

【综述】

中药治疗胆汁淤积性肝病作用机制的研究进展

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摘要: 胆汁淤积性肝病具有临床发病率高、病因复杂、发病机制不明确的特点。目前, 有关胆汁淤积性肝病的有效治疗药物相对匮乏, 中医药治疗胆汁淤积肝损伤 (CLI) 疗效及其作用机制研究备受关注。常用中药包括清热利湿类、活血化瘀类或凉血化痰类单味药及相关复方, 其改善 CLI 的作用机制研究多聚焦在法尼醇 X 受体 (FXR)、组成型雄甾烷受体 (CAR)、早期生长因子-1 (EGR-1)、核因子 E2 相关因子 (Nrf-2) 等通路。结合当前国内外研究现状, 系统地阐述常见中药单味药和复方治疗 CLI 的药理作用机制, 旨在为中药治疗 CLI 的临床应用提供依据, 为中药创新药开发及其深入研究提供参考。

关键词: 胆汁淤积性肝损伤; 中药; 法尼醇 X 受体; 组成型雄甾烷受体; 早期生长因子-1; 核因子 E2 相关因子

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Research progress in mechanism of traditional Chinese medicine in treatment of cholestatic liver disease

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Abstract: Cholestatic liver disease has the characteristics of high clinical incidence, complex etiology and unclear pathogenesis. At present, there are relatively few effective drugs for the treatment of cholestatic liver disease. Therefore, the research on the efficacy and mechanism of traditional Chinese medicine in the treatment of cholestatic liver injury (CLI) has attracted much attention. The commonly used traditional Chinese medicines include single herbs of clearing heat and removing dampness, promoting blood circulation and removing blood stasis, or cooling blood and resolving phlegm and their related compounds. Research on the mechanism of action of traditional Chinese medicine in improving CLI focuses on the signaling pathways including farnesoid X receptor (FXR), constitutive androstane receptor (CAR), early growth factor-1 (EGR-1), and nuclear factor E2-related factor 2 (Nrf-2). By combining with the current research status at home and abroad, this paper will focus on the prevention and treatment of CLI with traditional Chinese medicine, and systematically describe the mechanism of action of common traditional Chinese medicine single herbs and compound prescriptions in the treatment of cholestasis. The significance of this review is to provide a basis for the clinical application of traditional Chinese medicine in the treatment of CLI, and further provide a reference for the development of innovative traditional Chinese medicine and its in-depth research.

Key words: cholestatic liver injury; traditional Chinese medicine; farnesoid X receptor; constitutive androstane receptor; early growth response factor; nuclear factor E2-related factor 2

胆汁淤积 (cholestasis) 是肝内外各种原因造成胆汁形成、分泌和排泄障碍, 胆汁酸积聚在肝脏、体循环的病理状态。慢性肝病患者胆汁淤积总发生率为 10.26%, 其中发生率较高的为原发性硬化性胆

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管炎(75%)、原发性胆汁性胆管炎(42.86%)、肝肿瘤(35.97%)、自身免疫性肝炎(30.77%)、药物性肝病(28.31%)^[1]。胆汁淤积性肝损伤(cholestatic liver injury, CLI)是一组由遗传、免疫或环境等诱因导致胆汁形成、分泌和排泄受损的疾病,以胆汁淤积为主要特征,伴随有肝细胞极性的改变和胆汁酸稳态失衡,临床表现为黄疸、瘙痒和乏力等。

CLI属中医学“黄疸”“积聚”等范畴,病因病机为湿热内蕴中焦、熏蒸肝胆、肝失疏泄、胆汁外溢,病位在于肝胆、脾胃,病久可及肾。近年来,越来越多的清热利湿、活血化瘀、凉血化痰中药被用于胆汁淤积的治疗,其作用机制研究较多^[2-3]。尤其近5年来的研究显示中药治疗CLI的机制主要包括以下4个方面:法尼醇X受体(farnesoid X receptor, FXR)调控胆汁酸合成和转运机制、组成型雄甾烷受体(constitutive androstane receptor, CAR)和孕烷X受体(pregnenolone X receptor, PXR)调控胆汁酸代谢、刺激早期生长因子(early growth response factor, EGR)-1调控炎症反应、核因子E2相关因子(nuclear erythroid-2 related factor, Nrf)-2抑制氧化应激反应。本文围绕上述4个方面作用机制,系统地阐述常见中药单味药、中药复方治疗CLI的作用机制,旨在为传统中医药的临床使用提供文献依据,为CLI中药创新药的开发及其深入研究提供参考。

1 FXR调控胆汁酸合成和转运

FXR调控其下游靶基因小异源二聚体伴侣(small heterodimer partner, SHP)与成纤维细胞生长因子(fibroblast growth factor, FGF)-19^[4],调节胆固醇7 α 羟化酶、甾醇12 α 羟化酶、甾醇27羟化酶等,抑制胆汁酸合成;调节胆管胆汁盐输出泵(bile salt export pump, BSEP)、多药耐药相关蛋白(multidrug resistance associated protein, MRP)2等,有利于胆汁酸从肝细胞外排至胆道^[5];调节有机阴离子转运体(organic anion transporter protein, OATP)/钠-牛磺胆酸共转运蛋白(sodium taurocholate co-transporting protein, NTCP)等,影响胆汁酸摄取^[6];调节有机溶质转运蛋白(organic solute transporter, OST) α/β 、MRP3、MRP4等,有利于胆汁酸从肝细胞转运至血液^[7-8]。

1.1 单味中药及提取物

1.1.1 大黄 CLI模型大鼠ig大黄提取物40 mg·kg⁻¹,连续4 d,可激活FXR通路,增加SHP、BSEP和尿苷二磷酸葡萄糖醛酸转移酶(UDP-glucuronosyl

transferase, UGT)2B4表达,加速胆汁酸代谢与外排^[9],下调细胞核因子- κ B(nuclear factor kappa-B, NF- κ B)、细胞间黏附因子(intercellular cell adhesion molecule, ICAM)-1、丙二醛(MDA)、髓过氧化物酶等细胞因子,抑制炎症反应及氧化应激,减轻肝损伤^[10]。周方等^[11]报道大黄素40 mg·kg⁻¹可上调多药耐药蛋白(multidrug resistant protein, MDR)1、MDR2,稳定胆汁酸代谢环境。

1.1.2 栀子 栀子醇提物100 mg·kg⁻¹可激活CLI大鼠体内FXR通路,降低细胞色素P450(cytochrome P450, CYP)7A1表达,减少胆汁酸合成。栀子水提物120 mg·kg⁻¹可增加基质金属蛋白酶(MRP)2、MRP4、BSEP与磺基转移酶(sulfotransferase, SULT)2A1表达,加速胆汁酸代谢及流出^[12-13]。Tan等^[14]报道栀子有效成分京尼平苷50 mg·kg⁻¹调节信号转导及转录激活因子(signal transducers and activators of transcription, STAT)3和NF- κ B通路,抑制炎症反应。

1.1.3 胡黄连 胡黄连提取物通过激活 α -萘异硫氰酸盐(alpha-naphthylisothiocyanate, ANIT)诱导CLI小鼠的FXR,增加BSEP、NTCP、SULT2A1、UGT1A1表达,降低CYP8B1,维持胆汁酸稳态;同时,抑制肝细胞外信号调节激酶(extracellular signal regulated kinase, ERK)1/2、肝激酶B1和腺苷酸激活蛋白激酶(adenosine 5'-monophosphate-activated protein kinase, AMPK)磷酸化水平,抑制炎症反应^[15-16]。

1.1.4 垂盆草 向华夏^[17]报道垂盆草提取物80 mg·kg⁻¹可上调FXR-SHP轴,上调NTCP和BSEP,下调胆固醇7 α 羟化酶CYP7A1和CYP27A1等胆汁酸合成酶,减少胆汁酸合成、增加胆汁酸排泄,在幼龄CLI大鼠体内发挥保肝作用。

1.1.5 其他单味药 桂枝、陈皮、苦参、结石草、金线莲和黄蜀葵等提取物可激活FXR,上调胆汁酸转运体表达,下调CYP7A1表达,从而减少胆汁酸合成、促进其代谢与排泄。

1.2 复方中药

1.2.1 茵栀黄汤 茵栀黄汤由茵陈、栀子、黄芪、金银花组方,给予ANIT诱导的CLI大鼠以临床剂量的茵栀黄浸膏粉溶液,可激活机体FXR,上调BSEP、NTCP、MRP2、OATP2及UGT1A1基因和蛋白表达,下调CYP7A1表达,进而促进胆汁酸在体内的代谢及其排泄的过程,抑制胆汁酸合成,改善肝脏胆汁淤积^[18-20]。

1.2.2 大黄硝石汤 大黄硝石汤经过水浸泡、煮沸、2次提取浓缩后,以 $14.7\text{ g}\cdot\text{kg}^{-1}$ 给ANIT诱导的CLI大鼠ig,可抑制大鼠CYP7A1表达,减少胆汁酸合成,亦可上调CYP2B10、CYP3A11和UGT1A1表达,促进胆汁酸代谢;通过上调FXR,促进NTCP、BSEP、MRP3和MDR2表达,加速胆汁酸外排,发挥祛湿退黄之功效^[21]。

1.2.3 其他复方 藏药二十五味松石丸^[22]、活血清解灵^[23]可激活FXR,上调NTCP、BSEP、MRP2表达,下调CYP7A1、MRP3和CYP2E1表达,从而发挥保肝作用。

2 PXR/CAR通路调控胆汁酸代谢

PXR、CAR是毒性代谢产物传感器、胆汁酸稳态调节器,调控众多药物代谢酶和转运体表达,影响外源、内源性物质处置过程^[24]。两者共享部分配体,调节重叠靶基因(如CYP3A4、SULT2A1、UGT1A1),对有毒胆汁酸解毒;抑制CYP7A1活性,改变胆汁酸合成过程^[25];调节BSEP、MRP2~4等转运体活性,改变胆汁酸转运及处置过程^[26]。

2.1 单味中药及提取物

2.1.1 丹参 丹参提取物以 $250\text{ mg}\cdot\text{kg}^{-1}$ 给小鼠ig,可显著激活ANIT诱导CLI小鼠的PXR,上调CYP3A2、CYP3A11、CYP3A13、UGT1A1、MDR1、BSEP和OATP2等表达水平,加快胆汁酸清除^[27]。Li等^[28]和彭渊等^[29]报道丹参可抑制CLI大鼠Nod样受体蛋白(Nod-like receptor protein, NLRP)-3及p38MAPK、NF- κ B信号通路,减少肿瘤坏死因子(tumor necrosis factor, TNF)- α 、白细胞介素(IL)-8和IL-1 β 等炎症因子的合成与释放而减轻肝损伤。

2.1.2 甘草 甘草水煎液对CLI小鼠具有剂量相关的治疗作用。沈淑娇等^[30]报道给ANIT诱导CLI小鼠ig甘草水煎液 $4.5\text{ g}\cdot\text{kg}^{-1}$,其通过诱导小鼠PXR mRNA转录,调节CYP3A11、UGT1A1和BSEP表达,促进胆汁酸代谢与排泄,最终降低小鼠肝内胆汁酸蓄积。

2.2 复方中药

2.2.1 茵陈术附汤 茵陈术附汤由茵陈、白术、肉桂、干姜、甘草、炙甘草和附子组方。Wang等^[31]将该复方水溶液以临床剂量给予ANIT诱导的CLI小鼠,结果可抑制TLR4/NF- κ B介导的炎症反应、减少炎症因子IL-6、IL-1 β 、TNF- α 和单核细胞趋化蛋白(monocyte chemotactic protein, MCP)-1合成、抑制胆管损伤,改善胆汁酸稳态紊乱。

2.2.2 茵陈甘草水煎液 张志荣等^[32]将茵陈甘草

水煎液以 $1.13\text{ g}\cdot\text{kg}^{-1}$ 给CLI小鼠ig,结果可激活小鼠肝脏CAR、PXR,诱导其下游CYP3A11、SULT2A1和UGT1A1转录,促进胆汁酸代谢。茵陈甘草水煎液又可诱导外排转运体BSEP、MRP2和MRP4表达,促进胆汁酸排出而发挥保肝作用。

3 EGR-1通路调控炎症反应

毒性胆汁酸调节肝脏EGR-1,通过激活ERK1/2,改变炎症介质IL-10、IL-1 β 水平,促进炎症细胞聚集^[15]。亦可通过改变Toll样受体(Toll-like receptor, TLR)-4有效调控炎症因子的转录、翻译,及凋亡蛋白表达,阻断NF- κ B,调节炎症反应、免疫过程^[33];抑制TNF- α 、IL-6、IL-1 β 等炎症因子^[28]及ICAM-1表达^[10, 34],从而增加胆汁流量,减少胆汁淤积。

3.1 单味中药及提取物

3.1.1 芍药 Zhao等^[35]报道CLI小鼠ig给予50、200 $\text{ mg}\cdot\text{kg}^{-1}$ 芍药提取物连续5d,该药通过抑制NF- κ B水平,调控NTCP、MRP2和BSEP表达,减轻CLI小鼠炎症反应,降低半胱天冬酶-3(caspase-3)和半胱天冬酶-9(caspase-9)活性,减少线粒体依赖凋亡,减轻肝细胞凋亡。Zhou等^[36]认为其通过调节CLI大鼠的磷脂酰肌醇-3-激酶(phosphoinositide-3-kinase, PI3K)、AKT依赖途径,激活Nrf2,诱导谷胱甘肽合成,减轻肝氧化应激损伤。

3.1.2 茵陈 Wu等^[37]报道胆管结扎CLI大鼠ig给予75、150 $\text{ mg}\cdot\text{kg}^{-1}$ 茵陈提取物连续21d,可抑制转化生长因子(transforming growth factor, TGF)- β 、血管内皮生长因子和 α -平滑肌肌动蛋白表达,降低机体炎症因子。Tan等^[38]报道茵陈提取物可抑制STAT3和NF- κ B通路,而Yang等^[39]认为其通过激活FXR或CAR通路,调节下游BSEP表达,改变胆汁酸处置过程。

3.1.3 雷公藤 Zhao等^[40]报道CLI模型小鼠ig给予10 $\text{ mg}\cdot\text{kg}^{-1}$ 雷公藤提取物连续5d,通过增加沉默信息调节因子2相关酶(silent information regulator factor 2-related enzyme, SIRT)-1和Nrf2积累,上调FXR,抑制NF- κ B和p53,减少IL-6、TNF- α 释放,减轻炎症反应。

3.2 复方中药

3.2.1 茵陈四逆汤 茵陈四逆汤可抑制NF- κ B介导的IL-6、TNF- α 和MCP-1等细胞因子释放,减轻炎症反应。其中甘草可抑制高迁移率蛋白介导的TLR4和NF- κ B表达;茵陈可降低对乙酰氨基酚诱导TLR3/4、髓样分化因子及NF- κ B磷酸化,减少肝脏TNF- α 、IL-6和MCP-1等细胞因子表达,减轻

AP导致的肝损伤^[41]。

3.2.2 茵陈蒿汤 茵陈蒿汤以 $1.69 \text{ g} \cdot \text{kg}^{-1}$ 剂量 *ig*, 可激活 CLI 大鼠体内 FXR 通路, 增加代谢酶 CYP7A1、CYP27A1 及转运体 BSEP、OATP4、NTCP 表达。Yi 等^[42]报道茵陈蒿汤中的茵陈上调 MRP2, 栀子上调 MRP1、MRP4, 大黄上调 NTCP, 而复方通过降低 TGF- β 1、p-Smad3 和 ERK1/2, 协同清利降泄, 使湿热之邪自体内散出, 减轻其肝损效应^[43]。加味茵陈蒿汤可抑制 CLI 大鼠跨膜 G 蛋白偶联胆汁酸受体 5, 从而调节炎症因子表达^[44]。

3.2.3 复方茵丹汤 复方茵丹汤由茵陈蒿汤加减化裁而来, 组方为茵陈、栀子、大黄、生地、赤芍、丹皮、白术和茯苓。Sun 等^[45]报道复方茵丹汤以 6.12、12.24、24.48 $\text{g} \cdot \text{kg}^{-1}$ 剂量 *ig* 给予 CLI 大鼠, 可以降低 EGR-1、ICAM-1 活性, 提高 FXR、MRP3 表达, 进而降低胆汁酸、保护肝细胞, 减轻肝细胞损伤, 改善肝组织病变。

4 Nrf2 通路抑制氧化应激反应

胆汁酸通过破坏线粒体呼吸链, 诱导肝细胞产生过量活性氧族 (reactive oxygen species, ROS)。ROS 可活化细胞内丝裂原活化蛋白激酶 (mitogen-activated protein kinase, MAPK)、蛋白激酶 C (protein kinase C, PKC) 信号通路, 上调细胞因子而加重肝损伤; 亦可参加线粒体介导的半胱天冬酶途径^[36]、和蛋白激酶 B、ERK 途径, 引发细胞凋亡^[15], 激活 Nrf2、抗氧化反应元件通路, 上调肝细胞 BSEP、MRP2 活性, 增加机体抗氧化系统功能^[46]。

4.1 单味中药及提取物

4.1.1 川西獐芽菜 川西獐芽菜醇提物可激活 CLI 大鼠体内 Nrf2 通路, 增加下游 MRP2-4、BSEP、OST α β 及 CYP7B1/8B1、UGT2B、SULT2A1 和 GST- α 2 表达, 加速胆汁酸转运与代谢, 减少胆汁酸蓄积^[47-48]。封欣婵^[26]报道从川西獐芽菜提取的龙胆苦苷可上调 HepG2 细胞的 CAR 及其下游 MRP3 和 MRP4 表达, 并能减少炎症介质 IL-6 和 TNF- α , 发挥抗炎抗氧化作用。

4.1.2 穿心莲 穿心莲活性提取物 $200 \text{ mg} \cdot \text{kg}^{-1}$ 能剂量地显著降低 ANIT 诱导的 CLI 大鼠 IL-6、TNF- α 、MDA 和 NF- κ B 活性, 提高超氧化物歧化酶 (superoxide dismutase, SOD)、谷胱甘肽 (glutathione, GSH)、谷胱甘肽过氧化物酶表达; 又可通过诱导 SIRT1 和 NRF2 水平, 减轻炎症反应和氧化应激^[49]。

4.1.3 虎杖 虎杖活性提取物 0.5% 羧甲基纤维素

钠溶液 $80 \text{ mg} \cdot \text{kg}^{-1}$ 可以显著降低 CLI 小鼠血清丙氨酸氨基转移酶、碱性磷酸酶、天冬氨酸氨基转移酶、总胆汁酸、总胆红素水平, 抑制肝组织中 MDA 水平, 抑制氧化应激造成的肝细胞损伤, 发挥保肝作用^[50]。

4.2 复方中药

4.2.1 黄芪汤 黄芪汤水提物 $4 \text{ g} \cdot \text{kg}^{-1}$ 可抑制 CLI 小鼠体内 STAT3、上调 Nrf2, 抑制 NF- κ B 磷酸化, 下调 IL-6、IL-1 β 、TNF- α 和 MCP-1 等细胞炎症因子, 减轻肝损伤^[33, 51]; 也可激活 CLI 大鼠体内 FXR、PXR、CAR 等核受体, 上调下游 MRP2-4、CYP2B10、UGT1A1 表达水平, 促进胆汁酸的外排与代谢^[52]。

4.2.2 栀子柏皮汤 栀子柏皮汤由栀子、黄柏和甘草经水煎煮制成, *ig* 给予大鼠 $4 \text{ g} \cdot \text{kg}^{-1}$ 栀子柏皮汤, 可增加大鼠肝脏 CYP2E1 表达, 提高 SOD、GSH-Px 活性, 降低 MDA、GSH 含量; 还可影响胆汁酸相关转运蛋白 (如 BSEP、NTCP 等) 的表达而调控胆汁酸代谢, 增加机体抗氧化能力, 对 ANIT 诱导的胆汁淤积大鼠发挥保护作用^[53]。

5 结语

中医药治疗疾病遵从辨证论治原则, 结合中药的多成分、多靶点、多途径特点, 使中药在胆汁淤积治疗方面具有显著优势。随着中医药传统理论与现代生物学技术结合, 中药药理研究也不断深入, 以清热利湿、活血化痰或凉血化痰等为治法的作用机制研究越来越多。但目前仍存在问题, 如大部分报道原创性研究不足、重复研究较多, 如茵陈、栀子及其复方茵陈蒿汤等, 其作用靶点仍集中于 FXR、PXR、CAR 等受体。另外, 当前研究在作用部位、作用靶点及不同通路之间相互关系等方面的研究不够深入。中药缺乏统一的质控标准, 研究结果的稳定性和重复性较差, 这将影响研究成果转化和临床推广应用。

结合相关研究文献, 笔者认为未来对于中药治疗 CLI 作用机制的研究可注重以下 3 个方面: (1) 注重中药多靶点、多途径、多机制的作用特点。CLI 发病机制十分复杂, 但是目前的研究多局限于单一的信号通路或靶点调节改善胆汁淤积方面, 对完整信号通路网络的研究较为浅显, 未能系统全面地体现中药在防治胆汁淤积多靶点、多途径、多机制作用的优势。利用系统生物学研究策略, 深入理解和挖掘中药治疗 CLI 的多方面、多信号传导的调控网络相关蛋白, 有助于阐明其治疗机制及发现效应机制, 为 CLI 的预防和治疗提供新的思路和策略。(2)

注重中药效应物质基础多成分、多组分协同作用的特点。基于体外细胞生物学、分子生物学研究技术,目前针对中药药理作用及其机制研究的策略多局限于某一个或某几个效应成分。单体成分的中药有效成分具有化学结构式明确、作用机制可循的优点,有利于中药单体化合物药理作用及其新药的发现,但是在解释中药复方配伍以及多组分、多成分之间协同作用方面的药理作用及其机制方面尚有不足。(3)目前较多的研究仍以“经验方”为基础,后续研究时应注重针对“经验方”以外的药物进行深入研究,从宽度上扩大可应用的单味药及复方范围,为中药治疗 CLI 提供更多的可行性选择。

综上,基于中药多成分、多靶点、多效应的特点开展作用机制研究,努力做到“传承精华、守正创新”,充分发挥中医药防病治病的优势。不仅有助于深入理解中药的药理作用机制,而且为中药的广泛应用提供理论支持,更为“讲清楚、说明白”传统中医药的临床应用提供有力依据。

利益冲突 所有作者均声明不存在利益冲突

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