

Inflammatory Response: An Update Overview of a Traverse between Health and Disease

Ikeani Nkolika Chidinma¹, Silas Anayo Ufelle², Alphonsus Ogbonna Ogbuabor^{3*}

^{1,2}Department of Medical Laboratory Science, Faculty of Health Sciences and Technology, University of Nigeria, Enugu State, Nigeria.

³Department of Medical Laboratory Science, Faculty of Allied Health Sciences, Enugu State University of Science and Technology, Agbani, Nigeria.

Article Info

Received: August 29, 2025

Accepted: November 20, 2025

Published: December 02, 2025

***Corresponding author:** Alphonsus Ogbonna Ogbuabor, ³Department of Medical Laboratory Science, Faculty of Allied Health Sciences, Enugu State University of Science and Technology, Agbani, Nigeria.

Citation: Ikeani N Chidinma, Silas A Ufelle, Alphonsus O Ogbuabor., (2025) "Inflammatory Response: An Update Overview of a Traverse between Health and Disease" International Journal of BioMed Research and Reports, 2(1); DOI: 10.61148/IBRI/002.

Copyright: ©2025. Alphonsus Ogbonna Ogbuabor. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract:

The inflammatory process is an important response to injury, infection, trauma, and many other insults. It is made up of a detailed cascade of both pro-inflammatory and anti-inflammatory mediators. The balance between these mediators determines a disease development. Further understanding of the endogenous mechanisms that control the inflammatory response is required to facilitate development of therapeutic options. In this review, we discuss the current knowledge of the mechanisms leading to development of acute and chronic inflammatory response as well as the factors that regulate this response.

Keywords: Inflammation, Mechanism, Acute, Chronic, Diseases

Introduction:

Inflammation was originally derived from the latin word 'inflammare' meaning burned. It is a protective response usually triggered by noxious stimuli which helps to eliminate pathogens, repair damaged tissue, and to restore homeostasis.^{1,2} Several factors can cause inflammatory process such as microbial, viral, or fungal infection, tissue damage, or autoimmune reactions.³ The inflammatory process are well-known for hundreds of years and are recognized clinically by five cardinal signs which includes pain (dolor), warmth or heat (calor or hyperthermia) redness (rubor), swelling of tissues (tumor), and loss of function laesa (laesa).^{4,5} These signs are as a result of immunological, biochemical and physiological changes following injury, trauma or foreign invasion, triggering the release of chemical mediators at the injured site, thus increasing blood flow, vascular permeability, and recruitment of leukocytes. Chemicals including histamine, bradykinin, and prostaglandins are release by the damaged cells. These chemicals cause blood vessels to leak fluid into the tissues, causing swelling, and this helps isolate the foreign substance from further contact with body tissues.

Types of Inflammation

Inflammation can be of two major types i.e. acute or chronic.⁶⁻⁹ Acute inflammation is an early but a short term response in the host body produced by cells of the innate immunity. It may occur in seconds or for some days or weeks. Acute inflammation starts after the release of a specific injury causing soluble mediators like cytokines, acute phase proteins, and chemokines which promote the migration of neutrophils and macrophages to the site of injury.^{10,11}

If this does not resolve after six weeks, it is termed chronic form of inflammation. Chronic inflammation could cause harmful effects on host and is characterized by the invasion leukocytes (the primary inflammatory cells), secreting inflammatory cytokines, development factors and proteins.^{12,17} Excessive or uncontrolled inflammation is devastating for normal homeostatic processes of the body. Most of the modern human diseases such as asthma, allergy, autoimmune diseases, hepatitis, coeliac disease, inflammatory bowel disease and glomerulonephritis are associated directly or indirectly to different inflammatory processes.¹⁸⁻²⁶

Causes of Inflammation

The causes of inflammation are classified into two main groups: exogenous and endogenous factors.¹⁹

1. Exogenous Factors.

This could further be subdivide into two classes; microbial and non-microbial exogenous factors.

A. Microbial Factors.

There are two classes of microbial inducers of inflammation. The first class is pathogen-associated molecular patterns (PAMPs), which are carried by all microorganisms and are easily recognized as foreign by the host while the second class is virulence factors which are restricted to pathogenic microbes.²²

B. Non-Microbial

Non-microbial causes of inflammation include allergens, toxic compounds, irritants, and foreign bodies that are too large to be digested or cause phagosomal damage in macrophages. Examples of foreign bodies include silica and asbestos, as well as signals released by damaged cells and tissues.²⁷

2. Endogenous Factors.

These are substances released by dead, damaged, malfunctioned, or stressed tissues. They could be divided into two groups namely the infectious factors and the non-infectious factors.

A. Infectious factors:

This category includes substances released by bacteria, viruses, and other microorganisms.

B. Non-Infectious factors:

This involves physical injuries such as burns and exposure to substances like ionizing radiation, chemical compounds such as toxins, alcohol, and chemical irritants such as nickel and other trace elements.

Mechanism of Inflammation

Inflammation is a complex biochemical process involving secretion of chemical agents by immune cells like cytokines, chemokine, histamine, bradykinin, prostaglandins and reactive oxygen species which cause blood vessels to leak fluid into the tissues, resulting in swelling.²⁸⁻³³ This helps isolate the foreign substance from further contact with body tissues. These substances are synthesized locally by cells at the site of inflammation or produced by the liver to circulate in the plasma as inactive precursors, most of which are activated by the contact with specific receptors at the site of inflammation.^{34,35} While some mediators have direct enzymatic activity, others may cause oxidative damage to the foreign substance and surrounding tissues. Although inflammatory response depends on the exact nature of the initial stimulus and its location in the body, they all share a common mechanism which is summarized as follows: 1) cell surface pattern receptors recognize detrimental stimuli; 2) inflammatory pathways are activated; 3) inflammatory markers are released; and 4) inflammatory cells are recruited.^{36,37}

Mechanism of Acute Inflammation

Many mediators play a pivotal role in initiating the cascade in the acute inflammatory process. The first group of mediators is the toll-like receptors (TLRs), which are membrane-spanning proteins found on the surfaces of the innate immune system cells like macrophages and dendritic cells.³⁸ They recognize the pathogen-associated molecular patterns (PAMPs) or danger-associated molecular patterns (DAMPs). The second group of mediators are arachidonic acid (AA) which act through the cyclooxygenase pathway.^{39,40} Arachidonic acid is a phospholipid that constitutes the membrane of the body's cells. The third group is the Mast cells which are derived from precursors in the bone marrow and are widely distributed in the connective tissues. These cells become activated when there is tissue damage. The fourth group is the complements. Complements are a set of proteins that interact with one another creating a cascade that forms membrane attack complex which eliminates pathogens.³⁴ Complements can become activated through several pathways like the classical, alternative, or mannose-binding lectin pathways.⁴¹

Mechanism of Chronic Inflammation

In response to foreign or self-antigens, the tissue immune cells such as macrophages and dendritic cells release cytokines. These cytokines induce the injury-site-endothelial cells to release Selectins and Integrins which stimulate chemotaxis and diapedesis of the circulating leukocytes.²² In addition to the recruitment of leukocytes, the tissue macrophages, and dendritic cells also play a role in the clearing of the antigen by phagocytosis, the release of cytokines and serving as antigen-presenting-cells to lymphocytes.¹⁰ Once the circulating leukocytes enter the local injury site, they are activated by various cytokines and chemokines secreted by the macrophages and dendritic cells. On activation, the leukocytes further release cytokines and mediators of inflammation.

Resolution of Inflammation

To prevent progression from acute inflammation to chronic inflammation, the inflammatory process must be suppressed to prevent tissue damage. Inflammation resolution is a well-managed process involving the spatially- and temporally-controlled production of mediators, during which chemokine gradients are diluted over time and presents a good therapeutic target for diseases.⁴²⁻⁴⁵ During resolution, circulating white blood cells eventually no longer sense these gradients and are not recruited to sites of injury.⁴⁴ Dysregulation of this process can lead to uncontrolled chronic inflammation and development of diseases.

Conclusion

Inflammatory response is a common feature that explains the pathologies underlying the development of diseases. In this sense, understanding the inflammatory processes will allow for the development and production of improved targeted therapies.

References:

1. Chen L, Deng H, Cui H, Fang J, Zuo Z, Deng J, Li Y, Wang X, Zhao L (2017) Inflammatory responses and inflammation – associated diseases in organs. *Oncotarget* 2017; 9(6): 7204-7218 doi:10.18632/oncotarget.23208
2. Herold K, Mrowka R. Inflammation-Dysregulated inflammatory response and strategies for treatment. *Acta Physiologica* 2610, 236(3):e1328

- <https://doi.org/10.111/aphaj.13284>.
3. Medzhrov R. The spectrum of inflammatory responses. *Science* 2021; 374(6571): 1070-1075 Doi:10.1126/science.abi5200
 4. Janakiram NB, Valorio MS, Goldman SM, Dearth CL. The role of the inflammatory response in mediating functional recovery following composite tissue injuries. *Int J Mol Sci* 2021; 22(24): 13552 <https://doi.org/10.3390/ijms222413552>
 5. Giroy DW. Resolving inflammation. *Nat Rev Immunol* 2021; 21:620-621 <https://doi.org/10.33908/s41577-021-00597-W>
 6. Soliman AM, Barreda DR. Acute inflammation in tissue healing. *Int J mol Sci* 2023; 24(1): 641 <https://doi.org/10.3390/ijms24010641>
 7. Freund L. A comprehensive overview of inflammatory mediators. *Journal of Molecular Pathophysiology* 2023; 12(3): 01-02
 8. Soares CL, Wilairatana P, Silva LR, Moreiro PS, Barbosa NM, Silva PR, Coutinho HD, Menezes IF, Felipe CF. Biochemical aspects of inflammatory process: A narrative review. *Biomedicine and Pharmacotherapy* 2023; 168:115764. <https://doi.org/10.1016/j.biopha.2023.115764>
 9. Ecsias M. Introduction to inflammation of human body status. *Journal of Clinical and Experimental Pharmacology* 2022; 12(11): 1000340
 10. Gupta PD. Pathogenesis due to inflammation. *Journal of Veterinary Medicine and Research* 2021; J Vet Med Res 8(4): 1219
 11. Motwani MP, Newson J, Kwong S, Richard-Leondt A, Colas R, Dali J, Gilroy DW. Prolonged immune alteration following resolution of acute inflammation in humans. *PLOS ONE* 2017; 12(10): e0186964. <https://doi.org/10.1371/journal.pone.0186964>
 12. Serdar O. Inflammation: Complexity and significance of cellular and molecular response. *Journal of Acute Disease* 2024; 13(1): 3-7 Doi: 10.4103/jad.jad-129-23
 13. Margrat A, Lowell CA, Zarbock A. Neutrophils in acute inflammation: current concepts and translational implications. *Blood* 2022; 139(14): 2130-2144 <https://doi.org/10.1182/blood.2021012295>
 14. Zotova N, Zhurauleva Y, Chereshev V, Gusev E. Acute and chronic systemic inflammation: Features and differences in the pathogenesis, and integral criteria for verification and differentiation. *Int J Mol Sci* 2023; 24(2): 1144 <https://doi.org/10.3390/ijms24021144>
 15. Gaikwad VV, Gitaje SR, Joshi SD, Kharmate SV, Phalle DR, More MP, Mali MA, Shingade PP. Mechanisms of inflammation associated with chronic diseases: A brief Review. *Journal of Advances in Medicine and Medical Research* 2025; 37(3): 48-56 <https://doi.org/10.9734/jamar/2025/V37I35745>
 16. Naddipati KR. Distinct etiology of chronic inflammation-implications on degenerative diseases and cancer therapy. *Front Immunol* 2024; 15:1460302 doi:10.3389/fimmu.2024.1460302
 17. Suzuki K. Chronic inflammation as an immunological abnormality and effectiveness of exercise. *Biomolecules* 2019; 9(6):223. <https://doi.org/10.3390/biom9060223>
 18. Nnodim J, Okafor CM. Perspective of Inflammation and inflammation markets. *J La Medihaltico* 2022, 03 (01):016-026 doi:10.37899/journalmedihaltico.v3i1.620
 19. Chavda VP. Inflammation: The cause of all diseases. *Cells* 2024, 13(220):1906 <https://doi.org/10.3390/cells13221906>
 20. Hamidzadeh K, Christensen SM, Dalby E, Chandrasekaran P, Moser DM. Macrophages and the recovery from acute and chronic inflammation. *Annu Rev Physiol* 2027; 79:567-592 doi: 10.1146/annurev-physiol-022516-034348
 21. Nadipelly J. Molecular mechanisms involved in inflammatory cascade: A review. *Texila Int J Basic Med Sci* 2017; 2(1): 1-12
 22. Favier AL, Nikovics K. Molecular and cellular mechanisms of inflammation and tissue regeneration. *Biomedicine* 2023; 11(5): 1416 <https://doi.org/10.3390/biomedicine11051416>
 23. Antar SA, Mahmoud AM, Abdo W, Gad C, Al-karmalawy AA. A comprehensive overview of organ inflammatory responses: Genesis, possible mechanisms and mediators of inflammation. *Pharm Sci* 2023; 29(4): 397-416 doi:10.34172/ps.2023.9
 24. Mendes AF, Cruz MT, Gualilo O. The physiology of inflammation – The final common pathway to disease. *Front Media* doi: 10.3389/978-2-88945-729-8
 25. Harvanova G, Durankova S. Inflammatory process: Polish factors inducing inflammation, immunological significance of the inflammatory reaction. *J Allergology* 2025; 12(1): 54-61 <https://doi.org/10.5114/pja-2025.14774>
 26. Bennett JM, Reeves G, Billman GE, Sturmer JP. Inflammation nature's way to efficiently respond to all types of challenges: Implications for understanding and managing "the epidemic" of chronic diseases. *Front. Med* 2018; 5:316. doi:10.3381/Emed.2018.0316
 27. Muzami A, Tahir HM, Ali S, Liaqat I, Ali A, Summer M. Inflammatory processes and role of cytokines in inflammation: An overview. *Punjab Uni J Zoology* 36 2021; 36(2): 235-250
 28. Kiss LA. Inflammation in focus: The begging and end. *Pathol Oncol Res* 2022; 27(1610136): 1-7. doi:10.3389/pore-2021.1610136
 29. Bender EC, Tareq HS, Suggs LJ. Inflammation: a matter of immune cell life and death. *Biomed Innov* 2025; 2(7). <https://doi.org/10.1038/s44365-025-00010-4>
 30. Melis J. Understanding inflammation: The body's defense mechanism. *J Evolutionary Med* 2023; 11(121583): 01 doi:10.4303/jem/121583
 31. Canny SP, Orozio SL, Thulin NK, Hennerman JA. Immune mechanisms in inflammatory anemia. *Annu Rev Immunol* 2023; 41:405-429 [https://doi.org/10.1146/annures-immol-101220-125839](https://doi.org/10.1146/annurev-immol-101220-125839)
 32. Bansal P, Verma D, Tamber SS, Sharma R. An update on pathogenesis of inflammatory disorders with its management. *Pharm Pharmacol Rep* 2023; 2(1):1-11 <https://doi.org/10.1093/apsppr/rqadoll>
 33. Soliman AM, Soliman M, Shah SS, Baig HA, Gouda NS, Alenei T, Alencezy A, Hegazy AM, Jan M, Elton EH. Molecular dynamics of inflammation resolution: therapeutic implications. *Front cell Dev. Bio* 2025; 13:1600149 doi:10.3389/fcell-2025.1600149
 34. Altaro S, Acuna V, Criani R, Cavieres MF, Weinstein-Oppheimer CR, Campos Estrada C. Involvement of inflammation and its resolution in diseases and therapeutics. *Int J Med Sci* 2022; 23(18): 10719

- <https://doi.org/10.3390/ijms 231810719>
35. Neurath MF. Resolution of inflammations from basic concepts to clinical application Semin Immunol 20219; 41:627-631 <https://doi.org/10.1007/800281-019-00771-2>
 36. Patrignani P, Brune B, Steinhilber D. Resolution of inflammation: mechanisms, mediators and biomarkers, volume II. Front Pharmacol 2022; 24(13)://00420.doi:10.3389/fphar.2022./00420
 37. Meiliana A, Wijaya A. Resolution to inflammation: its role in reducing fibrosis and tissue repair. Indonnes Biomed J 2023; 15(2): 106-123 Doi:/10.18585/inabj.v15; 2.2181.
 38. Serhan CN, Levy BD. Resolutions in inflammation: emergency of the pro-resolving superfamily of mediators. J Clin Invest 2018; 128(7): 2657-2669 <https://doi.org/10.1172/JC197943>
 39. Schett G, Neurath MF. Resolution of chronic inflammatory disease: universal and tissue specific concepts. Nat Commun 2018; 9: 3261. <https://doi.org/10.1038/s41467-018-65800-6>
 40. Chabra R, Bass S, Parashar N. Pathological inflammation and various mechanisms of apoptosis. Eur Exp Biol 2021; 11(4):132
 41. Valacchi G, Virgili F, Cervellati C, Pecorelli Aj. Inflammation: From subclinical condition to pathological biomarker. Front Physiol 2018; 9: 858.doi:10.3389/fphys.2018.00858
 42. Vyver M. Immunology of chronic low-grade inflammation: relationship with metabolic function. J Enderinol 2023; 257: e220271 <https://doi.org/10.1530/JOE-22-0271>
 43. Mridula K, Vivek D, Shahin MTK, Nayanthara KB, Shibla N. An overview of inflammation: Pathways and genetherapy. Int J. Pharm Res & Tech 2023; 13(1): 88-100.doi:10.31838[1]jprt/13.01.12
 44. Cicala C; Morello S. Signaling pathways in inflammation and its resolution: New insights and therapeutic challenges. Int J Mol Sci 2023; 24(13): 11055.doi:103390/ijms.241311055
 45. Baig MS, Thurston TLM, Sharma R, Atre R, Saqib U, Khabiya R, Bharti S, Pob Cl. Targeting signaling pathways in inflammatory diseases. Front Immunol 2023; 14:1241440.doi:103389/timmu.2023.1241440