

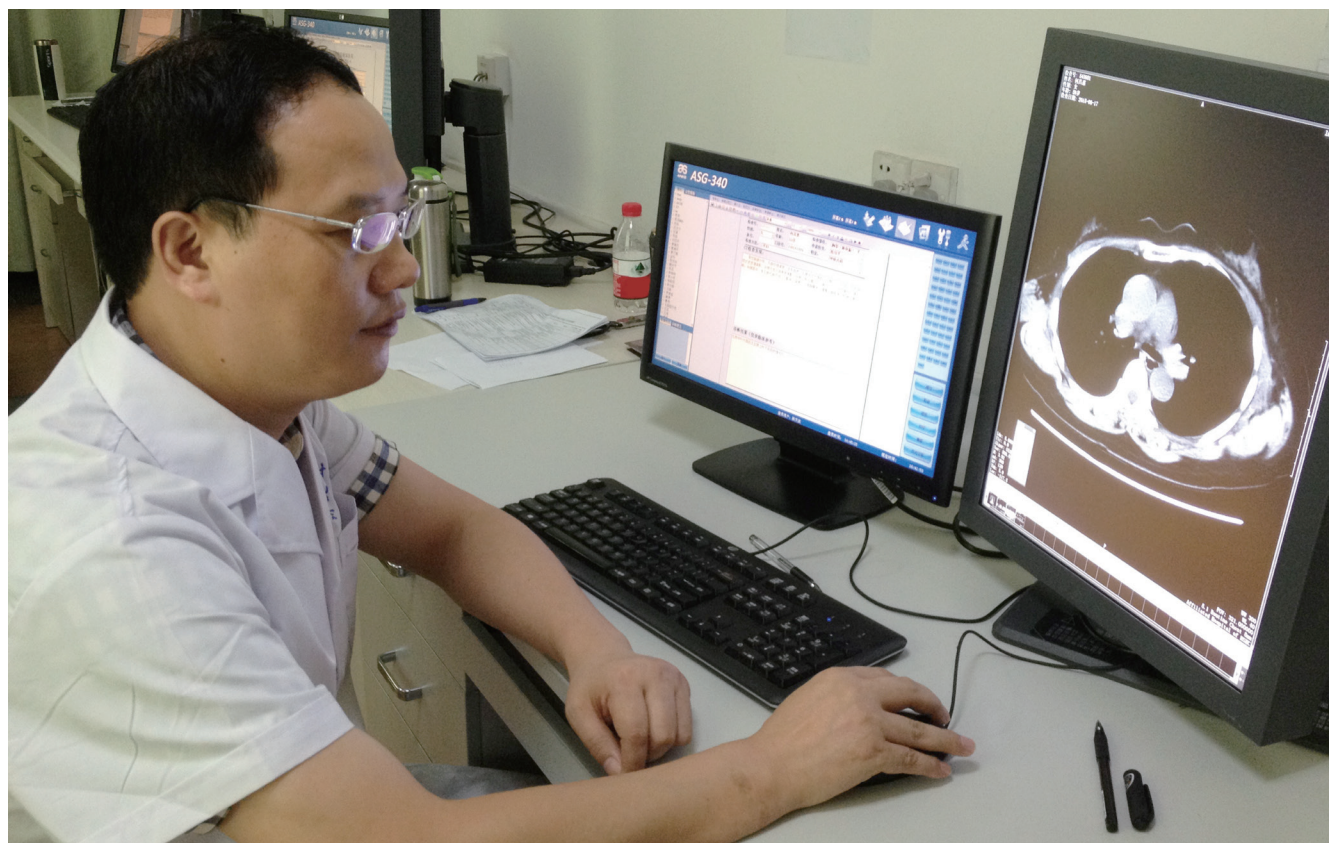
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中医药对溃疡性结肠炎肠黏膜屏障调控作用的研究进展

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Research progress on regulation of intestinal mucosal barrier of patients with ulcerative colitis with traditional Chinese medicine

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Abstract

Ulcerative colitis (UC) is a chronic intestinal inflammatory disease. Intestinal mucosal barrier structure damage and functional imbalance are important mechanisms for its occurrence and development. Modern research has confirmed that many traditional Chinese medicines have

the functions of regulating inflammatory cells, promoting the secretion of immunologically active substances, and maintaining the intestinal microbial ecology. They are of great significance for the maintenance and repair of the intestinal mucosal barrier. This article elaborates the regulatory effect and mechanisms of single compositions of Chinese materia medica and compound prescriptions on the mucosal barrier of patients with UC.

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Key Words: Ulcerative colitis; Intestinal mucosal barrier; Traditional Chinese medicine; Literature review

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摘要

溃疡性结肠炎(ulcerative colitis, UC)是一种慢性肠道炎症性疾病, 肠黏膜屏障结构损伤和功能失衡是其发生发展的重要机制, 现代研究证实许多中医药具有调节炎性细胞、促进免疫活性物质分泌和维护肠内微生物生态等作用, 对于肠黏膜屏障的维护和修复具有重要意义. 本文结合中外文献, 对中药单药成分和复方对UC黏膜屏障的调控作用及其机理作一阐述.

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关键词: 溃疡性结肠炎; 肠黏膜屏障; 中医药; 文献综述

核心提要: 肠黏膜屏障的结构及功能受损与溃疡性结肠炎(ulcerative colitis, UC)的进展密切相关, 中医药具有保

护肠黏膜屏障作用. 本文就中药单药成分和复方维护肠黏膜屏障的机制及临床应用进行综述, 为中医药进一步治疗UC提供一定参考.

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0 引言

溃疡性结肠炎(ulcerative colitis, UC)是一种难治性慢性非特异性肠道炎症疾病, 其特征为直肠及结肠的肠黏膜炎症和局部溃疡^[1]. 目前, 用于UC治疗的主要药物是5-氨基水杨酸药物、类固醇类、免疫抑制剂和生物制剂. 肠黏膜屏障作为肠内首层防御系统, 其结构和功能的失衡与UC的发病密切相关. 先前的临床和实验研究证明, 中医药治疗UC疗效可靠, 可明显缓解UC症状且防止复发, 现就中医药对UC肠黏膜屏障的调控作用做一综述.

1 肠黏膜屏障与UC

肠黏膜屏障主要由机械屏障、免疫屏障、生物屏障及化学屏障组成^[2], 具有抵御外界有害物质入侵, 维护肠道结构完整和功能稳定等重要作用. 肠黏膜屏障的破坏在UC的发病中扮演重要角色.

1.1 机械屏障与UC 机械屏障由肠黏膜上皮细胞和细胞间连接构成. 肠黏膜上皮细胞有吸收性肠上皮细胞、杯状细胞、肠内分泌细胞和潘氏细胞等多种细胞类型^[3], 它们分泌产生黏蛋白、抗菌肽等免疫物质, 保护肠上皮免受外来病原体的侵害. 细胞间的连接方式多样, 包括紧密连接、粘附连接、间隙连接和桥粒等, 其中紧密连接起主要连接作用, 其属于多蛋白复合体, 主要由跨膜蛋白(Occludin、Claudin和JAM蛋白)、胞质蛋白(ZO家族蛋白)和细胞骨架3部分共同构成, 对于维持肠黏膜屏障完整性和肠上皮屏障通透性具有重要意义^[4]. 若机械屏障受损, 肠上皮细胞异常脱落, 细胞间连接难以发挥其连接防御作用, 致使毒素内侵, 触发炎症反应, 将加速UC的发生和发展^[5-7].

1.2 化学屏障与UC 化学屏障由黏液、消化液、糖蛋白和各种抑菌物质形成. 黏液层主要分布黏蛋白和免疫活性物质, 其分为内外两层, 外层是肠道共生菌群的栖息场所, 具有维护肠道菌群稳态的功能. 内层可识别和粘附有害病菌, 抵御病原微生物的入侵和定植^[8,9]. 消化液以胃液和胆汁为主, 胃液中的胃酸能腐蚀细菌, 胆汁可增加细菌菌膜通透性, 溶解细菌胞壁, 从而促进细菌凋亡. 抗菌肽由潘氏细胞分泌, 主要有 α -防御素5和 α -防御素6, 具有一定抗菌性, 能调节肠道微生物的数量和种

类, 维护局部内环境的平衡^[10]. UC患者肠黏膜组织中营养及免疫物质分泌减少, 化学屏障受损, 肠道有害菌群和外界病菌可直接穿透屏障损害黏膜^[11].

1.3 免疫屏障与UC 免疫屏障由肠道相关淋巴组织(gut-associated lymphoid tissue, GALT)和分泌型免疫球蛋白A(secretory immunoglobulin A, sIgA)构成. GALT是人体最大的外周免疫组织, 包含派尔集合淋巴结(peyer patch, PP)、孤立淋巴滤泡(isolated lymphoid follicle, ILF)和肠系膜淋巴结(mesenteric lymph nodes, MLN)三种不同淋巴组织^[12]. PP多位于回肠末端, ILF在大肠和小肠中均有分布, 二者皆由B细胞滤泡和T细胞区包围而成^[13,14]. MLN主要是肠黏膜固有层与上皮细胞层中的淋巴细胞组成. 正常状态下, 这些淋巴细胞对炎症信号反应较弱, 仅产生一定数量的抗炎介质. UC时结肠黏膜免疫反应显著, 诱导分化出多种T细胞亚群及细胞因子^[15,16], 各炎症因子相互合作, 促炎因子IL-1、IL-6、IL-9、IL-13和TNF- α 向相关炎症细胞传递信号诱发炎症反应, 抗炎因子IL-4、IL-10、IL-37和IL-1 β 调节炎症和免疫反应, IL-8等其他细胞因子启动白细胞募集, 激活炎症^[17]. 此外, 固有层中的效应B细胞分泌出多聚免疫球蛋白A(polymeric immunoglobulin A, pIgA), pIgA与相应受体结合产生sIgA, 由固有层主动转运并释放到肠腔, 发挥免疫防御作用^[12]. 当这些炎症因子间的平衡被打破, 炎症反应进一步加剧, UC患者的肠黏膜损害持续加重, 进而诱发更多并发症的出现.

1.4 生物屏障与UC 生物屏障是由肠道内微生物相互作用形成的一个微生态屏障. 人肠道菌群主要有厚壁菌门、拟杆菌门、变形杆菌门和放线菌门4个门类^[18], 按其分布层次可分为表层、中层和深层三个生物层, 表层主要是大肠杆菌、肠球菌等非定植菌, 在特定条件下可侵入内层致病. 中层和深层多为消化链球菌、粪杆菌、乳酸杆菌和双歧杆菌等肠道有益菌, 它们能合成维生素或短链脂肪酸等能量物质为机体提供营养支持, 促进IgA的产生和诱导辅助性T细胞分化来调节肠道免疫稳态, 此外, 部分共生细菌还具有营养竞争与诱导产生免疫抑制性物质作用, 从而阻止病原体的定植^[19]. 与健康人相比, UC患者肠道菌群发生变化, 大肠杆菌、梭状芽孢杆菌等促炎细菌增多, 抗炎菌群如粪杆菌属明显减少^[20,21], 细菌多样性总体下降. 生物屏障遭到破坏, 有害菌群迁移, 进一步促进肠道炎症的发展.

2 中医药对肠黏膜屏障的调控作用

溃疡性结肠炎属中医“泄泻”、“便血”、“肠癖”、“大瘕泄”范畴, 湿热瘀毒内蕴为其主要病机, 治宜清热燥湿, 解毒化瘀, 涩肠生肌, 后期常出现脾肾

亏虚,需辅以补脾益肾.现代研究发现,黄芩、穿心莲、姜黄、丹参、儿茶、青黛等中药单药及部分复方可促进UC患者的肠黏膜修复,并进一步研究其机制和治疗作用.

2.1 中药单药成分研究 利用现代工艺对中药有效成分进行提取和加工,便于各单一成分的研究及有效药物的生产与贮存.近年来,通过对UC治疗中药化学组成的分析,不断挖掘出许多与肠黏膜调控相关的中药成分,在一个至多个黏膜屏障层次上参与肠黏膜的保护和修复.前期的研究表明,UC患者肠黏膜屏障通透性升高,ZO-1、Claudin-1和F-actin等紧密连接蛋白表达减少,黏膜机械屏障的完整性受损^[22].He等^[23]建立枳实黄酮治疗UC小鼠的动物模型,发现枳实黄酮可显著上调UC小鼠结肠黏膜中Claudin-2、Occludin和ZO-1的表达,保护结肠黏膜层的结构完整性从而改善UC症状.作为慢性肠道炎症性疾病,UC的发病与肠道免疫调节失衡密切相关,青蒿琥酯可抑制NF- κ B α 和NF- κ Bp65的磷酸化,从而抑制NF- κ B活性,减轻炎症^[24].乌药成分去甲异波定能调节MLN中Treg和Th17细胞的数量^[25],调节免疫反应.小檗枸杞提取物在促进抗炎细胞因子IL-4、IL-10、IgA表达的同时,可降低Th1、Th2及Th17细胞因子的表达,它们通过调节炎症细胞来抑制肠道炎症反应,可明显改善硫酸葡聚糖钠盐(dextran sulfate sodium, DSS)诱导的小鼠UC症状^[26].此外,有文献报道部分中药成分具有调节肠道生物屏障的作用,Liao等^[27]予UC大鼠小檗碱(100 mg/kg)灌服,1 wk后分析其肠道菌群的组成,与饮水对照组相比,小檗碱组大鼠肠道产乳酸菌和碳水化合物水解菌的有益细菌数量丰富,条件致病菌明显减少,表明小檗碱能调节肠道微生物种类以减轻DSS诱导的UC大鼠的结肠损伤.同时,小檗碱可增强美沙拉嗪在结肠组织中的抗炎作用,临床I期试验中,小檗碱与美沙拉嗪联合治疗UC患者效果良好^[28],为UC药物治疗提供新的思路.一些中药提取物还具有多重调控机制,UC患者肠道中厚壁菌的数量较正常人减少,雷公藤甲素不仅能抑制UC小鼠血清中IL-1 β 、IL-6、IL-17和TNF- α 的表达,调节免疫反应,还能减少拟杆菌、增加厚壁菌数目,促进菌群种类的恢复,对UC小鼠发挥良好的治疗作用^[29,30].山姜素、栀子苷既可以抑制促炎细胞因子TNF- α 、IL-6、IL-1 β 的产生和炎性信号通路的激活,减轻肠道炎症,也能上调Occludin和ZO-1的表达水平,促进黏膜机械屏障的修复^[31,32].

2.2 中药复方研究

2.2.1 经典复方研究: 中医方剂遵循“君臣佐使”的配伍原则,历代医家依据药物的性效进行遣药组方,形成了许多经典用方.在UC的临床治疗中,芍药汤、白头翁

汤、乌梅丸等经典复方被广泛应用,辨证施治后可快速缓解UC临床症状,现代研究对中药复方与肠黏膜屏障的关系进行分析.Yuan等^[33]观察黄连解毒汤对UC小鼠的治疗作用,与模型组相对照,中药复方处理后的小鼠血浆中IL-10显著上调,而TNF- α 和IL-1 β 的水平明显降低,炎症反应受限.此外,黄连解毒汤还增加了小鼠结肠黏膜中黏蛋白的分泌,促进ZO-1和Occludin蛋白的表达,维护黏膜屏障结构和功能.Luo等^[34]用大黄牡丹汤治疗UC小鼠,发现小鼠结肠中TNF- α 、IFN- γ 、IL-6、IL-10等促炎因子的水平降低,Treg相关细胞因子数量增加,并呈一定剂量依赖性.同时,治疗组小鼠肠道菌群种类也发生变化,厚壁菌和放线菌的相对丰度升高,而拟杆菌属、变形杆菌和疣状微生物等条件致病菌的丰度降低,表明大黄牡丹汤具有维护机械屏障和生物屏障双重作用.吴东升等^[35]发现芍药汤可以增加UC大鼠肠黏膜中CD4⁺ T细胞数量,促进sIgA的表达,保护肠黏膜免疫屏障.Wang等^[36]研究白头翁汤治疗UC小鼠的作用机制,发现白头翁汤不仅能抑制促炎因子IL-5和IL-13的分泌和表达,还能促进结肠上皮细胞中的Occludin、ZO-1和Claudin-2蛋白的表达水平恢复,同时抑制NF- κ B信号通路的激活,从多个方面治疗UC.此外,动物实验表明,半夏泻心汤能改善UC小鼠结肠上皮细胞中ZO-1和Occludin蛋白的表达水平,促进黏膜机械屏障的恢复^[37].真人养脏汤可抑制肠黏膜sIgA合成,促进ZO-1和Occludin蛋白的表达,对免疫屏障和机械屏障均有一定修复作用^[38,39].参苓白术颗粒能促进DSS诱导的UC小鼠肠道黏液分泌,提高Occludin蛋白的表达量,维护肠黏膜化学屏障和机械屏障^[40].

2.2.2 经验复方研究: 现代医家在经典方基础上进行化裁,结合临床中的辨证应用总结出一些治疗UC的有效经验复方,并对其机理进行解释.连草泻痢胶囊由香连丸化裁而出,战晶玉等^[41]对60例大肠湿热型活动期UC患者进行分组治疗,对照组予美沙拉嗪肠溶片口服治疗(1 g/次, qid),治疗组在对照组基础上加用连草泻痢胶囊口服(1.5 g/次, tid),8 wk后比较两组患者临床症状缓解情况,治疗组和对照组总有效率分别为90%和73.3%,且治疗前后的中医症状积分和疾病活动指数治疗组均优于对照组.与用药前相比,两组经治后的患者TNF- α 、IL-17均有所减少,IL-10相对增多,但治疗组表现更显著,推测连草泻痢胶囊可能与调节肠道免疫因子的平衡相关.陈晓伟等^[42]探究清肠温中方(黄连,炮姜,苦参,三七,木香,青黛,地榆炭,甘草)对寒热错杂、湿热瘀阻型UC的治疗效果,对照组予美沙拉嗪肠溶片口服治疗,8 wk后单纯中药治疗组与对照组在临床症状、改良Mayo评分及生活质量评分上无明显差异,且副作用相对较少.动物实验表明^[43,44],清肠温中方不仅能下调UC大鼠

血清IL-6、TNF- α 水平, 调控溃疡性结肠炎Th17/Treg免疫平衡, 还能升高肠黏膜Occludin、ZO-1蛋白总量的表达, 促进受损肠黏膜屏障的修复, 从而发挥UC治疗作用. Lin等^[45]发现清柏汤(板蓝叶, 板蓝根, 黄柏, 苦参, 薏苡仁, 乌贼骨)对UC小鼠疗效显著, 其机制主要与其增强紧密连接蛋白和黏蛋白的表达, 抑制NF- κ B信号传导和促炎细胞因子的表达相关. 祁燕等^[46]观察溃结康(白术, 茯苓, 白芍, 陈皮, 防风, 三七, 槐花, 地榆, 甘草等)对UC小鼠的治疗作用, 与模型组相比, 溃结康组小鼠结肠黏膜中IL-4、IL-10含量增加, IL-1 β 水平降低, Occludin蛋白表达明显增强, 表明溃结康可通过调节UC中炎症因子平衡, 修复黏膜免疫屏障和机械屏障来达到治疗UC的目的. 此外, Xu等^[16]自制的复方苦参汤(苦参, 地榆, 板蓝, 白芍, 甘草, 三七)具有调节Th17/Treg炎症细胞平衡作用, 广中医研制方肠炎清口服液(牛耳枫, 辣蓼, 白术, 茯苓, 广藿香)能调节ZO-1、Occludin、Claudin-1多个紧密连接蛋白的表达, 改善肠道黏膜通透性^[47], 在UC小鼠实验中均表现出良好的治疗作用.

3 结论

目前UC尚无治愈的药物和方法, 其治疗目标以改善症状、促进黏膜愈合和防治并发症为主^[48,49]. 中药单药成分和复方具有调节炎症、促进免疫活性物质分泌和维护肠道微生态等作用, 可以维护肠黏膜屏障的结构和功能, 促进UC黏膜损伤修复, 为UC的治疗提供新的思路. 此前与中医药治疗UC相关的实验研究较多, 然而针对中医药对UC肠黏膜屏障的调控作用尚缺乏大规模的临床试验研究, 更多相关机制也有待进一步探讨. 但值得肯定的是中医药治疗UC经济有效, 因而探索出更多优化治疗UC的方药方法是未来重要的研究方向.

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