

Curcumin: a modulator of inflammatory signaling pathways in the immune system

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Abstract

Curcumin is a natural compound derived from the spice, turmeric, that has been extensively reported for its efficacy in controlling or treatment of several inflammatory diseases. There is a growing body of literature that recognizes the anti-inflammatory effects of curcumin in the immune system. On the other hand, the role of inflammatory signaling pathways has been highlighted in the pathogenesis of several inflammatory diseases and signaling molecules involved in these pathways are considered as valuable targets for new treatment approaches. We aimed to provide a comprehensive overview of the modulatory effects of curcumin on inflammatory signaling pathways which leads to inhibition of inflammation in different types of immune cells and animal models. In this comprehensive review, we elaborate on how curcumin can effectively inhibit multiple signaling molecules involved in inflammation including NF- κ B, JAKs/STATs, MAPKs, β -catenin, and Notch-1.

Keywords: Curcumin, Inflammation, Inflammatory signaling pathway, Inflammatory diseases

Abbreviations

HSPs	Heat shock proteins
LPS	Lipopolysaccharide
DCs	Dendritic cells
TNF- α	Tumor necrosis factor- α
IL	Interleukin
IFN	Interferon
NF- κ B	Nuclear factor- κ B
JAK/STAT	Janus kinase/Signal transducer and activator of transcription
MAPK	Mitogen-activated protein kinase
IBD	Inflammatory bowel disease
RA	Rheumatoid arthritis
SLE	Systemic Lupus Erythematosus
MS	Multiple sclerosis
T1DM	Type 1 diabetes mellitus
I κ B	Inhibitors of NF- κ B
IKK	I κ B kinase
BMECs	Brain microvascular endothelial cells
HUVECs	Human umbilical vein endothelial cells
ICAM-1	Intercellular adhesion molecule 1
VCAM-1	Vascular cell adhesion molecule 1
MCP-1	Monocyte chemoattractant protein-1
PPAR γ	Peroxisome proliferator-activated receptor-gamma
iNOS	Inducible nitric oxide synthase
COX-2	Cyclooxygenase-2
SHP2	Src homology 2 domain-containing protein tyrosine phosphatase
OSM	Oncostatin M
MMP	Matrix metalloproteinase
EAE	Experimental allergic encephalomyelitis
ROR γ t	RAR-related orphan receptor gamma
TGF- β	Transforming growth factor β
SOCS	Suppressor of cytokine signaling
PIAS	Protein inhibitor of activated STAT
ERK	Extracellular receptor-activated kinase
JNK	C-Jun N-terminal kinase
PGE2	Prostaglandin E2
MPO	Myeloperoxidase
CMF	Colonic myofibroblasts
ROS	Reactive oxygen species
BBB	Blood-brain barrier
FLS	Fibroblast-like synoviocyte
LDH	Lactate dehydrogenase
OGD	Oxygen-glucose deprivation
GSK3	Glycogen synthase kinase 3

GATA3	Transcription factor GATA binding protein 3
TAK1	Transforming growth factor (TGF)-activated kinase 1
PMA	Phorbol 12-myristate 13-acetate
DLN	Draining lymph node
CRP	C-reactive protein
VEGF	Vascular endothelial growth factor

Inflammation and inflammatory signaling pathways

Inflammation is one of the major types of immune responses. It has an important role in both innate and adaptive immunity and has a crucial role in the defense against many harmful stimuli, of both endogenous and exogenous origin [1,2]. During the inflammatory process, several immune cells (such as leucocytes) and plasma proteins (such as cytokines, complement proteins) are brought into the site of infection or damage in tissues and subsequently activated [3]. These blood-derived components of the immune system mediate inflammation to eliminate invading pathogens (such as bacteria, viruses, and fungi) and also promote tissue repair [4,5]. The immune system has evolved to recognize the molecular structures of both foreign and endogenous molecules [such as lipopolysaccharide (LPS), heat shock proteins (HSPs)] by receptors expressed by cells of the immune system such as macrophages, dendritic cells (DCs), endothelial cells, B cells, and T cells [1,6,7]. As a consequence of binding of these receptors to their ligands, intracellular signal transduction pathways are activated to initiate and promote inflammatory responses in immune cells against the above-mentioned agents [8,9,7]. During the inflammatory response, several inflammatory mediators such as pro-inflammatory cytokines and chemokines are produced by immune cells [3,10,7]. The most important pro-inflammatory cytokines in the immune responses are tumor necrosis factor- α (TNF- α), interleukin-1 β (IL-1 β), IL-6, IL-12, interferon- γ (IFN- γ) and IL-8 [3,7]. In addition, the interaction of the aforementioned cytokines with their receptors on the surface of immune cells also activates inflammatory signaling cascades in a positive feedback loop. The three main signaling pathways that mediate the inflammatory response in immune cells include nuclear factor- κ B (NF- κ B) signaling pathway, Janus kinase/Signal transducer and activator of transcription (JAK/STAT) signaling pathway, and

mitogen-activated protein kinase (MAPK) signaling pathway [11-13]. Inflammation is a protective biological response of the host immune system and is carefully controlled by several mechanisms [4,14,15]. However, failure in these mechanisms which tightly regulate inflammatory signaling pathways leads to unabated inflammation and generation of immune-mediated inflammatory diseases such as inflammatory bowel disease (IBD), rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), atherosclerosis and multiple sclerosis (MS)][16-19]. Therefore, modulation of these signaling molecules in the inflammatory signaling pathways can effectively induce anti-inflammatory effects and could potentially be a valuable approach for the management of inflammatory diseases.

One of the natural compounds that have shown potential anti-inflammatory properties and promise in the management or control of several inflammatory diseases is curcumin. Herein, provide a comprehensive overview of the modulatory effects of curcumin on the inflammatory signaling pathways which leads to inhibition of inflammation in different types of immune cells and animal models.

Curcumin and its immunomodulatory effects

Curcumin is a natural compound derived from *Curcuma longa* L. (also called turmeric, a member of Zingiberaceae family) that is being used extensively for the management of several diseases. Research supports the critical roles played by curcumin and its analogs such as antibacterial, antiviral, antifungal, antioxidant, anti-inflammatory, hepatoprotective and anti-tumor activities [20-30]. In addition, it is well established that curcumin is considered to be a safe natural compound [31,20]. In recent years, there has been an increasing interest in using curcumin as an

immunomodulatory agent in the immune system. The immunomodulatory effect of curcumin arises from its interaction with a wide range of immune cells such as macrophages, DCs, B and T cells [32,33]. The anti-inflammatory properties of curcumin have been demonstrated in the human and animal models of several inflammatory disorders such as RA, SLE, MS, type 1 diabetes mellitus (T1DM), atherosclerosis, metabolic syndrome, periodontal disease, colitis, and Alzheimer's disease [34,33,35,36]. Interestingly, recent evidence suggests that curcumin can reduce the pro-inflammatory cytokines such as IFN- γ , TNF- α , IL-1 and IL-8 via interaction with several signaling and transcription molecules such as NF- κ B, JAKs/STATs, MAPKs and β -catenin [34,37-41]. In this narrative review, we demonstrate that curcumin interacts with various signaling molecules in the inflammatory signaling pathways, thereby acting as an anti-inflammatory agent.

Effect of Curcumin on the NF- κ B signaling pathway

NF- κ B was first identified in the B cells as a nuclear protein that binds specifically to kappa enhancer motif sequences in the NF- κ B target genes [42]. This master transcription factor plays an essential role in the inducible expression of many genes associated with the inflammatory responses in the immune system including antimicrobial peptides, chemokines and cytokines [43,44]. NF- κ B proteins are located in the cytoplasm of the cells and repressed by their inhibitory proteins that are known as the inhibitors of NF- κ B (I κ Bs) [42]. In response to various stimuli, the I κ B becomes phosphorylated by an active I κ B kinase (IKK), which results in the dissociation of I κ B from NF- κ B [44]. Subsequently, NF- κ B is released, translocated to the nucleus and bind their DNA binding sites to regulate the transcription of a large number of genes [43,44].

There is increasing evidence that the mode of action of curcumin involves modulating the NF- κ B pathway, which may be considered as one of the key targets of curcumin (Figure 1) [45-50]. The NF- κ B network could be modulated at two stages: the inhibition of the NF- κ B activation process, and by direct inhibition of NF- κ B. In this regard, Brennan *et al.* reported that curcumin could inhibit NF- κ B activation by inhibiting the degradation of I κ B- α and reacting with the NF- κ B itself in TNF-activated Jurkat T lymphoma cells [51]. Curcumin may also interfere with the binding activity of NF- κ B to the κ B site in the IL-12p40 promoter, which significantly inhibits IL-12 production in LPS-activated macrophages [52,53]. In addition, curcumin treatment inhibited the NF- κ B activation induced by oxygen-glucose deprivation in injured brain microvascular endothelial cells (BMECs) [54]. Kim *et al.* reported that curcumin negatively regulates the production of pro-inflammatory cytokines (IL-1, IL-6, and TNF- α) from maturing DCs [55]. In addition, the curcumin-treated DCs manifested an impaired induction of T_H1 responses and a normal cell-mediated immune response [55]. This indicates that the inhibitory effect of curcumin on DCs maturation, at least in part, could be derived from its actions on the NF- κ B activation as a potential target [55].

Further studies suggest that curcumin inhibits NF- κ B signaling pathway by promoting the expression of I κ B- α in activated human macrophages by influenza virus infection [56]. In addition, curcumin derivative BDMC33-treated macrophages showed an interrupted degradation of I κ B, resulting in attenuation of NF- κ B nuclear translocation [57]. As a consequence of this event, the production of several pro-inflammatory mediators including NO, TNF- α , and IL-1 β was suppressed by curcumin [57]. Kumar and colleagues studied the effects of curcumin on the adhesion of monocytes to human umbilical vein endothelial cells (HUVECs) [58]. They

demonstrated that the anti-inflammatory activity of curcumin may be due, in part, to the inhibition of leukocyte recruitment [58]. Curcumin blocked the TNF-induced adhesion of monocytes to HUVECs by inhibiting the expression of adhesion molecules and TNF-mediated activation of NF- κ B [58]. Cho *et al.* reported that curcumin has an inhibitory effect on the expression of IL-1 β and IL-6 expression induced in TNF- α -treated HaCaT cells [59]. They suggested that curcumin exerts its anti-inflammatory and growth inhibitory effects by negative regulation of the NF- κ B pathway [59]. Bisdemethoxycurcumin, the active component of turmeric, suppresses the production of inflammatory cytokines including TNF- α , IL-8, and IL-6 by inhibiting the NF- κ B activation and I κ B degradation in pharmacologically-induced inflammation in the human mast cells [60].

Pan *et al.* reported that a new synthetic curcumin analog (C66) decreased high glucose-induced over-expressions of intercellular adhesion molecule 1 (ICAM-1) or CD54 (an important ligand for β 2 integrins), vascular cell adhesion molecule 1 (VCAM-1) and monocyte chemoattractant protein-1 (MCP-1). It also reduced renal macrophage infiltration and injury by suppressing NF- κ B activation in diabetic mice [61].

Curcumin decreases the NF- κ B activation in TCR-stimulated non-obese diabetic lymphocytes [62]. Moreover, Soetikno *et al.* observed that the administration of curcumin protects against the development of diabetic nephropathy [37]. Diabetic nephropathy is a major complication of diabetes and can be considered as an inflammatory disease [63]. Monocytes/macrophages as the main source of pro-inflammatory mediators including TNF- α , IL-1 β , MCP-1 and are the key inflammatory cells involved in the pathogenesis of the diabetic nephropathy [64,65]. Macrophages infiltrating into the glomerulus are implicated in the development of glomerular

injury [64]. It has been indicated that curcumin could reduce macrophage infiltration by suppressing the activation of the NF- κ B pathway in diabetic rat models [37]. In accord with this finding, Ghosh *et al.* demonstrated that curcumin treatment improves renal function in the animal models with chronic renal failure by antagonizing the effect of TNF- α in peroxisome proliferator-activated receptor-gamma (PPAR γ) [66]. It also blocked transactivation of NF- κ B [66].

Effect of Curcumin on JAK/STAT signaling pathway

The JAK/STAT signaling pathway is one of the most important pathways that regulate inflammation in immune cells by transducing the signal of types 1 and 2 cytokines receptors in response to various pro-inflammatory cytokines [67,13]. This pathway includes the four known Janus kinases (JAK1-3 and TYK2), which are associated with the aforementioned receptors, and seven STATs (STAT1-4, 5a, 5b, and 6) [67,13].

In innate immunity, these intracellular molecules mediate signaling cascades induced by type I and type II interferon (i.e., IFN- α/β and IFN- γ). They can effectively induce the activation, maturation, and function of DCs and macrophages [68]. In acquired immunity, JAK/STAT signaling regulates the activation and differentiation of different subtype of T cells including T_H1 (JAK2, TYK2, STAT1, and STAT4), T_H2 (JAK1, JAK3, and STAT6), and T_H17 (STAT3) from naïve CD4⁺ T cells [13,67,69]. Despite the physiologic roles played by JAK/STAT signaling, this pathway is also involved in the pathogenesis of several inflammatory diseases such as RA, IBD, MS, T1DM, SLE, and periodontitis, hence could be considered as a valuable target for the regulation of inflammation [70-74].

The inhibitory action of curcumin on JAK/STAT signaling pathway has been confirmed in a study conducted by Kim *et al.*, where it was shown that curcumin suppresses phosphorylation of JAK1, JAK2 and their downstream molecules such as STAT1 and STAT3 in IFN- γ , gangliosides or LPS-activated microglial cells. As a result, the expression of several pro-inflammatory mediators including inducible nitric oxide synthase (iNOS) and cyclooxygenase-2 (COX-2), MCP-1 and ICAM-1 were impaired in activated microglial cells [75]. In this regard, the activation of Src homology 2 domain-containing protein tyrosine phosphatases (SHP)-2, a key negative regulator of JAK activity, is one of the several molecular mechanisms by which curcumin mediates suppression of JAK activation [75]. Oncostatin M (OSM) is an important member of IL-6 cytokine superfamily that is involved in the pathogenesis of several inflammatory diseases, such as RA, by inducing several matrix metalloproteinases (MMPs). In line with previous findings, it has been reported that curcumin treatment suppressed the OSM-induced phosphorylation and DNA binding activity of STAT1 (but not JAK1, JAK2, and JAK3) in bovine and human primary articular chondrocyte [76]. By its inhibitory action on STAT1, curcumin suppresses the OSM-induced production of MMP1, MMP3, and MMP13 in chondrocytes [76]. Another in vitro study assessing the mechanisms underlying curcumin-regulated JAK/STAT signaling showed that curcumin potently inhibits the expression of LPS-induced IL-6, TNF- α , and COX-2 in macrophage cell line RAW264.7 via its modulatory effect on suppressor of cytokine signaling (SOCS)1 and SOCS3 [77]. SOCS proteins negatively regulate the overactivation of the JAK/STAT signaling in responses to inflammatory cytokines through interaction with both JAKs and STATs [78,79]. This evidence provides a novel molecular mechanism by which curcumin regulates the JAK-STAT-mediated inflammatory responses in macrophages. Another in vitro study suggested that curcumin reduced the

expression of several inflammatory mediators including ICAM-1, MCP-1, and IL-8 at both mRNA and protein levels by suppressing the STAT3-phosphorylation in TNF- α -stimulated HUVECs [80].

In experimental allergic encephalomyelitis (EAE), characterized by the predominance of auto-reactive T_H1 and T_H17 cells responses, curcumin blocks the IL-12-induced phosphorylation of JAK2, TYK2 and their downstream molecules, i.e. STAT3 and SAT4 in T cells [81]. Curcumin also inhibits the production of IL-12 by macrophages and DCs [81-83]. With regard to the essential role of IL-12 in the differentiation of T_H1 cells [84], curcumin can strongly suppress the proliferation and differentiation of auto-reactive T_H1 cells in several autoimmune diseases such as MS via inhibition of IL-12 production and its signaling cascade. Similar to effects on T_H1 cells, curcumin also effectively suppresses proliferation and differentiation of auto-reactive T_H17 cells, another important subtype of T CD4⁺ cells involved in the pathogenesis of EAE [85]. This is mediated by both suppressing IL-6, IL-21, and IL-17 production, and by inhibiting STAT3-phosphorylation and RAR-related orphan receptor gamma (ROR γ t) activation in response to the aforementioned cytokines [85]. It is interesting to note that IL-6 and IL-21 are required for the differentiation of T_H17 cells from naïve CD4⁺ T cells by activating STAT3 signaling and its downstream transcription factor of ROR γ t [86,87]. Curcumin treatment attenuated CNS inflammation, demyelination and severity of clinical paralysis in animal models of EAE owing to its modulatory effects on JAK/STAT signaling [81,85]. This evidence is further supported by other studies which showed curcumin could exert its beneficial anti-inflammatory effects in an animal model of colitis and intestinal inflammation by inhibiting the phosphorylation of JAK2, STAT3 and STAT6 [88,40,89]. This is followed by downregulated protein expression of TNF- α , IL-1 β , IFN- γ , IL-

23, IL-12p70 and up-regulated expression of anti-inflammatory cytokines including IL-4, IL-10, IL-13 and transforming growth factor β (TGF- β) [88,40,89]. In addition, curcumin also inhibits the activation of CD4⁺CD7⁻ T cells by downregulation of the STAT-3 signaling pathway [90,91]. CD4⁺CD7⁻ T cells are a distinct subset of CD4⁺ T cells which produce T_H2-like cytokine profiles including IL-4 and IL-10. They are involved in the pathogenesis of several inflammatory skin diseases [92].

DCs are key cells crucial for the initiation of pro-inflammatory responses in autoimmune and inflammatory diseases such as colitis and are one of the main targets of curcumin [93,94]. It has been documented that curcumin suppress activation and maturation of DCs in colitis mice by targeting JAK/STAT signaling and also by up-regulation of three important negative regulators of this pathway including SOCS 1 and 3 and protein inhibitor of activated STAT3 (PIAS3) [40,89].

Taken together, this growing evidence provides a better understanding of the mechanism of anti-inflammatory action for curcumin via modulating of JAK/STAT inflammatory signaling.

Effect of Curcumin on MAPKs signaling pathway

MAPKs are a group of serine-threonine protein kinases that contribute to gene induction, proliferation, cellular differentiation, and inflammatory responses [95]. There are three main groups of MAPKs which include extracellular receptor-activated kinase (ERK), P38 and C-Jun N-terminal kinase (JNK) [96]. MAPKs play major roles in the production of pro-inflammatory cytokines and can be considered as valuable targets for the treatment of inflammatory diseases [95,97].

In order to study the effect of curcumin on inflammation related to MAPKs signaling pathway, Morgana *et al.* investigated its effects on LPS-stimulated raw 264.7 murine macrophages and found that curcumin remarkably reduced prostaglandin E2 (PGE2) level and the expression of TNF- α and IL-6 by inhibiting phosphorylation and activation of p38 MAPK [77]. In addition, another in vitro study indicated that pretreatment of murine microglia cell line N9 with curcumin and demethoxycurcumin (DMC) could reduce LPS-induced phosphorylation of p38, JNK and ERK1/2 MAPKs pathways, resulting in inhibition of the production of ROS by microglial cells [98]. Consistent with previous studies, Kim *et al.*, demonstrated that pretreatment of immature DCs cells with curcumin suppressed the LPS-induced maturation function of DCs by inhibiting phosphorylation of all three main MAPKs (JNK, p38, and ERK)[55]. Moreover, curcumin effectively inhibited COX-2 expressions (both in mRNA and protein levels) in UVB-irradiated HaCaT cells by an inhibitory action on activation of p38 MAPK and JNK [99].

RA is a chronic inflammatory disease characterized by the infiltration of several immune cells such as macrophage, DCs, T and B lymphocytes in the inflamed joints to produce pro-inflammatory cytokines including IL-1 β , IL-6, TNF- α , IFN- γ , IL-17, and IL-12 [100]. In response to these pro-inflammatory cytokines, resident synovial fibroblast cells also produce large amounts of IL-6, IL-8, COX-2, and MMPs which results in the progressive joint destruction, deformity, and disability [101,102]. Treatment of human synovial fibroblast cell line MH7A and fibroblast-like synoviocytes (FLS) of RA patients with curcumin decreased PMA or IL-1 β -induced phosphorylation of ERK1/2, but not p38, which led to reduced expression of IL-6 [103].

Dry eye disorder is a common inflammatory eye disease where hyperosmosis followed by the inflammation of the ocular surface is involved [104]. In addition, high expression of pro-

inflammatory cytokines such as IL-1 β and IL-6 has been observed in patients with dry eye disorder [105,106]. In a study by Min Chen et al., pretreatment of hyperosmotic-stimulated human corneal epithelial cells with curcumin prevented an increase in the IL-1 β , IL-6 and TNF- α production. Interestingly, p38 inhibitor (SB 203580), but not JNK inhibitor (600125), has been able to completely inhibit the IL-1 β production, suggesting that the potential anti-inflammatory effects of curcumin are mediated by its suppressive effect on p38 pathway. Importantly, p38 inhibitor also reduced the activation of NF- κ B, which proves that activation of the NF- κ B occurs after the activation of p38 [107]. These findings provide evidence that curcumin is able to suppress NF- κ B signaling cascade both through its direct interaction with NF- κ B and by inhibition of its upstream activator (i.e. p38 MAPK).

After brain ischemia, brain microvascular endothelial cells (BMECs), the principal cells in the blood-brain barrier (BBB), can cause inflammation by producing several inflammatory cytokines such as IL-1 β [108]. Hence preventing inflammatory processes in BMECs can potentially reduce brain damage. In a study by Zhan *et al.*, curcumin was able to significantly reduce the lactate dehydrogenase (LDH) release and IL-1 β production in oxygen-glucose deprivation (OGD)-stimulated BMECs via inhibition of p38 and JNK phosphorylation. In line with the Min Chen *et al* study, P38 inhibitor (SB203580) suppresses activation of NF- κ B, suggesting that curcumin can potentially inhibit these two pathways simultaneously [54].

In an animal model of colitis, curcumin treatment effectively reduced both myeloperoxidase (MPO) activity and production of TNF- α , COX-2 and iNOS by suppressing p38 phosphorylation. Moreover, the production of anti-inflammatory cytokine IL-10 was up-regulated [109]. These findings are in accord with a recent study suggesting that treatment of colonic mucosal biopsies

and colonic myofibroblasts (CMF) of IBD patients with curcumin resulted in reduced p38 phosphorylation which was followed by a decrease in the IL-1 β and MMP-3 production [110].

Asthma is a long-term chronic inflammatory disease characterized by the production of pro-inflammatory cytokines such as TNF- α , and IL-1 β in the airways [111,112]. MAPKs are one of the important factors in the production of these pro-inflammatory proteins, hence inhibiting this pathway can be a valuable treatment option for this disease [113]. In this regard, in a study by Singh *et al.*, in an animal model of chronic asthma intranasal curcumin was able to inhibit all of the three main pathways of MAPKs (p38, JNK, and ERK) [114]. As a result, the levels of nitrite, COX-2 and reactive oxygen species (ROS) were significantly reduced [114].

Other Targets of Curcumin

Curcumin has also shown immunomodulatory effects on different signaling molecules in the immune cells. Yang *et al.* demonstrated that treatment with curcumin down-regulated the expression of glycogen synthase kinase 3 (GSK-3), a negative regulator of Wnt/ β -catenin signaling pathway and up-regulated the expression of β -catenin, a chief downstream transcription factor of the canonical Wnt signaling pathway, in LPS-stimulated BMDC [41]. As a result, Wnt/ β -catenin signaling was activated in curcumin-treated BMDC that led to the inhibition of DCs activation and maturation [41]. In addition, in a mouse model of allergic asthma, administration of curcumin for 9 days attenuated asthma symptoms and inflammatory responses in the airway by activating the Wnt/ β -catenin signaling pathway, especially in DCs [41].

While investigating further molecular targets of curcumin and its anti-inflammatory effects, Cheong *et al.* found that treatment of mouse model of acute asthma with curcumin (200 mg/kg) decreased both mRNA and protein levels of Notch 1 receptor and its downstream transcription factor GATA binding protein 3 (GATA3), a master regulator of T_H2 cells differentiation, in lung tissues [115]. Notch 1-GATA3 signaling pathway plays a crucial role in the pathogenesis of allergic asthma by promoting the differentiation of T_H2 cells [116-119]. Therefore, curcumin attenuated the allergic airway inflammation by inhibiting the Notch 1-GATA3 signaling pathway and subsequent suppression of T_H2 cells differentiation [115,120]. Recently, another *in vivo* study has shown that curcumin can also inhibit the phosphorylation of transforming growth factor (TGF)-activated kinase 1 (TAK1) in inflamed spinal cord cells which suppress production of pro-inflammatory cytokines, including TNF- α , IL-1 β , and IL-6 in a mouse model of acute spinal injury [121]. TAK1 is one of the MAPKKK family members and a major upstream modulator for the activation of NF- κ B and P38 in microglial cells [122]. Therefore, curcumin can effectively suppress activation of these important pro-inflammatory transcription factors not only through direct interaction on NF- κ B, P38 but also through their upstream molecules, especially TAK1,.

Anti-inflammatory effects of curcumin in clinical trials

Over the past decade, a large number of clinical studies has investigated the anti-inflammatory effects of curcumin in several diseases. In a randomized clinical trial conducted by Alizadeh *et al.*, administration of 80 mg curcumin nanomicelle daily for 10 weeks significantly reduced plasma levels of inflammatory mediators including TNF- α and C-reactive protein (CRP) in infertile men

[123]. Another randomized clinical trial evaluating the anti-inflammatory effects of curcumin supplementation found that oral administration of 500 mg turmeric (containing 22.1 mg the active ingredient curcumin) for 2 months significantly reduced the serum levels of IL-8, but not TNF- α , in patients with type 2 diabetic nephropathy [124]. The anti-inflammatory effects of curcumin were further supported by a randomized clinical trial conducted by Panahi *et al.*, which found that curcumin treatment (1 g/day) effectively reduced serum levels of TNF- α , IL-6, and MCP-1 in patients with metabolic syndrome [125]. In addition, a decrease in the plasma levels of IL-4 and IL-6 were observed after treatment of patients with knee osteoarthritis with pure curcuminoids (1500 mg/day) for 6 weeks [126]. Another clinical study found that oral administration of curcuminoids (comprising curcumin, demethoxycurcumin, and bisdemethoxycurcumin) at a daily dose of 1 g for 4 weeks significantly reduced serum concentration of IL-1 β , IL-4 and vascular endothelial growth factor (VEGF), but not TNF- α , IL-6, IL-8, IFN- γ , and MCP-1 in obese individuals [127]. Moreover, by reducing TNF- α , IL-8, IL-6, MCP-1, and hs-CRP, curcumin effectively mediated its anti-inflammatory effects in sulfur mustard-intoxicated patients with chronic pulmonary or cutaneous complications. This disease is characterized by the overproduction of several pro-inflammatory cytokines [128,129]. In line with the findings of previous studies, anti-inflammatory effects of curcumin were also reported in a clinical study where it has been shown that administration of curcumin (180 mg/day) for 8 weeks resulted in a reduction of serum levels of pro-inflammatory mediators including TNF- α , IL-8, IL-6, MCP-1, and hs-CRP in patients with solid tumors. As a consequence, systemic inflammation in these patients was suppressed by curcumin supplementation [130]. All of the studies reviewed here have demonstrated the anti-inflammatory effects of curcumin in several

diseases by its modulatory effects on inflammatory signaling pathway as the main targets of curcumin. Table 2 summaries anti-inflammatory effects of curcumin in recently completed clinical trials.

Concluding remarks

There is growing evidence that curcumin through interaction with a diverse set of cellular and molecular targets, has an anti-inflammatory role and therefore can be considered as a valuable natural compound for managing various inflammatory diseases. Curcumin can inhibit the inflammatory process in different types of immune cells and animal models (Table 1, Figure 1). Curcumin has been found to suppress several inflammatory cascades in immune cells which result in 1) inhibition of activation, maturation and cytokines production of two important cells of innate *immunity i.e.* macrophages and DCs, and (2) inhibition of activation, proliferation, maturation and cytokines production of T cell subsets such as T_H1, T_H2 and T_H17. Interestingly, curcumin as a pleiotropic molecule can simultaneously target multiple signaling molecules such as NF- κ B, JAKs/STATs, MAPKs and Wnt/ β catenin, suggesting its potential as a signaling molecule-targeted therapeutic agent for inflammatory and immune-related diseases.

Compliance with ethical standards

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Table 1. A brief overview of molecular targets of curcumin and its anti-inflammatory effects; (-) and (+) signs show negative and positive effects of curcumin on its target molecules respectively.

Type of study	Cells/animal models	Biologic effects	Targets	Ref.
- In vitro	TNF- α or IL-1 β -stimulated Jurkat and thymoma cells	- Inhibit NF- κ B activation by interfering with I κ B α degradation - Reacting with p50 in the NF- κ B complex	NF- κ B (-) I κ B (+)	[51]
- In vitro	LPS- stimulated splenic macrophages	- Inhibit interleukin-12 production	NF- κ B (-) NF- κ B binding to the κ B site (-)	[52]
- In vitro	OGD- treated BMECs	- Reduce LDH release - Decrease IL-1 β production	NF- κ B p65 (-) p-I κ B (-) p38 (-) JNK (-)	[54]
- In vitro	LPS-stimulated BMDCs	- Inhibit expression of co-stimulatory molecules including CD80, CD86, and MHC class II - Induce the immature state of DCs with high endocytic capacity - Inhibit the capacity of DC to induce T _H 1 responses - Inhibit production of IL-12, IL-1 β , IL-6, and TNF- α	NF- κ B p65 (-) p38 (-) ERK (-) JNK (-)	[55]
- In vitro	IFN- γ /LPS-stimulated macrophage	- Inhibit secretion of NO, TNF- α , and IL-1 β	NF- κ B (-) JNK (-) ERK (-)	[57]
- In vitro	TNF- α -stimulated HUVECs	- Inhibit cell surface expression of ICAM-1, VCAM-1, and ELAM-1 -Blocked their adhesion to monocytes	NF- κ B (-)	[58]
- In vitro	TNF- α -treated HaCaT cells	- Inhibit expression of IL-1 β , IL-6, and TNF- α	NF- κ B (-) p38 (-) ERK (-) JNK (-)	[59]
- In vitro	PMA and calcium ionophore A23187-treated human mast cells	- Suppresses production of TNF- α , IL-8, and IL-6	NF- κ B (-) I κ B (+) p38 (-) JNK (-)	[60]
- In vivo	Renal epithelial NRK-52E cells	- Inhibit high glucose-induced over-expressions of ICAM-1, VCAM-1, and MCP-1 - Reduce renal macrophage infiltration	NF- κ B (-) JNK (-)	[61]
- Ex vivo	Splenocytes in an animal model of diabetes	- Inhibit pancreatic leucocyte infiltration - Impair proliferation and IFN- γ production	NF- κ B p65 (-)	[62]
- In vitro	M-stimulated BDC2.5-splenocytes	- Decrease proliferation of CD4 ⁺ T lymphocytes		

	LPS and IFN- γ -stimulated DCs	- Inhibit expression of co-stimulatory molecules including CD80, CD86, CD40, and MHC class II - Reduce production of IL-12p70, IL-6, and TNF- α - Inhibit NO release		
- In vivo	An animal model of diabetes	- Decrease TNF- α , IL-1 β , ICAM-1, MCP-1 protein expression - Reduces macrophage infiltration	NF- κ B (-) I κ B α (+)	[37]
- In vivo	Animal models with chronic renal failure	-Antagonize effect of TNF- α in PPAR γ	NF- κ B (-)	[66]
- In vitro	DLN cells Jurkat T cells	- Decrease proliferation - Reduce mRNA expression of IL-17, TGF- β , IL-6, IL-21, and ROR γ t		
- In vivo	Spinal cord cells of an animal model of EAE	- Reduce mRNA expression of IL-17, TGF- β , IL-6, IL-21, and ROR γ t	STAT3 (-)	[85]
- In vitro	Spleen cells in animal model of EAE Peritoneal macrophage cells of an animal model of EAE Mouse microglial cell line	- Decrease proliferation and IL-12-induced responses - Decrease IL-12 and IFN- γ production - Decrease IL-12 production - Decrease IL-12 production	JAK2 (-) TYK2 (-) STAT3 (-) STAT4 (-)	[81]
- In vitro	TNF- α -stimulated HUVECs	- Reduce the expression of ICAM1, MCP1, and IL-8	NF- κ B (-) p38 (-) JNK (-) STAT3 (-)	[80]
- In vitro	Gangliosides, IFN- γ or LPS-stimulated Rat microglia cells Gangliosides, IFN- γ or LPS-stimulated murine BV2 microglial cells	- Suppress induction of COX-2 and iNOS	JAK1 (-) JAK2 (-) STAT1 (-) STAT3 (-) SHP-2 (+)	[75]
- In vitro	LPS-stimulated RAW 264.7 murine macrophage	- Inhibit expression of IL-6, TNF- α , and COX-2	NF- κ B (-) SOCS1 (+) SOCS3 (+) p38 (-)	[77]
- In vitro	OSM-stimulated bovine and human chondrocytes	- Reduce expression of MMP-1, MMP-3, and MMP-13	STAT1 (-) JNK (-)	[76]
- In vivo	Colonic tissue cells of an animal model of colitis	- Reduce expression of TNF- α and IL-1 β - Inhibit activity of MPO	STAT3 (-)	[88]

- In vivo	Colonic tissue cells of an animal model of colitis	- Inhibit activity of MPO - Reduce production of TNF- α , IFN- γ - Increase production of IL-10, IL-13, and TGF- β - Inhibit expression of iNOs	STAT1 (-) SOCS1 (+)	[89]
- In vivo	Peyer's patches lymphocytes of an animal model of colitis	- Decrease the total number of DCs - Reduce expression of co-stimulatory molecules on DCs including MHC II, CD40, CD83, CD273, and CD282	JAK2 (-) STAT3 (-) STAT6 (-) SOCS1 (+) SOCS3 (+) PIAS3 (+)	[40]
- In vitro	Human corneal epithelial cells	- Reduce mRNA expression of IL-6, TNF- α , and IL-1 β	NF- κ B p65 (-) p38 (-) JNK (-)	[107]
- In vivo	Colonic tissue cells of an animal model of colitis	- Inhibit activity of MPO - Reduce production of TNF- α - Increase production of IL-10 - Reduce expression of COX-2 and iNOS	p38 (-)	[109]
- Ex vivo	Mucosal biopsies and myofibroblasts of IBD patient	- Decrease IL-1 β and MMP-3 production - Increase production of IL-10	p38 (-)	[110]
- In vivo	Animal model of Chronic asthma	- Reduce levels of nitrate COX-2 and ROS.	NF- κ B (-) p38 (-) ERK (-) JNK (-)	[114]
- In vitro	LPS-stimulated murine microglia cell line N9	- Inhibit production of ROS	p38 (-) ERK (-) JNK (-)	[98]
- In vitro	MH7A cells and RA-FLS	- Reduce expression of IL-6	NF- κ B (-) ERK (-)	[103]
- In vitro	DCs	- Inhibit maturation and function of BMDCs. - Reduce the ability of DCs to induce T cells responses		
- In vivo	Lung tissues of a mouse model of asthma	- Reduce production of IL-4 and increase production of IFN- γ	GSK-3 (-) β -catenin (+)	[41]
- In vivo	Lung tissues of a mouse model of asthma	- Inhibit differentiation of T _H 2 cells	Notch 1 receptor (-) Notch 2 receptor (-) GATA3 (-)	[115]
- In vivo	Spinal cord cells of a mouse model of acute spinal cord injury	- Inhibit production of pro-inflammatory cytokines, including TNF- α , IL-1 β , IL-6, and NO	TAK (-)	[121]

Table 2. Anti-inflammatory effects of curcumin in recently completed clinical trials.

Population size (N)	Type of disease	Dose of turmeric, curcumin, or curcuminoids	Duration of intervention	Findings	Ref.
60	Infertility	80 mg/day	10 weeks	Reduced plasma level of TNF- α and CRP	[123]
40	Type 2 diabetic nephropathy	66.3 mg/day	2 month	Decreased plasma and urinary level of IL-8	[124]
117	Metabolic syndrome	1 g/day	8 weeks	Reduced plasma level of TNF- α , IL-6, and MCP-1	[125]
40	Knee osteoarthritis	1500 mg/day	6 weeks	Reduced plasma level of IL-4 and IL-6	[126]
50	Osteoarthritis	200 mg/day	3 month	Reduced plasma level of CRP	[131]
100	Osteoarthritis	200 mg/day	8 month	plasma level of IL-1 β , IL-6, sCD40-L, sVCAM-1, and ESR	[132]
30	Obesity	1 g/day	4 weeks	Reduced plasma level of IL-1 β , IL-4, and VEGF	[127]
89	Sulfur mustard intoxication	1.5 g/day	4 weeks	Reduced plasma level of TNF- α , IL-8, IL-6, MCP-1, and hs-CRP	[128]
96	Sulfur mustard-induced cutaneous complications	1 g/day	4 weeks	Reduced plasma level of IL-8 and hs-CRP	[129]
80	Solid tumors	180 mg/day	8 weeks	Reduced plasma level of TNF- α , IL-8, IL-6, MCP-1, and hs-CRP	[130]
16	Chronic kidney disease	1.648 g/day	8 weeks	Reduced plasma level of CRP	[133]

16	Chronic kidney disease	1.648 g/day	8 weeks	Attenuated the increase in the plasma level of PGE ₂ ,	[134]
67	Type 2 diabetes mellitus.	1500 mg/day	8 weeks	Reduced plasma level of TNF- α and IL-6	[135]
237	Type 2 diabetes mellitus.	1500 mg/day	9 month	Increased plasma level of adiponectin	[136]
71	Hemodialysis	66.3 mg/day	12 weeks	Reduced plasma level of TNF- α , IL-6, and hs-CRP	[137]
72	Migraine	80 mg/day	2 month	Reduced plasma level of ICAM-1	[138]
80	Migraine	80 mg/day	2 month	Reduced plasma level of IL-6, and hs-CRP	[139]
74	Migraine	80 mg/day	2 month	Reduced plasma level of TNF- α	[140]
74	Migraine	80 mg/day	2 month	Reduced plasma level of COX-2/iNOS	[141]
5	Crohn's disease	1.08 g/day 1.44 g/day	1 month 2 month	Reduced plasma level of CRP and ESR	[142]
5	Ulcerative proctitis	1.1 g/day 1.65 g/day	1 month 2 month	Reduced plasma level of CRP and ESR	[142]
Ex vivo	Inflammatory bowel disease	5-50 μ M	0.5-24 h	Reduced plasma level of IL-1 and MMP-3 Increased plasma level of IL-10	[143]

Figure legend

Figure 1. A schematic view of curcumin's modulatory effects on NF- κ B, JAK/STAT, and MAPKs pathway. Curcumin suppresses activation and phosphorylation of JAKs and STATs proteins. Moreover, curcumin via both direct interactions with NF- κ B and I κ B suppresses activation of NF- κ B. Finally, curcumin inhibits MAPK signaling pathway via its interaction with three main members of this pathway including JNK, p38, and ERK. As a result of curcumin's modulatory functions, the pro-inflammatory process including infiltration of leukocyte into the site of inflammation, activation, maturation and also the production of pro-inflammatory mediators by innate immune cells strongly was inhibited. On the other hand, curcumin suppresses acquired immune responses by its inhibitory effects on the activation, differentiation and cytokines production of T cells.