Inflammation: Friend or Foe?

In their book, *The Runner’s Body*, Ross Tucker, Ph.D., and Jonathan Dugas, Ph.D., argue just that. They explain that inflammation, far from being a form of possession exerted by sadistic demons, triggers specialized cells (neutrophils, macrophages and monocytes) to clear away damaged muscle tissue. This paves the way for the creation of stronger, more durable muscle fibers. Interrupting the process derails our body’s ability to recover and adapt. This reminds me of that scene from the film *Platoon*, where wicked Sergeant Barnes clamps his hand over the mouth of a wounded soldier and growls, “Shut up and take the pain! Take the pain!”

I decided to call Dugas to see if this wasn’t a sick joke.

“For most people, with normal training, you probably don’t need to do anything about inflammation,” says Dugas. When not promoting suffering in runners, Dugas moonlights as a clinical professor at the University of Illinois at Chicago and co-authors the popular website, The Science of Sport. “Even during hard training, you don’t need to do anything except follow the standard training process of built-in rest periods.”

Thinking that Dugas might be underestimating the pain we diehard masters runners experience, I explain that I keep a crutch by my bedside just so that aching feet, calves and quads won’t force me to crawl to the bathroom in the morning.

“Well, if you have some type of injury that’s causing pain,” says Dugas, “you can say, ‘I know the inflammation is part of the healing process, so I’m going to let the pain run its course.’ Or you can say, ‘I’ve got muscle soreness, I’m in a very crucial training process, and I need something to let me carry on training.’ But that’s a pretty hardcore decision. You start to take a bit of a risk to push beyond small injuries.”

By that definition, almost every masters runner I know is a “risk-taker,” which seems at odds with a population that spends much of its free time debating the value of fish oil supplements, antioxidants and the latest cold remedy. But Dugas is a Ph.D., so who am I to argue? Instead, I tell him about my friend Brad, who popped three Advil after every run before succumbing to chronic injury.

Dugas explains that while ibuprofen (the active ingredient in Advil and Motrin) reduces pain, it also affects our ability to benefit from training. “There was a study that looked at adaptation,” he says. “It found that [people] on anti-inflammatories had less adaptation.”

Which explains why Brad is rock-climbing instead of running these days. But I’m not giving up. I ask about massage. My friend Grace swears that massage wipes away her aches and pains.

“There’s nothing that shows massage lowers the inflammatory response,” says Dugas. “But it feels great. So if you don’t mind paying a couple hundred bucks a month, go for it. It’s not doing any harm — of course, there’s no evidence that it’s doing anything else either.”

I pull out my ace in the hole: ice. Surely, no one can argue against icing.

“If you lower tissue temperature, that will attenuate the inflammation,” says Dugas, sounding every bit the professor. “But you have to ask yourself, ‘What’s the aim?’ The inflammatory process is part of the landscape. In many ways, it’s your friend. So, is ice doing anything to help the tissue repair? Debatable. The icing is a kind of Band-Aid.”
Playing devil’s advocate, I suggest maybe we should use heat to increase inflammation.

“There’s no evidence that heat will aid the inflammation process,” says Dugas, unflappable. “With most things, the normal physiological response is the optimal amount that the body can do. It’s the exact right amount.”

I thank Dugas for his time, admitting that he seems to know his inflammation. Then I hang up, carefully consider what Dugas has told me, and finally slap a bag of ice on my Achilles bursitis. I’ve got a big race coming up, and if I can just make it through today’s intervals and a long run on Sunday ...

Pete Magill is the oldest American to break 15:00 for 5K, which he did in 2009 at age 47.

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