-test	Delta K1 and K2	0,007**
Information		
*There is a significant difference in the Paired test (p < 0.05)		
** There is a significant di	fference in the Independent t-te	st (p < 0.05)

Curcumin reduces Pain Intensity

Pain Intensity Normality Test Results			
Data	Group	Shapiro-Wilk	
		n	p-value
Pain Intensity (Pre-test)	K1	10	0.478
	K2	10	0.051
Pain Intensity (Post-test)	K1	10	0.140
	K2	10	0.426
delta_ Pain Intensity	K2	10	0.051
	K2	10	0.426
Information:			
P > 0.05 = Data is normally distributed			

Table 4.6

The results of the analysis of pain intensity between the pre-test and post-test in each group are presented in Fig. 4.3.

Pain Intensity Different Test Results			
Difference Test Method	Group	Р	
Paired t-test	K1 (pre-test and post-test)	0.454	
	K2 (pre-test and post-test)	0,000*	
Independent t-test	Delta K1 and K2	0,000**	
Information			
*There is a significant difference in the Paired test (p < 0.05)			
** There is a significant difference Independent t-test ($p < 0.05$)			

Table 4.7

Discussion

This study was conducted to analyze the effect of curcumin on levels of NF-kB, TNF-a, and pain intensity after high-intensity physical exercise..

We observed that the placebo group did not significantly decrease NF-kB, TNF-a levels and pain intensity after high-intensity physical exercise, while the 400 mg curcumin group significantly reduced NF-kB, TNFa levels, and pain intensity. painful. Our research answer and confirm a literature study reported findings that curcumin has a positive effect on inflammatory responses [16], [26]. High-intensity physical exercise, especially with eccentric movements, will result in muscle damage and inflammatory response [27], [28].. Eccentric movements contribute to high mechanical stress and produce bone extracellular matrix fragments that are recognized by receptors expressed by innate immune cells [27]. Cell activation mediated by this process stimulates NF-kB activation [29].

A theory reports that NF-kB plays a role in controlling inflammation, especially in the secretion of proinflammatory cytokines such as TNF-a and IL-6 [27]. In this regard, we believe that the main cause of muscle pain is due to an uncontrolled increase in pro-inflammatory cytokines such as TNF-a for several days after high-intensity physical exercise. In the case of exercise-induced muscle damage, a histological study showed that neutrophils enter the muscles and accumulate in the damaged area from 1 to 24 hours after exercise [30]. In addition, muscle damage is characterized by ultrastructural disturbances of the muscles which increase the release of inflammatory cytokines by macrophages [27]. Neutrophils and pro-inflammatory cytokines that interact with each other aim to control the pro-inflammatory response when muscle damage occurs [31]. On the other hand, while pro-inflammatory cytokines increase, macrophages also release anti-inflammatory cytokines that contribute to muscle recovery and regeneration [32].

We believe the role of NF-kB is the therapeutic goal of curcumin in inflammation because of the importance of NF-kB in the regulation and expression of TNF-a which is a cause of muscle pain. Our research findings are supported by an experimental study on the effect of curcumin on NF-kB expression in rats induced by drinking ethanol (Fatolahi et al. 2020). In that study, curcumin can significantly reduce NF-kB levels. In addition, a study reported that curcumin is able to attenuate osteoarthritis through the NFkB pathway [33]. Curcumin is one of the natural ingredients that have anti-inflammatory activity [26], [34]. A recent literature study reported that curcumin works by suppressing the secretion of pro-inflammatory cytokines such as IL-1, IL-6, IL-8, IL-17, and TNF-a [35]. Research on the effect of curcumin on TNF-a levels after exercise is perhaps limited. However, on the other hand, we found a study that reported that there was no significant reduction in TNF-a levels given curcumin at a dose of 1500 mg/day for 28 days after aerobic exercise in trained men [36]. We analyzed from this study that the ineffective effect of curcumin is probably due to aerobic exercise which is classified as moderate exercise intensity so it does not trigger post-exercise inflammation. In this regard, what distinguishes this research is that the subjects involved are people who are not trained and the exercises are carried out with high intensity. This is a strong foundation that physical exercise performed at high-intensity results in muscle damage and triggers an increase in pro-inflammatory cytokines such as TNF-a and IL-6 in the blood [16], [26]. On the other hand, at the right levels, TNF-a will provide protection and healing, but at excessive levels, TNF-a will cause tissue damage and trigger muscle pain [11].

In summary, interesting new findings in this study reported that curcumin given at a dose of 400 mg/day was able to reduce NF-kB levels, TNF-a, and pain intensity after high-intensity physical exercise. Based on laboratory tests that we have done, we believe the reduction in pain intensity occurs due to the anti-inflammatory effect of curcumin which is able to modulate NF-kB signals and blockade TNF-a signals. Meanwhile, we carefully all aspects of research and measurement during the research. We believe that

the strengths of these findings outweigh our shortcomings in the study. In future studies, we hope to examine the effects of curcumin on other inflammatory biomarkers.

Conclusion

Giving curcumin at a dose of 400 mg after high-intensity physical exercise was able to reduce levels of NF-kB, TNF-a and pain intensity after high-intensity physical exercise. Since reducing pain intensity after high-intensity exercise is necessary to support bodily functions, we highly recommend using curcumin which has many positive benefits for sports enthusiasts.

Declarations

Conflict of interest The authors declare no conflict of interest

Ethical approval This research protocol has been declared ethical in accordance with 7 (seven) WHO 2011 standards, namely 1) social value, 2) scientific value, 3) distribution of burdens and benefits, 4) risk, 5) seduction / exploitation, 6) confidentiality and privacy 7) Approval after explanation, which refers to the 2016 CIOMS guidelines. This is shown by the fulfillment of indicators for each standard. Declaration of ethics was approved by the Health Research Ethics Committee of the Faculty of Medicine, Universitas Airlangga with registration number (No.118/EC/KEPK/FKUA/2022).

Acknowledgements

We thank the research team, research subjects, laboratory managers and fitness center managers.

References

- 1. A. W. S. Maciel *et al.*, "Acute effects of resistance exercise with blood flow restriction in elderly women: A pilot study," J. Aging Phys. Act., 2021, doi: 10.1123/JAPA.2020-0137.
- 2. K. K. Brar, P. Bhardwaj, and R. G. Prabu, "The influence of lower limb plyometric and resistance training on the stiffness of Achilles and patellar tendons in recreational athletes," Biomed. Hum. Kinet., 2021, doi: 10.2478/bhk-2021-0008.
- 3. T. Akbulut, V. Çinar, S. Öner, and R. Erdoğan, "Strength Development, Muscle and Tissue Damage in Different Training Models," J. Pharm. Res. Int., 2021, doi: 10.9734/jpri/2021/v33i19b31332.
- D. J. Owens, C. Twist, J. N. Cobley, G. Howatson, and G. L. Close, "Exercise-induced muscle damage: What is it, what causes it and what are the nutritional solutions?," European Journal of Sport Science. 2019. doi: 10.1080/17461391.2018.1505957.
- A. Viribay, S. Arribalzaga, J. Mielgo-Ayuso, A. Castañeda-Babarro, J. Seco-Calvo, and A. Urdampilleta, "Effects of 120 g/h of carbohydrates intake during a mountain marathon on exercise-induced muscle damage in elite runners," Nutrients, 2020, doi: 10.3390/nu12051367.

- 6. G. Xin and H. Eshaghi, "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 Science and Nutrition. 2021. doi: 10.1002/fsn3.2598.
- 7. N. Romero-Parra *et al.*, "Exercise-Induced Muscle Damage During the Menstrual Cycle: A Systematic Review and Meta-Analysis," J. strength Cond. Res., 2021, doi: 10.1519/JSC.000000000003878.
- W. D. Chang, H. Y. Lin, N. J. Chang, and J. H. Wu, "Effects of 830 nm Light-Emitting Diode Therapy on Delayed-Onset Muscle Soreness," Evidence-based Complement. Altern. Med., 2021, doi: 10.1155/2021/6690572.
- 9. J. A. Muljadi, P. Kaewphongsri, K. Chaijenkij, and J. Kongtharvonskul, "Effect of caffeine on delayedonset muscle soreness: a meta-analysis of RCT," Bull. Natl. Res. Cent., 2021, doi: 10.1186/s42269-021-00660-5.
- B. L. Hung, C. Y. Sun, N. J. Chang, and W. D. Chang, "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, doi: 10.1155/2021/6676967.
- 11. N. Ayubi, Purwanto Bambang, P. S. Rejeki, N. W. Kusnanik, and L. Herawati, "Effect of acute omega 3 supplementation reduces serum tumor necrosis factor-alpha (TNF-a) levels, pain intensity, and maintains muscle strength after high-intensity weight training," Retos, vol. 46, pp. 677–682, 2022.
- 12. Y. Kyriakidou, C. Wood, C. Ferrier, A. Dolci, and B. Elliott, "The effect of Omega-3 polyunsaturated fatty acid supplementation on exercise-induced muscle damage," J. Int. Soc. Sports Nutr., 2021, doi: 10.1186/s12970-020-00405-1.
- 13. *Indian J. Forensic Med. & Toxicol.*, vol. 15, no. 3 SE-, pp. 1413–1417, May 2021, doi: 10.37506/ijfmt.v15i3.15503.
- B. J. Schoenfeld, "The use of nonsteroidal anti-inflammatory drugs for exercise-induced muscle damage: Implications for skeletal muscle development," Sport. Med., vol. 42, no. 12, pp. 1017–1028, 2012, doi: 10.2165/11635190-00000000-00000.
- 15. S. Jung, N. Ahn, J. Park, and K. Kim, "Effects of 8 Weeks Calorie Reduction and Resistance Exercise on Traf2-NFkB-mTOR and SIRT1-FoxO1 Signal Expression of Cardiac Muscle in High-fat Induced Obese Middle-Aged Rats," Exerc. Sci., 2018, doi: 10.15857/ksep.2018.27.2.126.
- 16. N. Ayubi *et al.*, "Effects of Curcumin on Inflammatory Response During Exercise-Induced Muscle Damage (Literature Review)," Retos, vol. 13, no. 2, 2023.
- 17. E. Arroyo *et al.*, "Tumor necrosis factor-α, TNF receptor, and soluble TNF receptor responses to aerobic exercise in the heat," Cytokine X, 2020, doi: 10.1016/j.cytox.2020.100033.
- I. Boarescu *et al.*, "Anti-Inflammatory and Analgesic Effects of Curcumin Nanoparticles Associated with Diclofenac Sodium in Experimental Acute Inflammation," International Journal of Molecular Sciences, vol. 23, no. 19. 2022. doi: 10.3390/ijms231911737.
- 19. C. Srivastava *et al.*, "Curcumin downregulates FAT1 expression via NFkB in glioblastoma," Ann. Oncol., 2017, doi: 10.1093/annonc/mdx657.005.

- 20. M. Venkata *et al.*, "In silico, in vitro and in vivo assessment of safety and anti-inflammatory activity of curcumin," Am. J. Infect. Dis., 2012, doi: 10.3844/ajidsp.2012.26.33.
- T. Zhu *et al.*, "Curcumin attenuates asthmatic airway inflammation and mucus hypersecretion involving a PPARγ-dependent NF-κB signaling pathway in vivo and in vitro," Mediators Inflamm., 2019, doi: 10.1155/2019/4927430.
- 22. G. Han, Y. Zhang, and H. Li, "The Combination Treatment of Curcumin and Probucol Protects Chondrocytes from TNF- α Induced Inflammation by Enhancing Autophagy and Reducing Apoptosis via the PI3K-Akt-mTOR Pathway," Oxid. Med. Cell. Longev., 2021, doi: 10.1155/2021/5558066.
- 23. V. M. Petrone-Garcia *et al.*, "Curcumin reduces enteric isoprostane 8-iso-PGF2α and prostaglandin GF2α in specific pathogen-free Leghorn chickens challenged with Eimeria maxima," Sci. Rep., 2021, doi: 10.1038/s41598-021-90679-5.
- R. D. R. Hamidie, R. H. Ali, and K. Masuda, "Effect of curcumin (Turmeric) supplement on maximal oxygen uptake (VO2max) and lactate threshold in human," Pertanika J. Sci. Technol., 2017, doi: 10.5281/zenodo.1252534.
- M. Sharma, K. Sahu, S. P. Singh, and B. Jain, "Wound healing activity of curcumin conjugated to hyaluronic acid: in vitro and in vivo evaluation," *Artif. Cells, Nanomedicine, Biotechnol.*, vol. 46, no. 5, pp. 1009–1017, Jul. 2018, doi: 10.1080/21691401.2017.1358731.
- 26. K. A. Dias *et al.*, "Effects of Curcumin Supplementation on Inflammatory Markers, Muscle Damage, and Sports Performance during Acute Physical Exercise in Sedentary Individuals.," *Oxid. Med. Cell. Longev.*, vol. 2021, p. 9264639, 2021, doi: 10.1155/2021/9264639.
- K. Nanavati, K. Rutherfurd-Markwick, S. J. Lee, N. C. Bishop, and A. Ali, "Effect of curcumin supplementation on exercise-induced muscle damage: a narrative review," Eur. J. Nutr., 2022, doi: 10.1007/s00394-022-02943-7.
- I. Markus, K. Constantini, J. R. Hoffman, S. Bartolomei, and Y. Gepner, "Exercise-induced muscle damage: mechanism, assessment and nutritional factors to accelerate recovery," European Journal of Applied Physiology. 2021. doi: 10.1007/s00421-020-04566-4.
- 29. T. S. O. Jameson *et al.*, "Reducing NF-κB Signaling Nutritionally is Associated with Expedited Recovery of Skeletal Muscle Function After Damage.," J. Clin. Endocrinol. Metab., vol. 106, no. 7, pp. 2057–2076, Jun. 2021, doi: 10.1210/clinem/dgab106.
- G. Paulsen *et al.*, "Time course of leukocyte accumulation in human muscle after eccentric exercise," Med. Sci. Sports Exerc., vol. 42, no. 1, pp. 75–85, 2010, doi: 10.1249/mss.0b013e3181ac7adb.
- 31. S. Hody, J.-L. Croisier, T. Bury, B. Rogister, and P. Leprince, "Eccentric Muscle Contractions: Risks and Benefits.," Front. Physiol., vol. 10, p. 536, 2019, doi: 10.3389/fphys.2019.00536.
- 32. Y. Nonnenmacher and K. Hiller, "Biochemistry of proinflammatory macrophage activation.," Cell. Mol. Life Sci., vol. 75, no. 12, pp. 2093–2109, Jun. 2018, doi: 10.1007/s00018-018-2784-1.
- C. Buhrmann, A. Brockmueller, A.-L. Mueller, P. Shayan, and M. Shakibaei, "Curcumin Attenuates Environment-Derived Osteoarthritis by Sox9/NF-kB Signaling Axis," International Journal of Molecular Sciences, vol. 22, no. 14. 2021. doi: 10.3390/ijms22147645.

- 34. S. Yan *et al.*, "Anti-inflammatory effect of curcumin on the mouse model of myocardial infarction through regulating macrophage polarization," Mediators Inflamm., 2021, doi: 10.1155/2021/9976912.
- 35. Y. Peng *et al.*, "Anti-inflammatory effects of curcumin in the inflammatory diseases: Status, limitations and countermeasures," Drug Design, Development and Therapy. 2021. doi: 10.2147/DDDT.S327378.
- 36. S. A. B. MS, P. Waldman Hunter S., P. Krings Ben M., P. Lamberth John, P. Smith JohnEric W., and P. McAllister Matthew J., "Effect of Curcumin Supplementation on Exercise-Induced Oxidative Stress, Inflammation, Muscle Damage, and Muscle Soreness," *J. Diet. Suppl.*, vol. 17, no. 4, pp. 401–414, Jul. 2020, doi: 10.1080/19390211.2019.1604604.

Figures

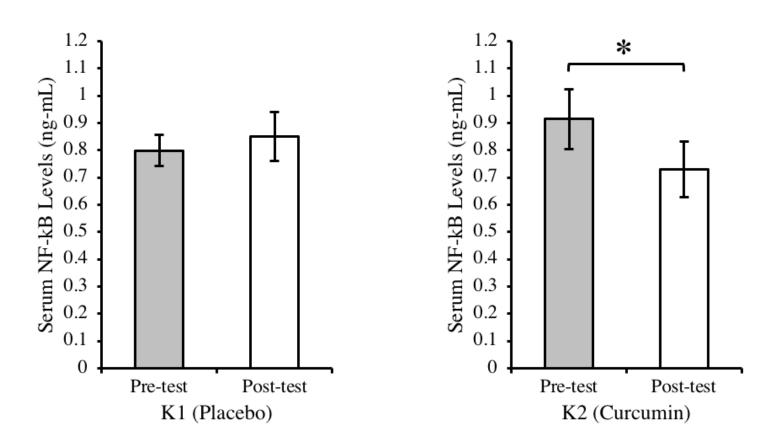


Figure 1

Group (K2) that was given curcumin after high-intensity physical exercise was able to reduce NF-κB levels significantly (*p<0.05) compared to group (K1) that was given placebo. Data presented as Mean ± Std Error.

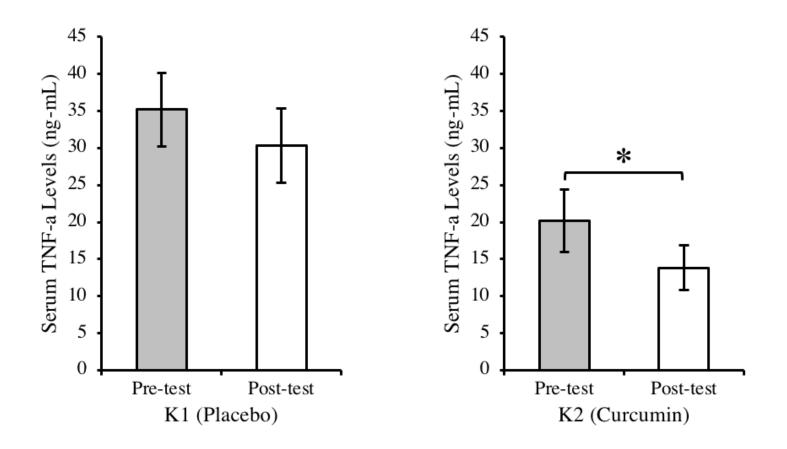


Figure 2

Group (K2) which was given curcumin after high-intensity physical exercise was able to reduce TNF-a levels significantly (*p<0.05) compared to group (K1) which was given a placebo. Data presented as Mean ± Std Error. The P-value was obtained using a paired t-test to compare the pre-test and post-test of each group.

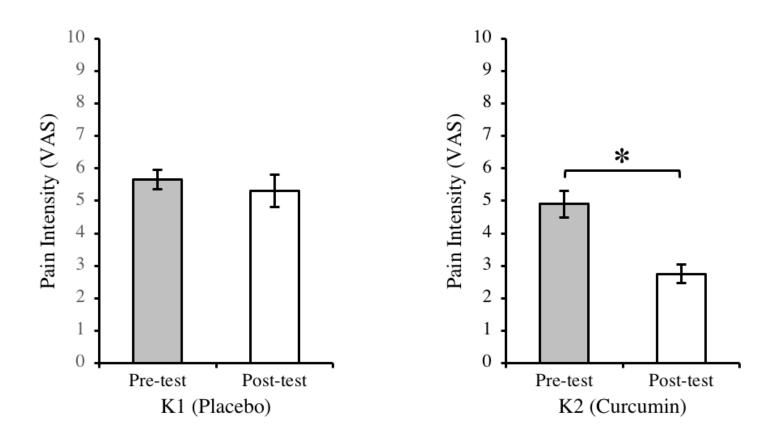


Figure 3

Group (K2) which was given curcumin after high-intensity physical exercise was able to reduce pain intensity significantly (*p<0.05) compared to group (K1) which was given a placebo. The data presented is in the form of mean, std error, and p-value.